The memory was affected, and the articulation very difficult. No other special symptoms existed, and none certainly indicating that the left side of the brain was affected.

CASE 16.—Mary A. C— was admitted into St. George's Hospital March 16th, 1859. She had been suffering from headaches, when two weeks before admission she suddenly lost power of speech on going to bed, and next morning she found she could not rise owing to paralysis of the *left* arm and leg. This was accompanied by the feeling as of a ball and swelling in the throat and left side of the neck. For one week she remained speechless. On admission the left hemiplegia was well marked. After a few weeks she left the hospital.

CASE 17.—Priscilla O—, aged twenty-seven, was admitted into St. George's Hospital in July, 1853, with decided want of power in the *left* arm, though not in the leg. There was no loss of sensibility of the skin. The mouth was drawn somewhat to the right. There was remarkable slowness of speech and of manner, but no loss apparently of memory. She had been subject to headache, and three months previously she had a "fit," during which she had no particular pain or spasm, excepting that the face was drawn, as it was said, to the left side, and the head was drawn in the same direction. At the time she quite lost power of utterance, so as only to be able to make an indistinct noise, which could not be understood. During this time she was quite conscious, and the attack lasted two hours. After the fit she limped and dragged the left leg, but soon acquired strength.

CASE 18.—A man, aged seventy-six, was attacked with apoplexy. He recovered his consciousness and speech, but pronounced his words unintelligibly. He was paralytic in the *left* arm, and the tongue was protruded with difficulty, and to the right side. After treatment he regained sensation "and power of motion completely; but out of twenty words which he pronounced, there were eighteen which were not understood, and the other two were misapplied." It was reported that the patient was mad, but it was less a loss of reason than of the power of expressing himself. He remained in the same state, as regards the difficulty of speaking correctly, between three and four years. He eventually died of fever. (Portal's "Observations sur l'Apoplexie," p. 59.)

CASE 19.—Elizabeth S—, aged eighteen, a delicate, strumous-looking girl, and one of a phthisical family, with abscesses of the neck, became an out-patient at the hospital under my care. Her mother said she had been "paralysed, and with an impediment of speech" since she was five years old. She had had "fits" at times within the last two years. The *left* leg was somewhat deficient in power when she walked, and she was unable fully to extend the fingers of the left hand, although she could extend those of the elbow and shoulder. She shortly ceased to attend.

CASE 20.—Henry S—, aged thirty-six, was admitted into St. George's with decided hemiplegia of the *left* side, partial ptosis of the eyelid on the *left* side, and want of power in the *left* side of the face, following an attack of almost complete loss of consciousness. It appeared that about two months previously he had noticed a "dimness" coming over the sight at times, and this continued for about two weeks, when he had much pain at the right side of the head. Subsequently he had pains over all the body, and a week after that his speech became affected. He felt "as though his tongue was tied," and although he could see people near him he could not speak to them for a day or two. He improved afterwards, and then suffered the attack for the consequences of which he was admitted into the hospital. I have unfortunately no further notes of the case.

CASE 21.—Joseph C—, aged forty, came under my care many years ago at the St. George's and St. James's Dispensary, after an attack of unconsciousness, which was followed by partial hemiplegia on the *left* side and defective memory. His speech when I saw him was hesitating, and he mispronounced words: thus, saying "Offord-street" for Oxford-street. Later on his speech was described as being unusually slow and cautious. I have no further history.

CASE 22.—Mary A. G—, aged thirty-six, was under my care at the same dispensary as above patient in 1854 and 1856. She had had partial hemiplegia on the *left* side following an attack of acute rheumatism. She had neuralgia of the fifth cranial nerve, headache, giddiness, and other cerebral symptoms. In 1856, for some weeks after an attack, attended by unconsciousness, her speech was what is termed "clipt," and *certain words* were always mispronounced; for example, she said "tirty" for thirsty, and "tat" and "dat" for that. Further history is wanting.*

I will now add a list of chronic cases, from notes of my former hospital out-patient practice, in which some affection of speech occurred, along with hemiplegia of the *left* side, but of which I give no detailed notes beyond what refers to the articulation.

