without receding, it is true, but without progressing towards complete cicatrisation. I have found, in such cases, desiccation very soon produced by the light application of lunar caustic.

During its specific period, chancre should be dressed at the least three times a-day, if its suppuration be abundant; during granulation, one dressing in twenty-four hours will suffice. At all times great caution is requisite in removing the lint, in order not to lacerate a tender cicatrix.

All local applications may cure the sore. Amongst them a choice may, however, be made.

Greasy substances in general I do not approve of they frequently develope irritation around the chancre, and even eczematous eruptions, which, by the breaking of their vesicles, may occasion extensive accidental inoculation.

Common cerate does little good, but seldom is injurious; when to an ounce of it a few grains of extract of opium are added, it frequently calms the local irritation.

The dressing I prefer to all others is lint slightly impregnated with aromatic wine (a decoction of sage, rosemary, thyme, hyssop, mint, &c., in eight times their weight of common red Burgundy). This liquid modifies, as an astringent, the ulcerated surfaces, destroys the inoculable property of their secretion, and *tans* the neighbouring parts, so as to render them harder, and less susceptible of irritation.

I have now and then found benefit from the addition of from 1 to 6 per cent. of tannin, or extract of opium, according as my object was to calm or to stimulate the sore.

Should catarrhal inflammation of the parts complicate chancre, with the five-grain solution of nitrate of silver, will be advantageous.

Mercurial ointment I do not approve of in the local treatment. It does not in the least hasten the cure, and not unfrequently give rise to eczema mercuriale.

Repose and a few baths are requisite; and in most cases, Gentlemen, you will find that the local treatment, combined as above, will suffice for the perfect cure of the primary ulcer.

Dr. Serre, of Montpellier, gives unbounded praise to silver internally in the treatment of chancre; but in his cases, the sores having lasted eight or ten weeks, we really cannot see that proof is given of a special action of the drug, inasmuch as the sores might have been spontaneously cured within the same period.

POISONING WITH SULPHATE OF POTASS.

The "Medical Gazette" of October 27th contains a communication relative to the silly letter of "Surgeon," on poisoning with sulphate of potass, which appeared in the "Times" of last week. The writer shows that, by the process of manufacture, by the heat employed, and by the crystallisation, there is scarcely any chance that the sulphate of potass could remain contaminated with arsenic derived from the sulphuric acid employed, even if the acid contained arsenic, which it does not. The same number of our contemporary contains a letter from Mr. Mowbray, stating that when the sulphate is submitted to the action of water, the finer portions are dissolved first, leaving the remainder in the form of very sharp acicular crystals, which he thinks would be extremely irritating; and contradicting the statement that it is rendered more soluble by the sesquicarbonate of soda

A CASE

OF

MALIGNANT DISEASE OF THE OS UTERI,

COEXISTING WITH PREGNANCY, AND TERMINATING FATALLY HALF AN HOUR AFTER DELIVERY.

WITH REMARKS.

By THOMAS DORRINGTON, Esq.,

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(Continued from page 46.)

Cases in which the Natural Powers were unable to effect Delivery, and in which means were used incompatible with the Life of the Child to terminate the Labor.

Dr. Robert Lee, in his "Clinical Midwifery" p. 81, gives the following case:—"On the 1st of May, 1840, Mr. Cross, of Leicester-square, requested me to see Mrs. Ayesbury, aged forty-one, who had been twenty-four hours in labor. The os uteri was hard, irregular, and ulcerated, and so little dilated that the presentation could not be ascertained. The symptoms of malignant disease of the uterus had commenced two years before, and the pain and discharge became aggravated when conception took place. The labor pains continued strong and regular the whole afternoon and night of the 1st of May. At seven, a.m., of the 2nd, the pains were violent and incessant, with restlessness and sickness at stomach. The os uteri continued precisely in the same condition, and the presenting part could not be felt. Twenty-five ounces of blood were drawn from the arm, and one drachm of laudanum administered. At eleven, p.m., the pains still continuing violent, with severe rigors, rapid pulse, and incoherence, another effort was made to reach the presenting part, though the os uteri was still undilated. Having succeeded in touching the head, the perforator was passed up along the finger, the skull opened, and the brain destroyed. The propriety of making incisions into the diseased os uteri had been considered, but the idea was abandoned after consulting an eminent surgeon. At six, a.m., May 3rd, the labor pains having continued strong and regular during the night, the os uteri opened sufficiently to allow the crotchet to be introduced, and the head extracted. The placenta soon followed the child, but she continued gradually to sink, and died on the 4th of May. The body was examined by Mr. Cross, and the neck of the uterus, extensively lacerated, presented the appearance of an irregular, dark colored, disorganised mass. The danger of dying undelivered, and the injury necessarily inflicted upon the uterus, by the extraction of the child, would have been both avoided or lessened in this case by the induction of premature labor."

