consists of a small spirit lamp, furnished with a fine rack, so that the flame can be nicely adjusted; a quadrangular stand; two pieces of copper sheeting, with a central aperture in each; a small copper water-bath; two small porcelain dishes; a funnel of glass or other suitable material, furnished with openings below for the admission of air; and a glass mouth-piece, which may be used or not, as may be required. The funnel should turn up at the bottom, so as to

allow of its being fastened to the copper plates by two or three simple springs. This apparatus is specially suited for the vaporisation of carbolic acid, creasote, iodine, thymol, eucalyptol, pine oil, and many other substances. The porcelain capsules should have a diameter of $1\frac{3}{4}$ in.; the water bath $2\frac{3}{4}$ in.; the base of the funnel $3\frac{1}{2}$ in.; and the length of the mouth-piece should be about 4 in.

San Remo.

REPORT OF A CASE OF FIBROID UTERINE TUMOUR. OPERATION; EXTIRPATION OF UTERUS; RECOVERY.

By JAMES DODD SWALLOW, M.D., M.R.C.S.

MRS. J. W—, aged thirty-seven, resides in the country. She was married eighteen months ago, and shortly afterwards began to notice enlargement of the abdomen, which during the last eight or ten months has become very marked, her general health being fairly good. The catamenia have been profuse, and she has lately become very thin and emaciated. During the last three months she has had pain in the right

iliac region, much increased by walking or standing. In the early part of July last she came to London for advice. On examination, I found the abdomen was distended to about the size of the seventh month of pregnancy, and that it contained a large, solid, morbid growth. The outlines of the uterus could be easily defined; it extended upwards to within an inch and a half of the ensiform cartilage, and was perfectly movable, hard, and non-fluctuating. In each iliac region could be felt a mass of about the size of a small cricket-ball. Each of these was movable, and appeared to be either an independent growth or to be attached to the principal tumour by a peduncle. On examination per vaginam, the os uteri was found to be drawn up and tilted over to the right side; the sound passed with difficulty five inches; the uterus was quite movable. The diagnosis arrived at was fibroid tumour of the uterus, with two secondary tumours, one in each iliac region. In consultation with Mr. Sydney Jones (who after careful examination confirmed this diagnosis), removal was decided upon, and this mainly in consequence of the rapidly increasing growth, the excessive monthly loss, the pain, and the progressive emaciation of the patient. On July 13th, the patient being placed under ether by Mr. Osborn of St. Thomas's Hospital, Mr. Sydney Jones operated, anti-septic precautions being carefully observed. The abdominal cavity was easily reached by an incision about five or six inches long. Great care was required at the lower part of the incision, on account of the bladder being drawn up considerably by the growth of the tumour (the base of the bladder was drawn up fully two inches above the os pubis). The bladder was dissected off the front of the uterus, and the lateral connexions of the tumour were divided, after ligaturing with double thread. The neck of the uterus below the large fibroid was elongated, and formed a comparatively narrow peduncle above the os. The enlarged uterus, with five or six pedunculated fibroids, and the ovaries, were tilted forwards out of the abdomen, and the neck was transfixed by a needle carrying a double thread of Belgian twist. The threads were firmly tied, one on each side, and the neck of the uterus divided just above the os. Another strong silk ligature was made to surround the peduncle at the situation of the double thread. Very little blood was lost during the operation. The edges of the abdominal wound were brought together by silk and catgut sutures alternately, and all was securely packed with anti-septic dressings. After the operation a subcutaneous injection of morphia was given, and the patient put to bed. The sickness continued for twenty-four hours. She was ordered to suck ice at intervals, and morphia was injected night and morning; catheterism every eight hours. This treatment was continued until July 16th, three days after the operation, when my note is as follows:—The patient is now free from sickness. Temperature (10 A.M.) 100° ; pulse 90. Sleeps well, is cheerful, and has had no pain. There is a bloody discharge from the vagina; no tympanites. Ordered to take a teaspoonful of iced milk frequently, and to suck ice.—18th: The milk, having produced sickness, to be discontinued, and ice alone to be sucked.—19th: No sickness. Temperature (10 A.M.) $100^{\circ}2'$; pulse 94. Has passed a good night. Ordered to have a teaspoonful of Brand's extract of beef occasionally, and to continue the ice and morphia injections night and morning.—21st: The patient is doing well. Temperature (10 A.M.) 101° ; pulse 100. The first dressings and the silk sutures were removed; wound almost healed; walls of abdomen supported by broad straps of plaster. The bowels having been cleared by enemata, she was allowed to take beef-tea, milk, and three ounces of port wine during the day. The patient complains of no pain, sleeps without morphia, and says she feels quite well. During the next few days her progress was somewhat interfered with by vomiting and inability to take much nourishment.—28th (fifteen days after the operation): Dressings removed; wound quite dry, except here and there; the patient sleeps well, and takes nourishment; bowels relieved daily; allowed to sit up for an hour.—30th: Some swelling of the foot and calf of the leg; temperature and pulse normal.—Aug. 3rd (three weeks after the operation): Except some swelling of the left foot and calf, the patient is well; takes food, wine, and stout with relish. To wear a well-fitting belt.