- a. Left hemiplegia. "Speech much affected after the fit; and now at times mumbling."
- b. Ditto. After a "fit," memory rather defective, and some difficulty in articulation."
- c. Ditto. "Speech slightly affected in pronouncing words."
- d. Ditto. "Speech affected."
- e. Ditto. Ditto.
- f. Ditto. "After an attack, in which he lost speech a little, but not consciousness at all."
- g. Ditto. "Speech and memory affected."
- h. Ditto. "Words all clipt."

(To be continued.)

ON UTERINE DISPLACEMENTS.

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(Concluded from p. 73.)

REFERRING to the cases of uterine displacement of all kinds which have come under my care in hospital and private practice during the last three years, to the end of 1867, and of which I have careful notes, I find that the total number observed was 84. Of these, 14 occurred in single women, 70 in married. Of the latter, 15 were sterile, and 55 had been pregnant; of these last, 27 had aborted. The total number of abortions was 63, or an average of 2½ to each person who aborted. The total number of children born was 171, or an average of 3½ to each mother, and the total number of pregnancies was 234, or an average of 4¼ to each of the fertile women. The frequency of the several varieties of displacement was as follows:—Retroflexion occurred 34 times; in 8 the patient was single, in 26 married. Retroversion was met with in 18 cases; 3 were single, 15 married. Antelexion occurred 20 times; 1 only of these was single, the rest were married. Anteversion was noticed in 12 cases; 2 of these were single, and 10 married. All these points will be best seen by reference to the following table, which shows also the relative frequency of sterility and

	Single.	Married.	Women sterile.	Women fertile.	Number of women who aborted.	Total number of abortions.	Average number of abortions.	Total number of children at term.	Average number of children.	Total number of pregnancies.	Average number of pregnancies.	Total number of cases.
Retroflexion ...	8	26	5	21	13	27	2 ¹ / ₃	72	3 ¹ / ₂	99	4 ³ / ₄	34
Retroversion ...	3	15	2	13	6	23	3 ⁵ / ₈	32	2 ¹ / ₂	55	4 ¹ / ₄	18
Antelexion	1	19	6	13	3	6	2	49	3 ³ / ₄	55	4 ¹ / ₄	20
Anteversion ...	2	10	2	8	5	7	1 ² / ₅	18	2 ¹ / ₄	25	3 ¹ / ₅	12
	14	70	15	55	27	63	2 ¹ / ₂	171	3 ¹ / ₅	234	4 ¹ / ₄	84

* I have notes of two cases of hemiplegia of the *left* side placed at my disposal some time ago by Dr. G. Budd. In the one the tongue was protruded to one side. In three days the patient became almost speechless, and sensibility of the skin had very much increased. In the other case the speech failed before the "fit" came on, also the eyes; mastication was difficult, the swallowing easy.

fertility, of abortion, of children at term, and of pregnancy, in the several varieties of uterine displacement.

There is one other point of interest which may be gathered from the following table—viz., as to the age at which uterine displacement is most commonly observed. I have here grouped together both the married and single, with the following results:—

—	From 20 to 25 years.	From 25 to 30 years.	From 30 to 35 years.	From 35 to 40 years.	From 40 to 45 years.	From 45 to 50 years.	Total.
Retroflexion	6	11	9	5	3	—	34
Retroversion	4	2	3	5	2	2	18
Anteflexion.	4	7	3	4	1	1	20
Anteversio	2	2	5	2	—	1	12
	16	22	20	16	6	4	84

I do not of course attach equal importance to the several statistical results observed in the preceding tables; some of these are much more substantial as bases of arguments than others. Doubtless there are some persons who, discrediting all statistics as applied to vital phenomena, or at any rate those having reference to questions of pathology, will be inclined to attribute but little value to any of these results. Still there are some facts, it appears to me, in the tables above, which can scarcely be disputed, unless other facts can be found to contradict them. Meanwhile, I submit that I am entitled to believe as clinically demonstrated—

First, that uterine displacements are much more common in married than in single women.

