the aorta near its division into the two primitive iliacs. The ureter from the lower kidney passed across the mesial line, after entering the pelvis, so that these two tubes entered the bladder in the usual manner. The preparation is now in my collection. A case where the kidneys presented exactly the same appearance is described and figured by Dr John Hunter in the third volume of the Medical Transactions of the College of Physicians in London, Vol. iii. p. 250, 1785.

PART SECOND.

REVIEWS.

On the Changes induced in the Situation and Structure of the Internal Organs, under varying circumstances of Health and Disease; and on the Nature and External Indications of these changes. By Francis Sibson, Resident Surgeon to the General Hospital, near Nottingham. (From 12th vol. Trans. of the Provincial Med. & Surg. Association), 8vo, pp. 260; with numerous coloured woodcuts. Worcester: 1844.

This is one of the most useful works on Physical Diagnosis which have lately emanated from the medical press. It is long since we possessed accurate topographical drawings and descriptions of the relative anatomy of the different regions of the body liable to surgical diseases; and had physicians of past times revered the study of anatomy as they ought to have done, instead of almost despising it, or dreading it, as likely to throw discredit on their diagnosis, and endanger their favourite closet-formed hypotheses, such a volume as the present would long ere now have adorned our libraries. To some extent at least, this attempt has already been made, especially by recent authors,—among whom Professor Williams stands pre-eminent:—and it is but just to allow, that the laudable efforts of these observers may have served as guides to future exertion in the same paths of investigation.

These remarks are intended to apply chiefly to the topographical observations of the author, which form the most remarkable portion of his work. They are illustrated by 26 diagrams taken after death, and 14 during life, which point out in a clear and very satisfactory manner, the positions of the internal organs in health and in disease—during tranquillity—and after the various physiological and pathological movements or alterations in the sites of the parts. No physician, we trust, of modern times, will under-rate the practical importance of such an inquiry, executed with talent and care.

The method of constructing the diagrams is highly ingenious, and, doubtless, of the greatest advantage, as tending to ensure accuracy, perhaps beyond any other mode hitherto adopted; and this will be best understood from the following introductory remarks of the author:—

“It is now some years since I found that my notions of the usual and healthy sites of the various viscera were ill defined. To clear up this obscurity,
owing to which I was constantly at fault in examining patients suffering from chest diseases, I took diagrams of the position of the viscera, when making post-mortem examinations of the patients that died in the General Hospital near Nottingham. I first drew a careful outline of the ribs and sternum, and then added the internal viscera, taking care that their bearings to each other, and the ribs, were accurately planned.

"After a time, I procured a frame, and stretched strings across and along it, at distances from each other of three inches; the whole frame was thus subdivided into forty-five squares. I ruled a piece of paper with squares of a like fashion, but of one-third the size; the frame I laid over the subject to be copied, and with care and accuracy traced the objects that were behind each three-inch square upon the corresponding one-inch square on the paper.

"I showed these diagrams, from time to time, to Dr Hodgkin; he was interested in them, said they were of value, and gave me many important hints regarding them. Last winter, Dr Hodgkin exhibited and explained many of the diagrams at one of the conversaziones at St Thomas’s Hospital, at the time when the medical school of that Institution had the advantage of his services. Some months before these diagrams were thus brought before the profession, Dr Hodgkin suggested to me a plan for taking them, which I immediately adopted—a plan that placed my inquiry on an entirely new and more solid footing. This method consists in drawing the outlines of the organs on a piece of lace, stretched on a frame and placed over the body; the sketch is transferred by placing the lace over a sheet of paper, a piece of the "manifold letter writing paper" being interposed. By pressing firmly with a point on the chalked outlines, they are traced in black on the paper beneath. By this plan, employed with care, perfect accuracy is ensured. It has the advantage also of being applicable to the living as well as to the dead.

"To reduce these full-sized diagrams to their present dimensions, I employed a pentagraph, that was recommended to me by Dr Hodgkin." pp. 3—5.