The points of special interest in this case appear to be: first, the great ease with which the tumour was exposed, detached from surrounding parts, and removed (as after dissecting the bladder from the front of the uterus, and separating the lateral connexions, the tumour was easily

drawn forwards from the abdomen, and a comparatively narrow peduncle had to be dealt with); secondly, the patient being kept under the influence of morphia; and thirdly, being allowed to take scarcely anything but ice for seven or eight days after the operation.

Clapham, S.W.

A CASE OF

DIABETES TREATED BY PILOCARPINE.

By T. CAWLEY EAGER, L.R.C.P. ED., M.R.C.S.

T. H.—, a prison warder, aged forty-three years, first consulted me on Jan. 1st, 1882. I had known the patient for some years, and was much struck by his altered appearance. When I last saw him, some six or eight months before, he was a healthy robust looking man, but he had become pale and wasted and had a tired and worn look. His previous history was good till November, 1881, when he was under treatment for an abscess in the right hand, which was followed by boils, more or less severe in character, about the body generally, and since that time he had been getting thinner and weaker. His symptoms in January, 1882, were a feeling of failing health, great thirst, and a frequent passage of urine; this disturbed him several times during the night. The appetite had been better than usual, but the food seemed to do him no good, for he had been constantly growing thinner, his weight now being 179 lb., against the normal weight of 222 lb. On questioning him more closely, he told me he was passing sixteen pints of urine in the twenty-four hours, that he had entirely lost all sexual appetite and power, and that he felt utterly weary and worn out; in fact, the man's appearance, as he lolled in a chair, with rounded shoulders and drooping head, quite bore out his statement. The skin was dry and harsh, the tongue red and glazed, the mouth dry and clammy, the gums and lips covered with sticky mucus, and the bowels confined; the sight, however, was not affected in any way, his vision being perfect. On examining the urine, I found the specific gravity to be 1040, and containing, as shown by Trommer's test and subsequently verified by Roberts' fermentation method, an abundance of sugar.

I ordered a diet of butcher's meat, poultry, and fish; green vegetables, such as cabbage, spinach, and cauliflower; cheese; eggs, especially the white of the egg; Van Abbot's gluten bread, with or without butter; tea, with a little milk or cream, and sweetened with glycerine if necessary; seltzer, soda, or potash water, with five ounces of whisky or brandy; and also claret. The medicinal treatment was as follows:—One-twentieth of a grain of hydrochlorate of pilocarpine and one grain of sulphate of potash, to be placed dry on the tongue three times a day; five grains of pepsina porci and twenty minims of dilute hydrochloric acid, in an ounce of peppermint water, to be taken three times a day. A soap-and-water enema to be used daily if the bowels are not opened.

Under this treatment the patient began quickly to improve; within a month there was a marked lessening of the quantity of the urine passed, and of the amount of sugar it contained, and also a gain of 7 lb. in weight. The pilocarpine powders were taken regularly for six months, and the pepsine mixture for nine months, when both were stopped and no further medicines were given. The patient was seen at gradually lengthening intervals until July, 1883. The diet had been persevered with until this date, when the gluten bread was discontinued, brown bread or crusts of a well-baked loaf being substituted. Cocoa was allowed, as also a few turnips and carrots, and if the symptoms did not return in a month potatoes in moderation were to be added; but no sugar was permitted to be taken. Up to March of the present year the improvement had continued, the weight being then 207 lb., and the urine normal both in quantity and quality; all harshness of the skin had disappeared, the sexual appetite and power had returned, and to all intents and purposes the man was well.