Dr. Denman in his "Introduction to the Practice of Midwifery," fifth edition, p. 334, relates the following very instructive case. His remarks, too, upon it, which I shall transcribe, deserve the most careful consideration, inasmuch as they seem to me to indicate the general principle which should guide us in all our midwifery proceedings.

"In June, 1770, I was desired to see a patient in the eighth month of her pregnancy, who in the preceding night had a profuse hæmorrhage. Her countenance showed the effects of the great loss of blood she had sustained; and from the representation of the case given me by the gentleman who was first called in, I

concluded that the placenta was fixed over the os uteri. On examination, I felt a very large fleshy tumor at the extremity of the vagina, representing, and nearly equalling in size, the placenta, which I judged it to be; had this been the case, there could not be a doubt of the propriety and necessity of delivering the patient speedily, and with that intention I passed my finger round the tumor, to discover the state of the os uteri. But this I could not find, and on a more accurate examination, I was convinced that this tumor was an excrescence growing from the os uteri, with a very extended and broad basis. I then concluded that the patient was not with child, notwithstanding the distention of the abdomen, but that she labored under some disease which resembled pregnancy, and that the hæmorrhage was the consequence of the disease. A motion, which was very evidently perceived when I applied my hand to the abdomen, did not prevail with me to alter this opinion. It was, of all others, a case in which a consultation was desirable, both to decide upon the disease and the measures which it might be necessary to pursue; and several gentlemen of eminence were called in. That she was actually pregnant was afterwards proved to the satisfaction of every one; and it was then concluded, that such means should be used as might prevent or lessen the hæmorrhage, and that we should wait and see what efforts might be naturally made for accomplishing the delivery.

"No very urgent symptoms occurred till the latter end of July, when the hæmorrhage returned in a very alarming way, and it was thought necessary that the patient should be delivered. There was not a possibility of extirpating the tumor, and yet it was of such a size as to prevent the child from being born in any other way than by lessening the head. This was performed, but, after many fruitless attempts to extract the child, the patient was so exhausted, that it became necessary to leave her to her repose, and very soon after our leaving her she expired. We were permitted to examine the body. There was no appearance of disease in any of the abdominal viscera, or on the external surface of the uterus, which was of its regular form; and when a large oval piece was taken out of the anterior part, the child, which had no marks of putrefaction, was found in a natural position. An incision was made on each side of the cervix to the vagina, and then a large cauliflower excrescence was found growing to the whole anterior part of the os uteri. The placenta adhered with its whole surface; so that the blood which she had lost must have been wholly discharged from the tumor. This uterus, containing the child, is now in the museum of the late Dr. Hunter, who examined the body.

"The propriety or advantage of a practice by which the life of neither the parent nor child was preserved, ought to be considered; but such cases occur so rarely, that there is always room for animadversion when they are concluded. Yet the general principle of its being ever our duty to preserve both their lives, if possible, or to preserve that of the parent, or if she cannot be preserved, then to save the child, if it be in our power, would have been a better guide on this occasion than that which was followed."

My own case, which has led to this paper, is to be classed in this category.

Cases in which the Patients died undelivered, no instrumental Attempts having been made to effect Delivery.

In the fourth edition of the works of Horstius, lib. 2, obs. 5, there is a letter from Dr. Tobias Knobloch to Horstius, respecting a case of scirrhus os uteri coexisting with pregnancy, of which the following is an abstract:—The patient was the wife of a soldier, pale and sallow, and had been in labor three days when the Doctor was called to her. On examining the abdomen, he found a large hard, resisting tumor on the left of the umbilicus, which had by the midwife and bystanders been taken for the child's head. As soon as he perceived this he formed an unfavorable prognosis; it was a chronic scirrhus tumor, and had been attended with no previous symptoms, except general sluggishness of the vital functions. All the usual external and internal remedies having been previously used, he applied the speculum to dilate the neck of the uterus, but in vain, owing to the scirrhusity. He then thought of the Cæsarean section as the only means likely to effect delivery, but the woman could not bear it; hence, the symptoms becoming more and more urgent, she died on the evening of the next day.