All the diagnoses taken after death, are formed upon the plan of rendering the body and its different organs transparent, as it were, the parts being indicated by lines of different characters; thus, where the organ lies immediately below the surface, its outlines are dark; where the organ is deep-seated, its outlines are faint, (p. 6 or 310); and although this method is not peculiar to the author, he appears to have considerably extended its usefulness. The first portion of the work refers to the "Actual and Relative Position of the Healthy Organs—Lungs and Heart," each part of these organs—important in diagnosis—being carefully described so as to give, along with the diagrams, an increased degree of importance to physical diagnosis. The descriptive subdivisions are as follow:—"Portion of lung above the clavicle,"—"Lung behind the clavicle,"—"Lung behind the upper half of the sternum,"—"Right lung behind the lower half of the sternum,"—"Left lung—to the left of the heart,"—"Space of the heart's dulness,"—"Superficial percussion,"—"Lower margin of the right lung,"—"Lower edge of the left lung,"—"Contrasted percussion of the stomach and lung,"—"Fissures between the lobes of the lungs—their relative sites,"—"Inferior posterior bounds of lung,"—"Trachea,"—and so on with regard to the heart, and great vessels, diaphragm, stomach, liver, spleen, kidney, and intestines, with special reference, however, to the thoracic viscera.

As a specimen of the author's descriptive style, we quote the following paragraphs on the above all-important subjects.

"Portion of Lung above the Clavicle.—If by the word Chest, as applied to the human subject, is meant the subdivided cavity in which are contained the heart and lungs, it will be found, in part, to occupy the lower portion of what is usually termed the neck, as the summit of the lung rises from an inch to an inch and a half above the clavicles. A clear knowledge of this supra-clavicular portion of lung is of the first moment in forming a diagnosis where incipient tubercles exist; here are these tubercles first formed; here may they be earliest detected.

"In front, behind, and on the outside, the portion of lung in question is rounded; it rests upon the first and second ribs, near their spinal attachment. It is pro-
ected, on the outside and in front, by the scaleni muscles. The pleura, which covers it, is strengthened and brought under muscular control by a fascia, the expanded aponeurosis of a small muscle, the pleural scalenus, arising from the transverse process of the last cervical vertebra, and inserted by a dome-like fascia into the whole of the upper edge of the first rib. The internal posterior surface of the upper portion of lung is separated from its fellow by the first and second dorsal vertebrae, the esophagus, and the trachea. The anterior internal surface is hollowed, and, as it were, pushed aside, by the great vessels passing to and from the chest.

"Lung behind the Clavicle.—The lungs lie immediately behind the sternal ends of the clavicles, points where an examination of the comparative density of the two lungs may be made with ease and accuracy, whether in the sitting, standing, or lying posture. Unbutton the patient's shirt, give a tap or two over the clavicles, just to the outside of the sternum, and the ready answer will tell you, whether the lung is consolidated by, or free from tubercles. This little convenience in diagnosis is of much value when time presses, and allows of but a slight examination.

"Lungs behind the upper half of the Sternum.—The inner portions of both lungs rapidly converge and usually come in contact, two thin layers of pleura intervening, just behind the junction of the first and second bones of the sternum. The thymus body separates the lungs in children; and in boys, where the absorption of that body is not yet complete, the point of contact is lower than in adults; in old age and emphysema, on the other hand, the lungs meet each other above the usual point. The inner margins of the lungs lie side by side, just behind the centre of the sternum, as low as the junction of the fourth costal cartilages to the sternum, where they separate; but the place of separation varies considerably, ranging between the point opposite the third cartilages, and that opposite the fifth. In pericardial effusion the bulging forward of the swollen sac thrusts aside the inner edges of the lungs, and raises the point at which they separate, thus affording an index to the discovery of that disease. In cases of diseased heart, with adherent pericardium, the point of separation is almost always unusually high, much more so than in cases of diseased heart without adhesion, in which cases the co-existence of emphysema sometimes even lowers the point of separation.

