many new departments have been added to the course of study, and how a preliminary entrance examination, and an optional fourth year have been instituted. Such has been the history of the development of the school during the past twenty years.

But having done so much, could she yet not do more? Two years ago in a public address on medical education I expressed the opinion that Harvard "still lacks much of being a great and complete school of medicine," and pointed out in what respects she was inferior to the best medical schools of Europe. Certainly we may talk frankly of our deficiencies in the house of our friends. Among these desiderata I attempted to show how inadequate was a three-years' course of study, and how entirely the optional fourth year had failed to correct this fault in our system. The importance of a required examination in every department taught was also insisted on.

The Faculty has for a long time recognised the importance of an extension of its period of study, but has been deterred from its adoption through fear of its effect upon the pecuniary resources of the school. The cost of conducting its great laboratories, and of paying a corps of seventy teachers of all grades, ridiculously inadequate as its scale of salaries has been, is very great. Its income from endowed funds is trifling, so that the school could not be carried on if the income from students' fees should materially diminish. It is not to be wondered at, therefore, that the Faculty has gone slowly in this matter. At last, however, the school, without any assurance of outside support, has boldly put this measure into execution, and has announced that, beginning with the academic year, 1892-93, the required course of study will cover four years. That date marks, therefore, the *third* great period of advance in its history.

The novel features of the plan are:

(1) The nominal requirement of general chemistry at entrance; but as the means of acquiring a sufficient knowledge in this branch do not exist in the preparatory schools in all parts of the country from which our students are drawn, it is evident that a considerable proportion of the entering classes must be conditioned in this study on admission, and that it must hold its place in the first year's curriculum for some time to come.

(2) The recognition of the possibility of obtaining some knowledge in subjects, which have hitherto constituted the first year's course of the school, in non-medical institutions of learning before entrance, whereby admission to advanced standing may be facilitated, and the whole period of university residence, including the undergraduate and professional, be reduced to seven years again. Thus students coming from colleges or scientific schools where anatomy, histology, physiology, and general chemistry are taught, may be admitted to the second year, on passing an examination in these subjects at entrance.

(3) More time will be given to practical instruction in clinical chemistry and bacteriology.

(4) Study of the general clinical branches will be extended over three years, instead of being limited to two years, as heretofore.

(5) An examination will be required in most of the special departments in which instruction is given. This will ensure the attendance of students upon all courses, and at least some knowledge of every disease. Hitherto, students have been permitted to graduate without

having received, although given, the slightest instruction in many common diseases they might meet in the first week of their practice.

Electives, I regret to say, still form a material part of the new system of instruction, an examination in them of at least three hours in the fourth year being required. I had hoped that this still all too brief period of four years would have been wholly given to an equable advance in every branch of medicine for every student alike under the direction of his teachers, and that none of it would have been devoted to preparation for special practice, which should be taught only in graduate courses. Certainly, every specialist needs, at least, four full years of education in general medicine.

Such are the principal changes in the new course provisionally adopted by the Faculty. I need not assure you that, however its individual members may differ in opinion as to some of its features, they will all labor alike to make it a success so far as their own efforts are concerned. But we look upon you also as active co-laborers in our undertaking. There is not a member of this Association who cannot do missionary work in this attempt to elevate the standard of medical education, and thus the profession of medicine in this country. This is especially true of those who live beyond the immediate districts from which our students are generally drawn. You can one and all do much by advising students and your colleagues where the most thorough medical training which this country affords may be obtained. They can be made to feel that they are thus contributing to the success of our undertaking.

Clinical Department.

SPONTANEOUS REDUCTION OF A CHRONICALLY INVERTED AND COMPLETELY PROLAPSED UTERUS.¹

BY EDWARD JACOB FORSTER, M.D.

IN November, 1887, I had the fortune to report the somewhat rare accident of an acutely inverted uterus; it is now my privilege to report a rarer form of inversion of the uterus, which recently came to my service at the Boston City Hospital; namely, complete chronic inversion of the uterus with procidentia, or perhaps more properly, inversion of both uterus and vagina.

Hart and Barbour state that "prolapsus, plus inversion, etc., is a rare condition." The case that they represent by Fig. 222 they call "quite unique."

The point of greatest interest and the chief reason for reporting the case somewhat at length is the fact that self-reposition of the uterus occurred.

That an inverted uterus can reduce itself without manual assistance after the inversion has become chronic, that is, lasted over a month, was formerly considered an impossibility.

In his last edition (1891), Thomas writes: "After all, there is nothing more astounding in the fact of spontaneous inversion of an undistended uterus than there is in the spontaneous reposition of one which has been long inverted; and this we have, with the positive testimony of scientific and reliable men now on record, no possible justification for doubting. Of late the validity of both these phenomena has been denied.