Fabricius Hildanus has the two following cases, which are translated and abstracted:—

Cent. 1, obs. 67. A respectable woman was six days in labor, and Fabricius Hildanus found her in articulo morbis when he was called in. She died that night, and he opened the body next day. He found the uterus ruptured, and the head of the child escaped into the cavity of the belly. The cause of the difficulty of parturition was a scirrhus growth nearly as large as a fœtal head. This obstruction prevented the dilatation of the os uteri, and incapacitated the uterus from bearing the violent movements of the fœtus. (?)

In a letter to Mich. Dorinz, p. 902, he remarks "*Quæ scirrhus uteri laborant, vix parere posse observavi; cujus rei veritatem ex sequenti historia videre poteris.*" He subsequently gives a case in proof, of which the following is an abstract:—"A woman in her fifth pregnancy, and at term, was seized with labor pains on the 24th of May, 1611, about ten, a.m., after a hearty dinner. The pains and fœtal movements (?) were unusually severe. About three, p.m., lipothymia and severe rigors occurred, and great prostration ensued; at which time Hildanus thought that the child ceased to live, for the pains and fœtal movements then ceased. Hildanus saw her about eleven, p.m., at which time there was scarcely any pulse; the extremities were cold, cold sweat covered the body, and the right arm of the child protruded beyond the vulva. He gave an unfavorable prognosis. He did not wish to interfere, but, at the desire of the patient and bystanders, gave a stimulating draught. He also used warm emollient and anodyne applications to the genitals, which seemed cold and dry, and used an emollient ointment to the hypogastrium, hips, sacrum, and genitals. At length, having anointed his hand, he began to explore the situation of the fœtus, which, although it was altogether preternatural, he succeeded in altering so far as to reintroduce the arm and bring the head towards the os uteri; but he was obliged to desist from his efforts on account of the unusually undilatable and constricted state of the os uteri, which

compressed his hand beyond endurance, there being at the same time the greatest feebleness of the general powers, and expulsive action of the uterus. The hand again protruded spontaneously by and bye, and the woman died undelivered about ten, a.m. the next day. Hildanus, wondering what could be the cause of so unexpected a death in a previously healthy woman, procured an inspection. The cavity of the belly was filled with serous blood, for, owing to the pains and violent movements of the fœtus (?), some veins in the parenchyma of the liver and about the os sacrum had been ruptured, and the hæmorrhage had unquestionably caused death. He gives the position of the fœtus. The fœtus being removed, he found a very hard scirrhus, the size of a child's head, into which the uterus had been converted, and which had been the ultimate cause of death, by preventing the dilatation of the uterus, and by therefore causing the full grown fetus to have such an impetus that the veins were ruptured and hæmorrhage followed.(?)

Dr. F. H. Ramsbotham, in his lectures in the fourteenth vol. of the "Medical Gazette," p. 162, gives a case in which the os uteri was but partially destroyed, but the remainder was thickly studded with scirrhous tubercles. The patient was worn down to the lowest ebb of life, and, to lull the acuteness of her sufferings, for many weeks took two ounces of tincture of opium daily. Labor did commence, but the woman died undelivered very soon. Gastro-tomy was not performed, as there was every reason to believe that the child was dead. At the post-mortem examination, the os uteri was found dilated to the size of half-a-crown, partially ulcerated, the principal portion thickened, and exceedingly indurated. The membranes had ruptured. The woman had died from exhaustion.

It is somewhat curious that, in the cases related by Hildanus, the nature of the disease was not suspected before the post-mortem examinations of the body; and as far as regards the case quoted from Horstius, it seems more likely to have been a non-malignant tumor of the womb than genuine carcinoma, as the woman seems to have had no pain with it. The same remark may probably apply to the cases of Hildanus, in which it is stated that the diseased parts were nearly as large as a fœtal head, a magnitude not usually, if ever, reached by true cancer. The older pathologists used the word scirrhus in a very wide sense, meaning by it any hard tumor. If this supposition be true, these three cases will strongly resemble, in a practical point of view, the very interesting case of Dr. Montgomery, related in the sixth vol. of the "Dublin Journal," in which the Cæsarean section was performed on account of a fibrous tumor springing from the posterior surface and right side of the uterus, and occupying one half of the whole length of the organ, comprising the upper portion of the cervix and the greater parts of the body. Had the same practice been adopted in them, we may reasonably suppose that the children at least might have been saved.