"Right Lung behind the lower half of the Sternum.—The right lung continues its direct course downwards immediately behind the centre of the sternum, to the attachment of the xyphoid cartilage.

"Left Lung to the left of the Heart.—The inner margin of the left lung, after its separation from that of the right, passes obliquely downwards to the left, usually taking the course of the fourth costal cartilage. In some, especially the robust, and in cases of emphysema and bronchitis, the direction of this line is lower. Disease of the heart, with enlargement, does not affect the direction of this line; but where there are, in addition, pericardial adhesions, it is pushed upwards. When the inner margin of the oblique border of the left lung crosses the space below the costal cartilage and rib, behind which it lies, the curve becomes gradually vertical; towards the lower boundary of the lung, this edge usually curves from left to right, and forms a small projecting tongue, which is interposed between the apex of the heart and the ribs. In emphysema, bronchitis, and pneumonia, ailments in which the lung's bulk is increased, this internal margin of the left lung encroaches still further to the right, wedging in between the walls of the chest and the heart. Where the heart is enlarged, this margin on the other hand is pushed out of its usual place. In cases of pericardial effusion and adhesion, the displacement is still greater. By the careful observation of the direction of the inner lower margin of the lungs, in those cases where there are unequivocal signs of diseased heart, we may generally ascertain, whether that disease be simple enlargement, or enlargement with pericardial adhesion, or pericardial effusion.

"Space of the Heart's Dulness.—In the living body, where the lungs and heart are healthy, the space of the heart's dulness is bounded on the right by a
straight line at the centre of the sternum; above, by a line running along the fourth costal cartilage; to the left, by a curved line, usually to the right and below the nipple, the lower limb of which turns to the right. It is a very thin portion of lung that is wedged in between the heart and the ribs all round these bounds, to ascertain which peculiar tact is required; it is the most difficult lesson in percussion, and, for the discovery of heart disease, the most valuable.

"Superficial Percussion."—These superficial margins of lung are best detected by making a slight, superficial, quick, flapping tap, with the right fore-finger thrown, jerkingly, as it were, upon the left; or upon a pencil, placed as a pleximeter upon the walls of the chest. I have not tried the leaden hammer, with a whalebone handle, suggested by Dr. C. J. Williams, but, from its make, I judge it must be, especially to the inexperienced percussor, preferable to the finger for superficial percussion.

"Lower margin of the Right Lung."—The lower margin of the right lung turns off to the right, with a slight obliquity downwards for a short space, and then passes off almost directly to the right; sometimes, there is no obliquity, but the lung turns off sharply to the right. This lower bound of the right lung usually passes across the conjoint cartilages of the sixth and seventh ribs, and behind the fifth intercostal space; it sometimes passes behind the fifth costal cartilage, and sometimes on the other hand, as in children, behind the sixth. This lower margin of the right lung is the very fine edge of a very thin layer of lung substance, placed between the costal parietes, and the diaphragm, bulged up as it is by the liver. To ascertain the edge of this portion of lung, the same style of percussion must be resorted to, as to ascertain the bounds of the heart's dullness. Any thing stronger, any thing deeper than a light flapping stroke, will bring out, not the sound of the film of lung immediately under the finger, but the dull dead sound of the deeper liver.

"Lower edge of the Left Lung."—The lower edge of the left lung is usually half a rib's breadth lower than the lower edge of the right lung; if that lower edge be behind the fifth intercostal space, the left is behind the sixth costal cartilage. If the lower edge of the right lung be behind the upper edge of the sixth costal cartilage, that of the left will be behind its lower edge. The inferior margin of the lung passes almost directly, or with a very gentle slope, to the left." Pp. 5—12.

The views adopted by our author, in regard to the Sounds of Respiration, are comparatively little known, and received by very few writers on this subject.

"Respiratory Sounds heard over the Trachea and Lungs."—Laryngeal Sounds.—During ordinary respiration, the sounds generated in the larynx by the passage of the air between the vocal chords are smooth, rather loud, and somewhat hissing.