¹ Read before the Obstetrical Society of Boston, April 9, 1892.

There is nothing easier than the rejection of the testimony of others and the discrediting of deductions which we ourselves have not drawn. When De la Barre presented his case of spontaneous reposition to the Academy of Surgery, Baudelocque was appointed a committee to examine into it, and reported that it was 'totally false.' Some years afterward he met with a very similar case, and yielded to the evidence of his own senses a credence which he had presumptuously denied to the assertions of another. Spiegelberg reports a case of spontaneous reposition while the patient was straining at stool."

Dr. J. Matthues Duncan, in a lecture given in 1884, says: "A recently inverted uterus may be spontaneously replaced, but such a fortunate result very rarely comes to a chronic case."

In regard to the termination of cases of inversion, Thomas says: "As a rule, it may be stated that inversion continues until relieved by treatment, and yet even this is not without exceptions. The womb has been known, under these circumstances, to replace itself by its own contractions years after its occurrence, when the accident has happened after delivery. Twelve such cases have now been placed upon record: three by Meigs, and one by each of the following observers, — Spiegelberg, Leroux, De la Barre, Thatcher, Rendu, Shaw, Baudelocque, Foujen, and Hucksins. Even admitting the undoubted authenticity of these cases, spontaneous reduction must be regarded only as a curiosity, and not as a process to be anticipated."

As I have failed to find other cases than those given by Thomas, the case which I report to-night will be the thirteenth to go on record.

Mary S., entered my service at the Boston City Hospital November 21, 1891, with the following history: Born in Ireland, sixty-six years of age, house-keeper and a widow. Has had seven children and two miscarriages; all her labors difficult, and five instrumental. Her last child was born twenty-six years ago. One year ago she fractured her left thigh leaving some impairment of motion of the hip-joint. This interfered somewhat with the ease of the operation of repairing her perineum.

She entered the hospital for "falling of the womb," to use her words, which has troubled her to some extent for the past ten or twelve years, but has never caused her any other inconvenience than a simple feeling of bearing down until the last two (2) months, since which time the womb has protruded between the thigh when up and about and causing her considerable pain, which was relieved by lying down when the womb could easily be pushed back.

Has had considerable leucorrhœa, at times the discharge being tinged with blood. On examination, the patient lying upon her back, a mass the size of a mandarin orange was found protruding beyond the labia. The mass was readily seen to consist of three parts, an upper and lower representing the anterior and posterior lips of the cervix; between these a rose-shaped appearing body covered with an abraded and ulcerated mucous membrane having a slight depression in the middle, but which the sound could not enter. A careful examination proved the presenting mass to be the uterus completely inverted.

The accompanying excellent photograph taken by Dr. Ames, one of the house-officers, gives a better idea of the relations of the parts than any description I can pen.

The patient very willingly allowed the photograph to be taken, remarking that she was certain her friends would not recognize her by it.

No attempt to reduce the inversion was made at this time, as I desired, before so doing, to first restore the abraded and ulcerated mucous membrane to a healthy condition. The parts were therefore only kept scrupulously clean and aseptic and the ulcerated sinus touched with carbolyzed iodine, and a corrosive pad applied.

On December 2d, the protruding surface looked quite healthy and smaller, and measurement by the sound gave a depth of two inches from the end of the sulcus to the extremity of the cervical lips.

On the 11th, the inverted portion was only about the size of a dime, and showing just above the posterior lip. The prolapsed uterus was replaced, and remained within the vulva.

On the 16th, the inversion had entirely disappeared, leaving a uterus with a very large bilateral tear of the cervix — so large and extending back so far on either side, as to offer very little if any resistance to a return of the inversion if from any cause the abdominal pressure should be increased.

To remove this possibility, on the 6th of January, I operated by removing a large wedge-shaped piece from each side, closing up the tears and materially reducing the size of the uterus.

The convalescence from the operation was uneventful. The uterus was easily retained within the vulva; but before any operation was attempted upon the perineum, the patient, for domestic reasons, left the hospital, which she re-entered February 5th. Vaginal examination found the uterus well up in its place.

On the 18th, the perineum was restored by operation, and with the patient's consent, the vulva nearly closed.

On the 7th of March the patient was discharged, the perineal operation having been successful.

From the history given by the patient, the prolapse had evidently existed for some time, but how long I have no means of knowing. The procidentia had been noticed only two months before entrance to the hospital. When or how the inversion of the uterus took place, I can offer no opinion, excepting that I doubt if it would have occurred if the cervix had not been so badly torn.

OMAHA druggists are opposing the practice of giving commissions on physicians' prescriptions, as also the closely related custom of druggists furnishing office-room, free of charge, to certain physicians.