in cases where the original chancre has undergone no cauterisation than in opposite circumstances. In this respect my opinion is in direct contradiction with that of Bell. The cases he adduces to prove the sinister influence of cauterisation are utterly without value; he neither mentions the period of the chancre at which the operation was performed, its previous duration, its seat, nor any one of the important points, without which his arguments are inadequate to support his position. It is, moreover, quite clear that the longer a patient is allowed to carry an ulcer, secreting inoculable pus, the more will he be exposed to special irritation of the inguinal glands. On the other hand, the sooner the ulcer is *destroyed*, let it be by caustics or otherwise, the more will the chances of escape from bubo increase in number.

There is a celebrated case of Van Swieten, adduced to prove that cauterisation of chancre may cause secondary syphilis; you shall judge of it. "A man is affected with chancre during THREE MONTHS; at the expiration of that period it is cauterised with nitrate of silver, and *three days* afterwards secondary syphilis appears!"

I will not dismiss the subject without stating that I have had frequent opportunities of convincing myself, from inspection, that the hard string felt on the dorsum of the penis, in cases of chancre, is not formed by a tumefied vein, as the name given to the symptom, "*dorsal phlebitis*," would imply, but by an inflamed and distended lymphatic, from which I have frequently succeeded in extracting inoculable matter.

The circumstance of a patient with chancre being placed under the influence of mercury, has no value whatever in the prognosis of chancre with reference to bubo.

3. *Prognosis of Chancre, with reference to the Probabilities of Secondary Infection.*—As to the probable occurrence of secondary syphilis, I can positively bring forward the following propositions as the result of my experience:—

1. Primary ulcer is the indispensable precedent of secondary syphilis; without chancre there can be no general infection, except in the rare case of hereditary disease.

2. Simple, non-indurated chancre, and gangrenous chancre, are very seldom, and only in exceptional cases, followed by secondary syphilis.

3. Indurated chancre gives *always* rise to constitutional infection.

4. The seat of chancre does not in the least degree influence the production of secondary symptoms. Provided the chancre be indurated, secondary disorder is as common and as constant after sores of the mouth, hand, nose, or foot, as after chancres of the penis.

5. The size of a chancre, the number of sores a patient is affected with, do not increase his chances of general infection, always provided none be indurated.

6. If the primary ulcer be destroyed during the six first days of its existence, no secondary symptoms will follow.

7. Six months having elapsed after the cure of a chancre (no mercury having been exhibited) without the appearance of any secondary eruption, all fear of constitutional symptoms may be laid aside.

A CASE
OF
MALIGNANT DISEASE OF THE OS UTERI,
COEXISTING WITH PREGNANCY, AND TERMINATING
FATALLY HALF AN HOUR AFTER DELIVERY.
WITH REMARKS.

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(Continued from page 33.)

Cases in which the Natural Powers have not been able to effect Delivery, but in which this has been effected by Artificial Means, compatible with the Life of the Child.

Madame La Chapelle, in her "*Pratique des Accouchemens*," vol. iii, pp. 371—7, gives three cases, of which the following are abstracts:—

CASE I.—Catherine D., a tall, thin woman, aged thirty-four, was pregnant for the sixth time. All her labors had been very easy. Two years intervened between the fifth and sixth pregnancy, the commencement of which was attended with moral suffering. She had hæmorrhage from the uterus from two months before to six months after conception, when it was checked by repeated venesection. It reappeared, however, often in the eighth month. During the last three weeks of the ninth month she had slight pains, and a rather abundant discharge of water. On the 6th of May, 1819, she had more active pains, and the discharge of some drops of blood. The uterine orifice was very irregular, and was surrounded by four or five hard, smooth, irregularly disposed tumors, the largest of which was backwards. These tumors, which were separated by healthy but very narrow intervals, were slightly moveable on each other. The neck of the uterus had not undergone the usual changes, but was two inches long. It was not so hard, and more uniform on its mucous surface than at the orifice. The head presented. The pains hung about her during the 6th, 7th, and 8th, when great feverishness and depression showed themselves. Baths, half baths, and enemata, were used, and on the evening of the 8th stronger pains came on, and threw the patient into a state of anxiety, paleness, and very alarming oppression; she was covered with sweat; the pulse was frequent and contracted. An ethereal draught was given. The neck of the uterus was now only an inch long, and softer, and the tumors more moveable and distant from each other. Afterwards the internal orifice of the cervix dilated, and the membranes began to protrude. On the morning of the 9th the os uteri was dilated to the diameter of two inches, the tumors being posteriorly, some irregularities only anteriorly. The abdomen was painful, and there was vomiting of green matter; she was pale and feeble. A draught containing wine was given. At three o'clock the membranes were artificially ruptured; the waters were discharged, but the pains were feeble, and the head remained stationary. At four o'clock the forceps were applied on the sides of the pelvis, the tumefaction of the scalp preventing an exact diagnosis of the position of the head. The extraction was easy; the child was dead, and its integuments abraded at many points. There was moderate hæmorrhage after the expulsion of the placenta, which was stopped by con-

traction of the uterus under friction, but the patient grew pale and faint without syncope occurring. She sunk by degrees, and died on the 10th, about three o'clock, preserving her faculties to the last.

