of case is a rarity in the annals of hospital practice, as most of the cases of the kind brought in for surgical treatment are dead or dying.

INTESTINAL OBSTRUCTION CAUSED BY RETROVERTED UTERUS.*

By J. N. GHOSAL, L.M.S.,
Basirhat.

RETROVERTED uterus, gravid as well as non-gravid, was the cause of total intestinal obstruction in the following three cases:—

Case 1.—Girl, aged 16 years, complained of constipation during each menstrual period which was painful from the beginning and rather scanty. Total intestinal obstruction set in last September with a tender lower abdomen and slight fever. The writer was called in to treat the condition and the above history was elicited after close questioning. Rectal and vaginal examinations confirmed the above diagnosis. A rectal tube relieved the patient of accumulated flatus and Hobbs' intra-uterine glycerine treatment diminished the congestion of the uterus and reduced its size. She was made to lie on her face for over three weeks after which she menstruated normally. Tinctura guaiaci ammoniata was also prescribed; it helped to relieve the dysmenorrhœa.

Case 2.—Female, 32 years, 10-para, delivered of her last child at full term four weeks before. On the third week she complained of colicky pains and within 4 days presented signs of complete intestinal obstruction with fæcal vomiting. Dilated coils of intestine were visible and she was writhing in pain. Rectal examination showed the retroverted fundus pressing on the rectum. A no. 20 catheter was manipulated past the fundus and she was relieved of flatus and some fæcal fluid. Hobbs' glycerine injection was given with good results and she was kept lying on her face for some time.

Case 3.—Female, 21 years, mother of 2 children, history of abortion six months previously, presented signs of total obstruction of urine and fæces, with pain and slight swelling in the appendix area and slight fever. The attending doctor had diagnosed appendicitis. On rectal and vaginal examinations, a gravid retroverted uterus was felt and enquiry elicited a three and half months pregnancy. An œsophageal tube was slowly introduced past the obstruction; this greatly relieved her. She aborted 12 hours later and was advised to lie on her face for at least a fortnight. This she refused to do and a month later she again had all the signs of intestinal obstruction following an enlarged menstruating uterus, and this occurred again at her next period. She was ultimately persuaded to wear a pessary and lie on her back for a long time.

Comment.—The interesting features in the above cases are:—

1. Menstrual derangement is liable to produce symptoms of intestinal obstruction even in a non-gravid uterus.
2. A retroverted uterus may conceive but abortion within 4 months is the rule.
3. So long as the fœtus is alive, signs of complete intestinal obstruction are not manifested. Death of the fœtus renders the fundus a dead weight which causes complete obstruction.
4. Unless the retroversion is duly corrected, subsequent menstruation may reproduce all signs of intestinal obstruction.
5. These cases are difficult to diagnose but yield readily to treatment.

(The writer regrets that there are no published statistics showing the proportion of obstruction cases in adult males and females, or giving the common ætiological factors for obstruction in Bengali females. The writer's experience is, (*a*) cases of intestinal obstruction in adult females are rare in comparison with those in adult males; (*b*) a retroverted uterus is possibly an important factor in the causation of obstruction in adult females; fibroid growths in the uterus and cancer of the lower bowel are next in importance; strangulation, stricture, twists, etc., are of minor importance.)

*This paper has been re-arranged by the Editor.—*I. M. G.*

A NOTE ON THE USE OF THE SLIT-LAMP.

By JADAVJI HANSRAJ, D.O.M.S. (Eng.),
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A CASE I met with in my private practice a short time ago fully convinced me of the usefulness of this instrument in diagnosing certain pathological conditions of the eye.

A young man, aged about 22, mechanic by occupation, was working with a hammer in the workshop, when suddenly he was hit in the right eye by a small piece of iron from the hammer. This was about the 7th of March. He was treated by the local doctors and by two or three ophthalmic surgeons at different places. On the 19th of March he came to me for consultation for pain and redness in the right eye. On examination I found:

(1) Ciliary injection of a moderate degree.
(2) A white scar in the inner and upper part of the cornea, about 4 mm. long and 1 mm. broad.
(3) Anterior chamber rather shallow.
(4) Iris slightly discoloured.
(5) Pupil almost normal in size with a well-marked posterior synechia almost round the pupillary margin.
(6) Pupil reaction totally absent.
(7) Lens semi-opaque; the opacity more marked on the nasal side.
(8) Vitreous full of exudation, and a suspicion of detachment of the retina.
(9) Vision, moving bodies only.
(10) Projection of light good all round.

I could not find any foreign body in the eye with the ophthalmoscope.

The main question was, whether there was a foreign body in the eye or not, and the whole treatment and the prognosis depended on this vital question. Atropin solution was put in and the pupil dilated a little. On putting the patient under slit-lamp examination, there was seen a small aperture in the inner and upper side of the iris corresponding to the white scar in the cornea. On examining the lens, there was found a very small faint tear in the capsule of the lens, in line with the aperture in the iris. There were well-marked watery globules round about this aperture. A scar in the cornea, a small perforation in the iris corresponding with the scar, and a tear in the capsule of the lens-substance convinced me that the foreign body was in the eye. *X*-ray examination of the patient later on confirmed the above diagnosis.

In big towns where an *X*-ray examination is available, one can very easily assign a secondary place to a slit-lamp examination in such cases; but in places where no *X*-ray apparatus can be found, slit-lamp examination would be a great help.