"The sound heard on inspiration is almost identical in character with that heard on expiration, but is a shade sharper. The smaller the larynx, the quicker the breathing, the sharper and louder are the sounds produced. The larger the larynx, the slower the breathing, the softer and graver,—the more murmuring,—are the respiratory sounds.

"In children, whose larynx is small and whose breathing is quick, the sound is sharp, loud, and hissing; in large larynxed men, it is faint, soft, and murmuring. The deeper the vocal tones, the softer and graver are the respiratory sounds heard in the larynx.

"Inspiratory Sounds:—Extent and relative Intensity."—The inspiratory sound excited in the larynx, is conducted by the trachea and bronchial tubes, and is carried by the air, in the air-tubes, to the surface of the chest. The nearer the wall is to the larynx, or to a large bronchial tube, the louder is the respiratory sound, the more alike is it in character to the laryngeal expiration. Over the upper part of the sternum, to each side of it, especially to the right, the sound is rather loud, but is softer, less continuous, and more murmuring than it is over the larynx. Over the upper front of the chest, below the clavicles, the sound is gently murmuring; over the lower part of the front of the chest, it is
often inaudible, and is always feeble; over the dorsum the sound is distinct; soft, and murmuring, between the scapulae; it is somewhat louder on the right side than on the left; below the scapula it is very faint indeed.

"In children whose laryngeal sound is sharp and loud, and the walls of whose chest are nowhere very distant from the origin of the sound, the respiratory murmur is much louder than in man; it is in fact 'puerile.' In women, the respiratory murmur is fainter than in children, but louder than in men.

"At the beginning of an inspiration the respiratory murmur is louder than it is towards the end, when indeed the surface is further from the source of sound. When breathing is quickened, the inspiratory murmur is everywhere louder; and the sound heard over the lungs is nearly as loud at a distance from, as it is near to the larynx."

"Exspiratory Sound.—The expiratory sound is almost as loud and as sharp over the larynx as the inspiratory; but as the current of air carries away that sound from the lungs, it is only conducted to them by the solid walls of the trachea and bronchial tubes. The expiratory sound is, in consequence, very faint indeed; in the adult it is usually only heard in the neck, and to the right, sometimes to the left of the sternum; also to the right, sometimes to the left of the vertebral near the bases of the scapula.

"In old persons, the expiratory sound is scarcely audible except in the neck; but in children, and, to a less extent, in females, is louder and more extensive than in adult males.

"On breathing quickly, the expiratory sound is heard everywhere, and is quite as loud as the inspiratory.

"Laryngeal Sounds are conducted to the surface and heard there on tranquil breathing.—During ordinary inspiration, the inspiratory murmur is doubtless due to the conduction of the laryngeal sound, and not to a new sound generated in the air-cells; else would the inspiratory murmur be loudest where the air-cells are most numerous; but the reverse of this is the case.

"In tranquil inspiration, the air, as it advances, occupies more space, moves slower, and with less friction. In expiration, on the other hand, the air occupies, as it advances, a constantly narrowing space, moves quicker, and with more friction—conditions more favourable to the eliciting of sound; but the movement of the air is so slow, especially in adults, that no sound is produced; and, as none is conducted, none is heard.

"Respiratory Sounds excited in the tissue of the Lung during hurried breathing.—When the breathing is hurried, or voluntarily quickened, the inspired air generates sound by friction against the sides of the tubes, small and large; during rapid inspiration, sound is excited in like manner; but as the air passes from a large into a smaller space, it is often a shade louder than it is during rapid inspiration. These sounds are heard quite as loud over the lower and more distant, as over the upper and nearer portion of the lung." Pp. 373—391.