Secondly, that sterility is very frequently associated with, if it be not caused by, these displacements. In the table it is seen that the proportion of sterile to fertile women is as 1 to 3½, which is certainly a much larger proportion than is ordinarily met with among healthy married women. It will further be seen that the proportion varies in the different kinds of displacement thus: in retroflexion it is as 1 to 4·2; in retroversion as 1 to 6·5; in anteflexion as 1 to 2·2; and in anteversion as 1 to 4. Now, it may be thought that the number of facts from which these results are obtained is insufficient for the purpose of arriving at any conclusions. It may be so; but certainly it is remarkable that that condition of the uterus which is thought to be the most nearly normal—namely, anteflexion—is just the one which is more often associated with sterility than any of the other positions. This, it seems to me, is an additional reason for questioning the opinion commonly entertained on this point.

Thirdly, it appears that abortions are very common in women who have any uterine displacement, 27 out of 55 who had been pregnant. It may perhaps help to a solution of the question whether abortion is a cause or consequence of displacement of the uterus, if we consider the following facts:—1. That at least one-sixth of all the varieties of malposition of the uterus occur in single women. 2. That of the 27 married women who had aborted, in 7 only did it appear from the history to have had any connexion with the displacement. 3. That of 55 pregnant women, 27, or just one-half, aborted 63 times. 4. That of the total number of cases—namely, 84,—there are 57 who never aborted, as against 27 who did; the inference being that if abortion did not operate to produce displacement in the larger number, it did not in the smaller.

Fourthly, we see that the average number of pregnancies, including the abortions, is 4½ for each fertile woman, which is certainly not a low average, and seems suggestive of the idea that frequent gestation may be to some extent a cause of these disorders of the uterus.

Fifthly, we learn from the second table that a large majority of the cases occur between the ages of twenty-five and thirty-five years—that is, at the time when the uterus is most heavily taxed in the performance of the procreative function. We learn, further, that uterine displacement is rare after the cessation of the catamenial periods, only 10 of the 84 cases occurring after the age of forty, and only four after that of forty-five. All this, again, strengthens the idea suggested in the preceding paragraph.

Now in all that I have stated hitherto I have assumed that displacement of the uterus is *per se* a malady which is provocative of all the symptoms usually attributed to it, and that

these symptoms vary according to the degree and kind of malposition. This assumption does not affect the validity of what I have advanced, but I feel bound to state my belief that mere displacement of the uterus—by which I mean mere deviation from what I hold to be its normal position, unaccompanied by any other change in its structure—does not, as a general rule, give rise to any morbid phenomena. I must, however, add that I believe it is extremely rare to meet with a case of uterine displacement which is not at the same time associated with other organic changes, and to these, in my opinion, far more than to any malposition, the symptoms complained of are attributable.

I find, on examining the notes of my cases, that in a very large proportion of them the uterus was a good deal enlarged; that this enlargement was more in its thickness than in its length, though generally in both; and that it was more frequent and more marked in cases where the uterus was misplaced backwards than when forwards. It is obvious, when we consider the normal position and direction of the uterus, that displacement backwards must be the more serious of the two, more difficult to produce, and more marked in its consequences; so that if the symptoms which we usually associate with displacement be due rather to the organic changes in the uterus itself than to the malposition, they will be more severe in the case of retro- than in that of ante-flexion or version. As a matter of fact, I have found that when there is retroversion, still more when there is retroflexion, there is more pain, more tenderness, and more general distress than in cases of anteflexion or version. The uterus, too, will always be found to be larger in the former than in the latter; and yet, notwithstanding all this, I believe it will be found as a rule that the treatment of the former is more satisfactory in its results than the latter. I am far from saying that there is enlargement of the uterus in all cases of malposition. I know that this is not so; for I have seen instances of extreme displacement not only without any enlargement, but with the organ rather undersized than otherwise. In the great majority of these, however, there are few or no symptoms resulting; none at least requiring any special treatment. With some, on the other hand, there is a good deal of distress; but I have generally found that when this existed it was due to some intercurrent or antecedent inflammation outside the uterus, as it were; for instance, some local peritonitis, giving rise, it may be, to bands of adhesion, and fixing the uterus perhaps in its morbid position, yet not occasioning any uterine enlargement, at all events not for some time.