In remarking upon the cases included in the two last sections, I would beg to recal to the mind of the reader the remarks made by Dr. Denman on his own case, particularly in reference to the rule that ought to guide us in deciding upon difficult questions in midwifery. He admits that this rule in cases where,

from the nature of the disease, it is impossible to save the mother, should be to adopt some plan that will at least save the child. This would seem a just and proper rule; but so great a dread of the Cæsarian section exists, that practitioners feel reluctant to adopt it, even although the alternative presents worse prospects. For my own part, I shall never feel justified in proposing the use of the perforator and crotchet in a case of pregnancy connected with malignant disease of the os and cervix uteri, and for two reasons; the first of these is, that delivery by the crotchet in such cases is a more serious operation for the mother than the Cæsarean section; and the second is, that even if it were not so, we have no right to destroy the child in any case of midwifery without a moral certainty existing that we shall save the mother by so doing; and the cases in which this cruel operation has been performed prove not only that this certainty does not exist, but that the very reverse is the case.

Delivery per vaginam in this disease, even where there is room for the child to pass unmutated, is a grave affair for the woman, partly because the os uteri can never dilate to the requisite amount without lacerating, and partly owing to the contusion which the diseased structures undergo from the pressure of the fœtus. The local effects of the injury sustained by these are most serious; but this is not all, for the constitution sympathises most remarkably with them, as may easily be conceived, when we bear in mind the marked constitutional suffering which ensues in a case of laceration occurring in a healthy uterus. Now, in this case, not only does the laceration act upon the whole system, but the exquisite pain of the crotchet operation, and the exhaustion thence ensuing, plays its part; ulceration, if not pre-existing, is set on foot, if existing, is aggravated, the contused parts slough, and this additional mischief is again reflected on the constitution. Dr. C. Clarke's case died in a few days after delivery, and he attributes the death to the effects of the labor. Dr. F. H. Ramsbotham's first case died the second week after the labor; his case of cauliflower excrescence was in the greatest danger. Dr. Merriman's first case died in six weeks, his second "soon after." Madame La Chapelle's first case died the next day, partly from pre-existing peritonitis, but unquestionably in some degree from the severe lacerations that occurred. Dr. R. Lee's case, where the vectis was used, died very soon after delivery from ruptured uterus, and he alludes to another case related to him by Dr. H. Davies, where the same event happened. It will be observed that in all these cases no sharp instruments were used during the labor; nay, in most of the cases no instruments at all. If we now turn to the cases where the crotchet was used—viz., Dr. Denman's, Dr. R. Lee's, and my own—we shall find that Dr. Denman's patient died undelivered, Dr. Lee's the next day, and my own in half an hour. Now, it is certain that the results of the Cæsarean section could not be more appalling than these. As regards the pain of the two operations, there is no comparison; for the use of the perforator and crotchet to deliver a child through the narrowed and exquisitely tender structure involved in carcinoma, is, without exception, one of the most horribly painful proceedings that can be instituted; whilst the unanimous testimony of accoucheurs proves

the Cæsarean section to be an operation by no means unusually painful for a capital operation.* These considerations seem to me to prove the statement that, all things considered, with the evidence we have before us, it is safer for a woman to submit to the Cæsarean section than to the use of the perforator and crotchet in such a case.

We now come to the other statement—viz., that we have no right to destroy the child to save a woman, who must unquestionably perish from the disease under which she is laboring, and that, too, almost immediately after delivery.