The way in which the respiratory sounds are here in part accounted for, is at variance with the generally received opinion on this subject. But, apart from the strong evidence which has been advanced in support of the author's views, it cannot but be regarded as a circumstance favourable to their truth, that they should also have been adopted, either partially or wholly, by writers of experience, such as Messrs Barth and Roger; and especially after the little countenance afforded by the latter authors in the first edition of their work on auscultation (1841), and the subsequent modification of their views after renewed consideration and experiment. It appears that M. Chomel was the first to object to the explanation of Laennec in regard to the bronchial breath-sound, sometimes heard in pleuritic effusions, and after sagaciously propounding the following query, left the point to the decision of other observers. "Laennec," says he, "thinks that the bronchial respiratory sounds are owing to the inspired air being impeded (s'arrêté) in the bronchial tubes compressed and flattened by the pleuritic effusion; but then—why is the same sound heard during expi-

1 Traité Pratique d'Auscultation, Paris, 1844.
rations? Is it not more likely, that it is produced in the larynx and back of the mouth (arrière-bouche), and transmitted to the ear applied upon the chest, in the same manner as the sound which is produced, and distinctly perceived (articulée) in the same organs."

M. Beau was the first to consider the subject experimentally, and the following were the conclusions at which he arrived:—"1. That the first respiratory sounds, not complicated with râles, are not mechanically produced by the passage, and the friction of the air against the walls of the bronchial ramifications where they are heard. 2. That they are produced by the resounding throughout the whole column of air inspired, and expired, of a sound resulting from the striking (refoultement) of that column of air against the velum palati, or the neighbouring parts."2

These views, as previously stated, have found little favour among contemporary observers, although supported by some very interesting experiments by M. Sibson, and by Dr Spittal, the only author in this country—besides M. Sibson—who has espoused the new explanation of the breath-sounds. In his communication, read to the British Association in 1833, several new experiments are detailed, which the author considered calculated to overcome the objections urged against those of M. Beau. They served, at the same time, to localize the site of the breath-sound in the larynx, as appears from the following remarks. "It is," says Dr Spittal, "matter of familiar observation, that a blowing rushing sound takes place both during inspiration and expiration, synchronous with, and consequent upon, the entrance and exit of the air from the lungs. This sound every one can hear distinctly, and in his own person, without any artificial aid, especially on full, free, and quick respiration; and we perceive at once, that it has its site in the upper portion of the respiratory passages. When the mouth is shut, it seems chiefly connected with the external nasal apertures; when open, we would refer it almost entirely to the mouth itself; and when the latter is widely opened, to the back part of it, to which and the neighbouring parts, M. Beau refers it; and where perhaps it is not inaptly termed the "guttural respiratory sound. On close examination by means of the stethoscope, this sound appears to me," continues Dr Spittal, "to be loudest, and to have its origin at the upper part of the larynx; and probably is chiefly produced in the narrowest part of this, or at the rima glottidis, where the air, in passing to and from the lungs, and meeting with an impediment to its free passage, is thrown into sonorous reverberation; and this is quite in accordance with all observation, in regard to the rapid or forcible movements of aeriform fluids."

Messrs Barth and Roger object, probably on good grounds, to the exclusive manner in which this anatomical modification of M. Beau's theory has been adopted by this author,4 who now "considers the resounding of the glottis sound (bruit glottique) during the passage of the air across that orifice, as the only cause of the tracheal, bronchial, and vesicular breath sounds."5 M. Beau stands alone in this view of the subject, while those who admit the bruit glottique are not quite agreed as to the other cause or causes of the respiratory sounds. Dr Spittal's experiments are not advanced "to prove, that this is the only source of the respiratory sounds," but to show that the sounds perceived in the superior respiratory passages exert, in all probability, a considerable influence, if not in producing, at least in modifying the different respiratory sounds, known by the terms vesicular, bronchial, tracheal, cavernous, and amphoric respiratory murmurs."6 After some experimental researches, Messrs Barth and Roger "conclude that the causes of the respiratory murmur are complex." They say, "we have proved in our experiments that the pulmonary sound perceived by transmission, has a certain degree of distance, and a blowing (soufflant) character.