One of the most interesting points of inquiry connected with this subject, and upon which the whole question of therapeutics depends, is the relation which exists between the displacement and the organic lesions connected therewith. Are the latter the cause, or the consequences of the former? And are the symptoms associated with these cases due to the one or the other of these phenomena. The most diverse opinions are entertained on these questions, and, of course, opposite plans of treatment have been founded thereon. The one plan aims at an immediate rectification of the displacement, in the belief that, this being secured, all else will do well; while the other seeks to correct what is regarded as the cause of all the evils, prior to any attempt to remedy the malposition. In endeavouring to determine which of these two views is the more generally correct, the following facts should be borne in mind:—

1. That displacement, amounting even to acute retroflexion, sometimes exists without giving rise to any special symptoms. No doubt such cases are rare exceptions to the more general rule. Nevertheless I have met with them, and possibly others may have done the same.

2. The same, or very nearly the same, symptoms as occur in the majority of cases of uterine displacement, with the exception of those which are referable to the rectum or bladder, and are due to pressure of the displaced fundus, are not unfrequently met with in cases where, on examination, no such displacement exists.

3. That in most, if not all, of these cases the uterus is enlarged, heavy, congested, and painful to the touch. Apart from any explanation, these are the facts; but I believe I may safely assert that in such cases the symptoms are attributable solely to these conditions.

4. That in cases of undoubted displacement of the uterus, associated with symptoms which I need not particularise, as they are too well understood, one or all of the conditions mentioned above will invariably be found to exist.

5. That in very many of the cases just referred to, the mere rectification of the misplaced uterus is unattended by any marked alleviation of the symptoms.

Bearing all these facts in mind, I submit that the only interpretation which is fairly deducible from them is that the displacement itself, though it ought to be regarded as an evil, as complicating other affections, and as requiring some attention, probably some direct treatment, is nevertheless not to be considered as the evil *par excellence* in these cases; that it ought not to claim the first consideration in our method of treatment; but that, on the contrary, it should be regarded as secondary in importance, as it is in all probability, and as the above-mentioned facts seem to suggest, secondary in order of occurrence. I am satisfied that in the history of the great majority of cases of uterine displacement, there will be found, if carefully sought after, some evidence of antecedent uterine disorder, though very possibly the more pressing symptoms, those which perhaps in some cases have determined the patient to seek medical advice, are mainly due to the displacement itself. It is in the early history of these cases that we must principally look for the causes of them, and we must be careful to connect this with the present if we would be successful in treatment.

And here, in conclusion, I would add a few words on this latter part of the subject. It is probable that, in the treatment of the diseases peculiar to women, and in the treatment of other diseases, and in other walks of life, we are, unconsciously, it may be, a good deal influenced by fashion. Any one who reflects on the history of therapeutics in our day, must admit this, that plans of treatment and particular remedies are continually cropping up, mushroom-like, to live their day and die away. We obstetricians are neither more nor less addicted to this than our brethren in medicine and surgery. Perhaps it may appear to some that the present phase of therapeutics, as regards the diseases of women, is rather too strongly marked with a surgical tendency. I own for myself I am somewhat disposed to admit it; and the explanation I think is to be found in an over-anxiety for progress. We are far too anxious to secure speedy results, too impatient of the slower actions of drugs, and hence too ready to resort to measures by which at any rate we may *do* something, though the result is too often but another illustration of the proverb, "The more haste the less speed."

To a certain extent these remarks are applicable to the subject under consideration. Of course, if it be true that the local conditions which so commonly accompany displacements of the uterus are the result of those displacements, then obviously the treatment cannot be too soon directed to their rectification. But, on the other hand, if the local conditions are antecedent to the displacement, and are indeed the cause of it, then it is equally clear that we ought, first of all, to treat those conditions before attempting to remedy that which, if it be a result of them, is sure to recur unless they are removed. From what I have stated before on this point, it will be inferred that my opinion is in favour of the latter course. Not that I am opposed to the surgical or rather mechanical methods of healing these displacements, for I constantly resort to them myself, believing as I do that, however perfectly we may remove the enlargement, the pain, the congestion of the uterus, unless also we rectify the malposition, we cannot claim a successful result. Unfortunately, on this point we are sometimes compelled to own a defeat, for, in those cases where adhesions have formed between the peritoneal surface of the fundus and the parts against which it is displaced, we cannot hope and ought not to attempt to rectify matters, or acute and even fatal results may follow.