The morality of the crotchet operation has been a question that has been keenly discussed by the French and English schools of midwifery, and the decision has been dissimilar in the two countries, partly, perhaps, owing to religious considerations. The same may be said of the Cæsarean section. If the French have been too reluctant to use the crotchet, the English have, perhaps, been too ready,† and, as in most other disputes, the middle path is the best. The advocates of the crotchet have always based their argument on the fact that it is a safe operation for the mother; and, indeed, the destruction of the child could be compensated for by this circumstance alone. The mind naturally shrinks from the use of the perforator, as it does from artificial abortion, and for the reason thus beautifully expressed by Dr. Perceval, "To extinguish the first spark of life is a crime of the same nature, both against our Maker and society, as to destroy an infant, a child, or a man, these regular and successive stages of existence being the ordinances of God, subject alone to His divine will, and appointed, by sovereign wisdom and goodness, as the exclusive means of preserving the race, and multiplying the enjoyments of mankind." (Vol. II, pp. 430-1.) Nothing but an imperative necessity, such as the desire and probability of being able to save a more valuable life by such a proceeding, can ever warrant our having recourse to it. Now, there are circumstances under which it becomes a very nice question, and one that no one would wish to have left to his determination, to decide upon the comparative value of the life of the mother and that of the child; and in such a case the leaning must necessarily be to the side of the parent. But I do not believe that so nice a calculation can arise in the cases before us, even could we be certain of the mother's surviving till the natural course of the disease destroyed her; for no life can be less valuable, humanly speaking, than that of a woman worn to a skeleton, and suffering the agonies of the last stage of carcinomatous disease—agonies which the most powerful medical assistance fails to lull. I do not conceive that such a state of existence can ever be put in comparison with

the probabilities of life, and of the blessings life confers, which a living infant, about to be delivered by the Cæsarean section, may be said to have; and in stating this, I am aware that these are probabilities only. I believe that those who take a different view of this question do so from the habit that they have got of looking upon life in utero as something different from life ex utero—a habit of mind, perhaps, too common amongst us.

Dr. Robert Lee has suggested the propriety of inducing premature labor in these cases, and a very valuable suggestion it is, within certain limits. The same objection that applies to perforation applies to bringing on premature labor at any period before the child may be considered viable; and, therefore, it seems to me that we should not adopt the plan before the seventh month. When we have done this, and the parts do not dilate sufficiently to allow the child to pass, it is still open to us to incise the os uteri; and if this is insufficient, we may apply the long forceps, thus combining a plan which Dr. Radford was the first to propose in distortions of the pelvis, the induction of premature labor, and the subsequent application of the forceps, with the vaginal Cæsarean section. By this method, as in Madame La Chapelle's third case, we shall probably save the child; and experience has shown that the woman has recovered from the immediate effects of such an operation. There is an argument in favor of artificial premature labor, in the fact that Nature herself often adopts this plan of lessening the difficulties of these cases—a circumstance which depends on the diseased cervix uteri being unable to take on those changes which usually begin to occur at the sixth month. Unfortunately these cases do not always present themselves to our notice at a time when we have the choice of such a proceeding left to us.

Before dismissing the subject, a few general remarks may be made, which I have not hitherto found an opportunity to offer.

There can be very little doubt that in the majority of these cases the uterine affection precedes conception, since the average duration of malignant diseases of the os uteri exceeds nine months; and I know no fact more surprising than that the process of generation should be capable of being set on foot, continued, and terminated, whilst the principal organ concerned therein is in so diseased a condition. The age at which it has been most common, as far as we can gather from those cases where this is noted, seems to be about thirty or forty, and it has generally occurred in women who have had several children. It has frequently shortened the duration of pregnancy in two ways—first, by preventing the development of the lower part of the uterus; and secondly, by determining the death of the fœtus, from the severe and successive hæmorrhages that occur from the diseased parts. In general it seems that these hæmorrhages have been among the first circumstances that have led to the true nature of the disease being discovered; and where they have not existed, it has frequently happened that the obstetrician has not been aware of the existence of any unusual state of the parts, till the tediousness of the labor has led him to institute an examination of the os uteri. I may here notice a non-malignant condition of this part, which I have

* See Dr. Hull's second letter to Mr. Simmons, and Dr. Montgomery's case of Cæsarean section, in the sixth volume of the "Dublin Journal."

† Dr. Radford, of Manchester, gave an admirable course of lectures on Operative Midwifery last year, in which he discussed this subject very fully, and from these lectures and private conversation with him, I was first led to the opinions here broached. It is to be hoped that the public will, ere long, have the benefit and pleasure which was enjoyed by the profession in Manchester, through the medium of some of the journals, since many new and important doctrines were broached which deserve the fullest consideration of obstetricians.

frequently observed in women who have had several difficult labors, in which instruments have been used, since it may lead to an error in diagnosis. This consists in a knobbed, indurated, irregular state of the os uteri, with deep clefts existing between the tumefied portions. It is the result of the inflammatory condition that succeeds the contusion, and slight laceration of the parts, that generally occurs in such cases. When the os uteri has suffered from this two or three times in succession, it becomes converted into an indurated, irregularly swollen ring, which is not very unlike the scirrhus stage of carcinomatous disease, and which may be mistaken for such by the careless observer. The freedom from pain or tenderness, the non-existence of discharge, the absence of constitutional suffering, and particularly the previous history of the case, distinguish it from the genuine malignant affection.