1 Dict. de Méd. Tom. xvii. 133; 1827.—Barth and Roger, p. 35; 1844.
2 Arch. Gén. de Méd., Vol. v., Paris, 1834.
3 Edin. Med. & Surg. Jour., Vol. xlii., 1839.
4 Arch. Gén. de Méd., 1840.
5 Traité d'Auscultation, p. 35; 1814.
6 Op. cit.
ter, whilst the sounds produced by the passage of the air, even in the parenchyma, are heard under the ear." Again, in summing up their views, the following remarks occur, "without contesting the influence of the bruit glottique and its reverberation in the different portions of the respiratory apparatus, we are of opinion that there is also formed, by the passage of the air, a sound in the inferior air-tubes; and that in consequence of this double cause, a sound is produced in the pulmonary system which varies in the different parts, laryngeal in the trachea, vesicular in the lungs.

Mr Sibson's observations do not differ greatly from those just quoted—for while he is of opinion that the laryngeal sounds are conducted to the surface and heard there on tranquil breathing, he at the same time admits, that the respiratory sounds are excited in the tissue of the lung during hurried breathing.

Having enlarged so much on the respiratory sounds in breath, as set forth by our author, we have only space at present, to give the heads of the subsequent portion of the work, which are as follows:—I. The form of the surface of the body indicates the seat and outlines of the internal organs; considered in reference to children, adult men, and women; and following upon the latter are some excellent remarks, upon the altered positions of the thoracic and abdominal organs, consequent upon the insane practice of tight lacing, with which mothers as well as physicians ought to be acquainted. II. Diseases of the lungs where the bulk of both lungs is enlarged. III. Diseases of the lungs where one organ and one side of the chest are amplified. IV. Diseases in which the bulk of the affected lung is lessened. V. Other diseases in which the lungs are wholly or partially diminished. VI. The heart in the state of health. VII. Pericarditis. With some very interesting remarks on the topographical examinations as to the alterations in the friction and other sounds, day by day. VIII. Enlargement of the heart without pericardial adhesion. IX. Pericardial adhesions. These different subjects are admirably illustrated by diagrams from the living and the dead.

We strongly recommend Mr Sibson's work to the practical physician, who will find much assistance from it, in the diagnosis of thoracic and abdominal diseases.

The author's style is occasionally obscure; and must be improved in the next edition. So satisfied, however, are we with the intrinsic value of his work, that we would like to see it republished in a separate form, properly paged, and possessing an index of some sort. We hope that he will also add the "various diagrams and tabulated cases" omitted from the present work, for want of space. The diagrams ought to be placed together, we beg to suggest, either at the beginning, or end of the work. Meantime, let us conclude by calling special attention to Mr Sibson's labours, and by cordially encouraging him to go on with the exploration of the difficult, but most useful path which he has chosen.

Organic Alterations of the Heart; and particularly on the Beneficial Employment of Iron in the Treatment of such Cases. By S. Scott Alison, M.D., Member of the Royal College of Physicians of London, &c. 16mo, pp. 62. London: 1845.

This little book is evidently the production of a safe and enlightened practitioner. We crave attention to the following extract.

"For the Treatment of Organic Alteration of the Heart, to be as fully efficient as possible, it must fulfil all the indications which enlightened physiology and
pathology supply. These indications are numerous. The most prominent are the removal or abatement of the primary obstacle to the circulation, the repression of inordinate nutrition, the prevention or abatement of dilatation, and the maintenance of hypertrophy at that point necessary to meet the wants of the system, when undue resistance to the circulation is to be overcome.

