

pecially some particular sorts of perry. The liver also is very often kept in a regular state by its use, when other remedies have been found unsuitable. It is, at the same time, a good stimulant. In this district it is of a dry character, but in some districts it has a more sweet full-bodied taste, so that cider ought to suit all fancies. It can almost always be procured at about one shilling per gallon, and as such is a most economical beverage when compared with ale, cheap claret, acid sherry, or such like things that are constantly offered one to drink at lunch or dinner. Both cider and perry can most easily be bottled in the spring-time. It also makes the most excellent "cup" imaginable.

Trusting you will pardon my prolixity on a subject that seems, to my mind, to require ventilation, and repeating my offer to supply anyone in their own barrels from my farm.

INVERSION OF THE UTERUS FOLLOWING LABOUR.

MR. C. H. BUTLIN (Camborne) describes the following case.—On December 15th last I was summoned, in a great hurry, to see a woman who was said to be very low. The child was said to be born. I asked if there was profuse hæmorrhage; the messenger said there was not. When I arrived at the house, I found the woman pale and faint, but there was no sign of profuse hæmorrhage. I placed my hand upon the abdomen, and at the same time made traction on the cord; and in a few moments there protruded what I supposed to be the placenta. I placed my hands around it so as to remove it entire, telling the woman to cough; and became aware, from the weight and from the smooth feel of the fundus, that it was the uterus. It was very easy for any person, in the habit of attending cases, to distinguish, but I can hardly see how a beginner would become aware, except from the collapse of the patient. I could not remove the placenta by traction on the cord, and I peeled it from the surface of the uterus. There was hardly any hæmorrhage. I now soaked my arm in hot water, and applied lard, and then made my fingers into a cone, and thrust them against the uterus, which had attained the size of the fetal head, and, by a gentle kneading motion, easily returned it, by reinverting it, until the cervix was round my wrist. I had now to use pretty much, and rather prolonged, force, before I felt the top of the uterus slip away from my fingers.

The woman had a little brandy and water, and about half a drachm of extractum ergotæ liquidum; also another dose of the same amount in two hours. In a few days she was downstairs and doing her work. I should not think the case sufficiently important to publish; but the disastrous termination of that recorded in the JOURNAL of March 18th seems to show that your correspondent fell into the same error as I did, namely, that of making a depression in the uterus, and thus causing it to be invaginated on itself. His account does not state whether there was partial reduction or not; but I can imagine that it might be very difficult to effect even partial reduction through the vaginal outlet, unless the whole uterus be grasped in the hand so as to have the advantage of compression, kneading, or whatever manipulation appears necessary. After partial reduction, the uterus would only be obstructed by itself, not by the structures around the vagina.

SOUTH AFRICA AS A FIELD FOR MEDICAL PRACTICE.

T. J. L. writes:—From time to time I have noticed letters appearing under the above heading. I have practised at the Cape a considerable time, I think I can pretty nearly state what are the present prospects of a medical man contemplating a trial at the Cape.

In the first place, all the chief towns, such as Cape Town, Port Elizabeth, Grahamstown, and King William's Town, are overdone, and the struggle is quite as severe, as at home. At Kimberley diamond fields, there is a long list of medical practitioners. Now, at the outlying districts and small villages, it is only too well known that every opening is filled, in most cases every village having two or more medical practitioners. The practitioners for the work required in these parts must be capable of great physical endurance, able, in cases of necessity, to do, either in the saddle or in a Cape cart, his sixty or more miles a day, over wagon-tracks. He must be prepared to act in any emergency, entirely upon his own resources, surgical or medical; and in case he fails in one instance (when first commencing his practice), his work and success is blighted or done. He is expected to be a thorough gentleman, but it is advisable that he cast aside all ideas of those refined and frequent social gatherings to which men in the profession are generally accustomed in the old country; and now, in the present depressed state of the country generally, it is indeed hard work to even make both ends meet. I question very much, taking the medical practitioners as a body, whether they are paying expenses, certainly not making sufficient to save. Times are not merely bad at the Cape generally, but there is a total collapse; and, seemingly, the country is going from bad to worse.

I should strongly urge no one to think of going out there in the hopes of an opening occurring for practice. The happy times once experienced are gone by, and the melancholy lists of bankrupts, with empty houses in almost every town and village (one empty in every six you can safely say), and, still worse, the fact of property being absolutely unsaleable, tell us how bad times really are. The only thing remaining is the climate, and certainly consumptive patients rally wonderfully out there, if they go up country, that is to say, beyond the Orange River.

I should say that, of the entire number of medical men who go to South Africa, one half return in a very short time to the old country, or seek other openings for practice. One half of the remainder go to the bad (drink usually) and the other half, one-fourth of the entire number, do, or did fairly well, years since, when the country was in a flourishing state; but it is in a sad way just at present.

WARTS IN CHILDREN.

DR. GEORGE H. R. DABBS (Shanklin, Isle of Wight) writes:—I was about to ask this query of your readers, "Has any connection ever been traced between the existence of warts on the hands of children, and the presence of phimo-sis needing circumcision?" when I happened to turn to Dr. Neale's invaluable *Digest*, and at page 89 I found this note "Onanism produces them in girls' fingers, Durrant. L. 2, 49, page 250," so that the question has clearly been raised in another way. Why I contemplated the query at all was, because in two cases, in which I had performed circumcision for other reasons, the operation was followed by a disappearance of all the warts on the hands and fingers of the children operated on, although I had not operated with this object. In cases of warts in male children for the future, I shall always look for phimo-sis.

W. ELDER, M.B.—Shall be published at an early date.

F.R.C.S.—The communication is unsuited for publication in our columns.

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BOOKS, ETC., RECEIVED.

- A Selection from Chess Problems. Composed during the past thirty years by Charles White, Surgeon-Major, Army Medical Staff. London: Simpkin, Marshall, and Co. 1885.
- Diseases of the Mouth, Throat, and Nose. By Dr. Philip Schreck. Translated by Dr. P. H. Blaikie. Edinburgh: Young J. Pentland. 1886.
- Materia Medica and Therapeutics (Vegetable Kingdom, Organic Compounds, Animal Kingdom). By Charles D. F. Phillips, M.D. London: J. and A. Churchill. 1886.
- Lord Clive, Warren Hastings, History of the Popes, Lord Holland. By Lord Macaulay. Edited by G. T. Bettany. London and New York: Ward, Lock, and Co. 1886.
- Micro-organisms and Disease. By E. Klein, M.D., F.R.S. (Third Edition.) London: Macmillan and Co. 1886.
- A System of Practical Medicine. By American Authors. Edited by William Pepper, M.D., and Louis Starr, M.D. Vol. iv. London: Sampson Low and Co. 1886.

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