Remarks.—This case at the commencement appeared to be a most unfavourable one; indeed, I did not hesitate to tell the patient that I thought most gravely of his condition. Fortunately for him he was most conscientious in carrying out the course of treatment I advised him to pursue, and did not relax it except when I gave him permission. It will be

observed that no preparation of opium was given, for though codeia undoubtedly has the power of reducing the quantity of urine, it does so very frequently at the expense of the appetite, for the patient will often be found to become weaker and lose weight by its continuance. My reason for pursuing the treatment I adopted was by means of the pilocarpine to relieve thirst by promoting salivation, and thus diminish the quantity of urine, thereby increasing the weight and hence restoring bodily vigour. One of our great troubles in diabetes is the difficulty in getting patients to persevere in a treatment so monotonous, so that one rarely has a chance of recording an apparent recovery, especially in cases where there is so much loss of weight and such a quantity of sugar excreted.

Woking, Surrey.

MISPLACEMENTS OF THE UTERUS.

By CHARLES E. FITZGERALD, M.D. ST. AND., &c.

AT the present moment, when so great a diversity of opinion exists among our leading gynecologists as to the importance or non-importance of misplacements of the uterus, it is useful to appeal from theory to fact; and with this object it may not be uninteresting to cite the following two cases, as tending to show that some misplacements of the womb are not always devoid of serious or even disastrous consequences.

C. E.—, aged twenty-seven years, unmarried. The patient had attempted suicide by strangulation. On my arrival I found her face much swollen, and of a livid bluish-red, with numerous petechiæ and patches of extravasated blood, and the conjunctival vessels ruptured—in fact, the usual appearances of strangulation. There was intense despondency and hysterical weeping, and a firm determination to refuse food. The tongue was foul, and the pulse rapid and compressible. The bowels were obstinately constipated, and the menses had been suppressed for six months. She expressed regret that she had been prevented from hanging herself, and exhibited great dislike to her mother, to whom she had been greatly attached. Her condition was one of profound melancholia. I ordered her a dose of calomel, and a brisk purge, to be followed by a mixture of sodium bromide and henbane, and compelled her to swallow some strong beef-tea. At my next visit I found her only very slightly better, although the medicine had acted well. As she still obstinately refused to take food, I again forced some beef-tea down her throat. I expressed an opinion that the uterus might possibly be at fault, and at her mother's request made a vaginal examination. I found a condition of extreme retroflexion and retroversion, the fundus being very low down and pressing on the rectum. With some difficulty I introduced a sound and replaced the uterus (the patient struggling and howling like a wild animal meanwhile), and kept it in place with a vulcanite Hodge pessary. Immediately the womb was in its place the patient became calm and quiet. The next day I found her quite sensible, calm, and smiling, though the face was still much swollen and congested. The menstrual flow had occurred in the night. She was taking her food readily, and was again affectionate to her mother. She told me she thought she "must have been mad to have behaved as she had done." This young lady remained perfectly well for more than two months, at the end of which time she came again to me complaining of depression of spirits, malaise, &c. I found the uterus again somewhat retroflexed, and that she required a rather longer pessary. She has continued well ever since.

F. G.—, aged twenty-two, unmarried. When first seen she was suffering from profuse menorrhagia, which had persisted more or less, and with scarcely a day's intermission, for eighteen months. The pulse was weak and rapid. There were great prostration and general weakness. The face and skin were blanched, and the expression anxious. The gums and lips were bleached, and the patient could not leave the horizontal position without fainting. She was ordered one-drachm doses of the liquid extract of vinca major, and ice externally and internally, and by these means the hæmorrhage was, with difficulty, checked. On the third day I examined her, and found the uterus retroflexed at an acute angle, very much congested, and low down in the pelvis. I at once rectified the position, and introduced a