Sectio Cadaveris on the 11th.

The cavity of the abdomen exhibited very decided evidences of general peritonitis, with puriform effusion. The uterus, which was relaxed, large, soft, and flat, showed the neck widely open, unequal, offering different ragged divisions; backwards, and to the right side, there was a whitish nucleus, the size of a nut, and composed of a fibrous tissue, infiltrated with cerebriform pulp; backwards, and to the left, another scirrhus growth, very similar, but less, was separated from the first by a large laceration extending through the whole substance of the cervix, except the peritoneum. The vagina was also slightly lacerated. The uterine laceration was three inches long, and other smaller lacerations existed anteriorly. The pelvis was well formed.

Madame La Chapelle attributes the death in this case rather to the peritonitis than to the lacerations.

CASE II.—Julia Boss, thin and feeble, was pregnant for the sixth time. From the second month she felt lancinating pains in the uterus, and after this she had leucorrhœa. She arrived at the hospital in August, 1819, seven months' gone. Examination proves the neck of the uterus to be hard, unequal, thick, scirrhus, and closed, and to be composed of a ring, swollen and contracted at intervals. On the 21st of August there were uterine contractions, with sanguinolent mucous discharge, but no change in the cervix. On the 24th the neck was a little open, and the membranes had ruptured. In the evening a laceration took place posteriorly; the woman lost blood, and was pale and weak; the head of the child was low. On the morning of the 25th the weakness went on increasing, the pains ceased, the os uteri was two inches and a half in diameter, and many lacerations or rents separated the tumefied parts of the scirrhus ring. The forceps were applied, not without causing much pain to the mother. The infant was born alive, but feeble, as one might expect at the seventh and a half month of pregnancy. After the expulsion of the placenta, which followed ten minutes after the birth of the child, we felt confusedly the ragged character of the neck, and especially a deep fissure posteriorly; a little discharge of blood followed; it coagulated rapidly. The weakness and spasm which followed this operation were tempered by the joy which the patient had at finding herself at last delivered. The pulse soon rose; sweat appeared, and her health was soon re-established. Some months after I learned that this woman still complained of pains in the neck of the uterus; the cancer, doubtless, has been progressing.

CASE III.—On the 18th of November, 1819, we had at the hospital a third woman, named Esther Phul. This woman had also scirrhus of the neck of the uterus, which, for forty-two hours, prevented dilatation of the orifice. Seeing that there was hardly a possibility of this dilatation taking place, I acquainted M. Baudeloque with the state of affairs, and he made in our presence many radiated incisions in places where the scirrhus offered the least thick-

ness. After this operation we availed ourselves of the room thus made to apply the forceps, and to deliver a living male infant, seven pounds weight. The presentation was the vertex in the first position. Nothing remarkable occurred in her recovery.

Dr. Robert Lee, in his "Clinical Midwifery," p. 82, gives the following case:—"Several years ago, a woman with malignant disease of the os uteri, and who was three or four months pregnant, was admitted into St. George's Hospital. She afterwards went to Margate, but though labor came on at the end of the seventh month, the os uteri did not dilate sufficiently to allow the fetus to pass, and it was extracted with the vectis. Symptoms of ruptured uterus soon followed. Mr. Price examined the body after death, and sent the uterus to me. The whole orifice and neck of the organ was destroyed by cancerous ulceration, and the anterior part of the cervix was lacerated."

In none of these cases have we any evidence as to the diseased parts being *very bulky*; the resistance afforded to the *dilatation of the os uteri* by the scirrhus deposit has rather seemed the impediment to delivery. In the two first cases the forceps were used rather on account of *want of uterine action* than on account of a narrowing of the pelvic diameters; in the third case the parts were avowedly incised *because they would not dilate*, whilst the reason of the forceps being used is not stated, though I think we may assume it to have been uterine debility ensuing after forty-two hours "labor in vain;" and in Dr. Lee's case the vectis was used to *drag through parts that would not dilate sufficiently* a seven months' child, laceration being the inevitable consequence of such an operation. Out of the 4 cases, the children were born living in 2, dead in 1, not noticed in 1. The labors were premature in 2 cases, one at the seventh, the other at the seventh and a half month. As regards the mothers, 2 died very soon after labor, in one case, however, rather from peritonitis than carcinoma, the other 2 leaving the hospital well. One of these was heard of afterwards as still suffering from symptoms of cancer, and of the other we have no report. Did she escape the usual fate? Our experience of the fatal nature of the disease forbids us to think so.

The practical conclusion to be drawn from these cases is, that, when the diseased structures are indurated to a great extent, but *not excessively bulky*, after giving nature a fair time, and finding her efforts unavailing, we have the resource of incising the os uteri, if the uterine action is not strong enough to lacerate it, and of applying the forceps or vectis if, when the os uteri is lacerated or incised, the labor pains are insufficient to propel the head. The prognosis for the child is on the whole favorable, but for the mother extremely uncertain.

[To be continued.]

M. BAILLEUL'S TREATMENT OF SMALL-POX.

This consists in the constant application of chlorinated lotions, so as to decompose the poisonous secretions of the skin at the instant of their formation.