The remedies which have proved most successful in my hands, and to which, therefore, I attach the greatest importance, are: leeches to the uterus; the vaginal douche; sedative and mildly-astringent vaginal injections; sedative vaginal pessaries, or, which I prefer as being cleaner and more pleasant in use, pledgets of cotton-wool, as first suggested by Dr. Greenhalgh, containing definite proportions of some sedative—morphine and atropine are those I generally use; local galvanism to the uterus, which is very efficient in cases of chronic subacute enlargement; and, among drugs, the iodide and bromide of potassium, the iodide of iron, strychnine, ergot, cinamon, and occasionally in very chronic cases, where there is a flabby atonic condition, some of the astringent preparations of iron, of which the peracetate is, I think, the best. These are the remedies which I most frequently recommend; and when by these or other means I have induced a healthier condition of parts, then, and not till then, I resort to mechanical means for the reposition of the uterus in its normal direction.

THE University of Oxford has intimated its intention of conferring the honorary degree of D.C.L. on Prof. Syme.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

A CASE OF SUNSTROKE; DEATH; AUTOPSY.

THERE have lately been several cases in the metropolis of the curious affection termed sunstroke or insolation. In the article upon this subject by Dr. W. C. Maclean, in Reynolds's "System of Medicine," vol. ii., the disease is thus defined:—"A disease of the nervous system, excited by heat, sometimes following exposure to the direct rays of the sun, particularly when to heat is added the pressure of tight and unsuitable clothing and accoutrements, or both; more frequently occurring when the above conditions combine with exhaustion, induced by great fatigue in hot weather, or from the effects of high temperature night and day, or men breathing the vitiated air of crowded barracks or ships. The affection is generally preceded by premonitory symptoms, such as thirst, heat, and dryness of skin, vertigo, congestion of the eyes, frequent desire to micturate, followed by syncope, often instantly fatal (the cardiac variety of Morehead), or by insensibility and stertorous breathing, with or without convulsions (the cerebro-spinal variety of the same author). In both varieties the mortality is high, and unexampled congestion of the lungs is the most common morbid appearance observed after death."

It is generally agreed that sunstroke results from a depressed, and not, as was formerly taught, from a stimulated condition of nervous centres. The treatment, therefore, by the lancet, which was formerly supposed to be strongly "indicated," has been generally abolished, and that by cold douche constantly applied over the head, neck, and chest, is almost universally adopted. This with ammonia to the nostrils, enema of ice-cold water, and brandy administered by the mouth or rectum, constitute the means which at the present time are found most successful in treating cases of this description. In the instance subjoined, for information about which we are indebted to Dr. Reginald Thompson, medical registrar, there was no time for any effective treatment.

Robert O. H—, aged sixty, was admitted on the 16th of July, in a moribund condition. It was stated by the man who brought him in that he had been at work during the day, and was seized at some time in the afternoon with a fit, which, from the imperfect account given, cannot be accurately described. He fell down and became unconscious, and was admitted in the following condition: he was pale; his eyes were not injected, they were sensitive to touch, and the pupils were about a quarter of an inch in diameter; he was unconscious; his pulse was small and very rapid. He was seen by Mr. Jones (to whom these notes are due), but died soon after admission.

The following notes of the condition of the body were made by Mr. Thomas Pick. The examination was made nineteen hours and a quarter after death. The body was much decomposed. The brain was intensely congested, and of a pinkish hue throughout; the puncta vasculosa were greatly increased in number, and around the larger ones there was a distinct halo of discoloration, due to the soaking of the blood through the walls of the vessels; the ventricles contained a quantity of deeply tinged bloody fluid; the substance was of firm consistence, and the central parts were not broken down. The lungs were very much congested, especially the lower parts, where they had the appearance of pulmonary apoplexy, except that it was not in circumscribed patches, but uniformly diffused throughout the whole structure. The heart was uncontracted and empty; the structure was fatty and rotten; the valves blood-stained; the aorta was very atheromatous. The liver was natural. The spleen soft and full of blood. The kidneys congested, and the tubes full. The blood was universally fluid.