The diagnosis of pregnancy in these cases is more difficult than in the ordinary condition of the parts, from our not being able to avail ourselves of the ballottement, owing to the rigidity and pain of the parts interfering with our manipulations. The other signs are generally equivocal, with the exception of the perception of the fetal movements through the abdominal parietes by the practitioner, and the sounds furnished by auscultation. The stethoscope in these cases is invaluable.

With regard to treatment, we have considered that which is appropriate to the various degrees of the disease with which we meet in presentations of *the head*; but it remains for us to notice that which is best adapted to the *other presentations*. As there are very few such cases on record, however, the plans spoken of cannot be considered as having altogether received the sanction of experience. Speaking, then, theoretically, when we meet with the breech or the feet presenting, where we should leave the case to the natural efforts if it were a head presentation, I conceive that we should not interfere until we have satisfied ourselves that the natural powers will prove ineffectual. If we then decide upon incising the os uteri, we shall find it the best to do it as early as possible, in order to avoid the difficulties that would arise from the body of the child occupying the vagina. The prognosis for the child would, of course, be unfavorable in any case, since the funis would be nearly certain to suffer great compression before the head was delivered. If the arm or any part of the trunk presents, so that version is required, it would, in all probability, be necessary to make many small radiated incisions in the thinnest parts of the os uteri before attempting this operation, during which these incisions would lacerate further, so as to allow of tolerably free dilatation.* Version being effected, which should be done by bringing down one leg only, on Dr. Radford's plan, so as to prevent the funis being compressed as much as possible, the delivery should afterwards be conducted on ordinary principles. The child would be likely to perish.

In funis presentations I should feel inclined to make incisions into the os uteri as soon as I disco-

vered the complication, and apply the long or short forceps as early as possible, if the pulsations had not ceased. If the funis had ceased to pulsate, the case might be conducted as though no such complication existed. It may be thought that early incisions in such a case would be worthy of the name of "meddlesome midwifery;" but when we remember the fatality of funis presentations to the offspring, under the most favorable circumstances, we are, I think, warranted in proposing such a course. It seem to me that the whole of our practice in these cases should turn upon the best mode of saving the child, since we have already shown that all modes of treatment are much the same in their ultimate results as regards the mother.

In conclusion, I must apologise for the length to which my remarks have been carried; but as cases similar to those that form the subject of this communication are so rare, that the best mode of practice in relation to them can hardly be considered settled, it seemed to me that the occurrence of an unsuccessful case, in my own practice, might form a very favorable opportunity for reviewing the whole subject. If I seem to have drawn largely on the experience of others for my information, I have merely to plead that no one could expect, even in a lifetime, to meet with sufficient experience on such a subject as to warrant him in drawing his conclusions from that only; and a perusal of systematic works of midwifery will satisfy any candid reader of their extreme barrenness on a matter in which each individual author has had but a limited experience. It has seemed to me to be far better to give the reader the means of judging on this question for himself, by relating a number of cases that have really occurred, than to retail out old opinions from authors on midwifery as an appendix to my case—opinions which seemed to me to want revising; and if any further excuse for my prolixity is required, I would ground it on the fact that the late Dr. Denman, who had seen as much difficult midwifery as most men, had views so unsettled on this subject, that he frankly owns to having committed a great error in the only very serious case of the kind that he ever met with. The moment of perplexity, that occurs when an unusual case is presented to our notice, is not the time in which to decide upon the principles of treatment which should guide our practice with regard to it; and on subjects like the present, which are seldom presented to our consideration, the merely practical man is very likely to fall into error. An acquaintance with the cases that have been recorded is imperatively necessary to the formation of a correct opinion on the prognosis and treatment of similar ones; and in the hope that the subject will obtain such consideration from your readers as it deserves, I have been induced to present all the information I could collect upon it to them.

* Madame Boivin, in her work on "Diseases of the Uterus," alludes to a case related by Zeppenfeld (*Diss. System. casum carcinomatis uteri cum graviditate conjuncti*, Berol, 1828) in which this plan was adopted.