"For the fulfilment of these indications, the employment of foxglove, bleeding, and the antiphlogistic regimen, alone, are very inadequate. A mode of treatment is demanded, which, while it shall relieve the heart of oppression or congestion, and repress inordinate nutrition, shall lend healthful vigour to that organ, and to the system generally. With such an adjusting practice as that to which the author has briefly alluded, he fears not to say, that the relief and palliation of organic disease are not less attainable than the cure of pericarditis under the abstraction of blood, and the use of mercury. In practice, it will be found, that the imparting of vigour to the heart and system is an indication of the greatest importance, and in numerous instances, this will be effected in a most efficient manner by the use of iron. Iron is capable of improving the health of the subject of organic alteration of the heart in a surprising manner, and greatly amending the condition of the organ which is expressly in fault." "It is true, that this agent cannot restore the enlarged heart to its normal size; nevertheless, if it enable the enlarged heart to perform its office in an improved manner, consistent with the enjoyment of health for some, perhaps many years, it possesses much of the practical value of a really curative remedy. To afford, as the author believes iron can, in cases of organic alteration of the heart, ease to the laboured respiration, calmness and vigour to the palpitating and overwrought heart, comparative freedom from flatulent distention of the stomach, and an accession of strength to the entire system—are desiderata, the value of which none will pause to question, who have stood in need of them. . . . But it must never be forgotten, that the exhibition of this agent can fulfil only some indications, and that in most instances of organic alteration of the heart, there are other indications which require the employment of other means. However useful the exhibition of iron may be in cases of organic alteration of the heart, it must ever be remembered, that it is only in some instances this remedy is applicable, and that in every instance, circumstances may occasionally arise, which preclude its employment." Pp. 15—19.

It is useful and usual to administer preparations of iron in certain functional disorders of the heart; but it is not so common, we believe, to employ them, when there is far advanced hypertrophy, with or without other organic disease of that organ. Under this impression, and having found from experience that the practice is often of signal benefit, we have selected the above passage, as a specimen of Dr Scott Alison's tiny, but most sensible volume. Along with other important precepts, the author very judiciously enforces, that local depletion is not incompatible with general invigorating treatment.

Physiological Essay on the Thymus Gland. By John Simon, F.R.S., 4to., pp. 100. London: 1845.

The late Sir Astley Cooper, by his testament, founded a triennial prize of L.300, for the best work, on some subject of original research, in anatomy and physiology. The Thymus Gland was prescribed for the first competition; and the physicians and surgeons of Guy's Hospital, as the constituted trustees of the great surgeon's well directed munificence, have conferred the prize on Mr Simon, for the work now before us.

In the historical or introductory portion of the essay, the author evinces a complete knowledge of the literature of his subject; and in its subsequent details, he thoroughly impresses the reader with his ability to act as the explorer of a little known, though not untrodden field. There is much advanced by Mr
Simon, which may or may not be confirmed by future investigators; but there is also much matter brought forward, which is undoubtedly both new and true: and we gladly testify, that the work is one of rare beauty and excellence.

Sir Astley Cooper,—unconsciously, perhaps,—following the old anatomists, asked the question:—"Is it not probable, that the thymus gland is designed to prepare a fluid, well fitted for the fetal growth and nourishment, from the blood of the mother, before the birth of the fetus, and, consequently, before chyle is formed from food?—and this process continues for a short time after birth, the quantity of fluid secreted from the thymus gradually declining, as that of chylification becomes gradually established." This view Mr Simon supports; regarding the thymus gland as an organ, the function of which is to prepare nutrient matter for the young animal. He refutes the notion of Teidemann, Arnold, and others, that its "activity is in the inverse proportion to that of the lung, and that during the quiescence of this organ, it effects for the embryo, a kind of vicarious respiration, by separating a carbonaceous product." Chemistry demonstrates, that "the thymus, in the period of its highest activity, instead of being surcharged with carbon, in reality contains no more of that element, than may be found in blood or muscle."

From the Chapter on the Comparative Anatomy of the Organ, which is decidedly the most complete portion of the Essay, we learn the important fact, that the thymus gland exists in all animals which breathe by lungs, and is peculiar to them.

We regret that we cannot find room for a full analysis of Mr Simon's work: but we have great confidence in recommending it, as one of a very high class, and replete with important observations.

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. Ranking, M.D. Cantab. Vol. i. January—June 1845. 12mo, pp. 391. London: 1845.

Retrospect of Practical Medicine and Surgery. Edited by W. Braithwaite, Vol. xi. January—June 1845. 12mo, pp. 335. London: 1845.

The sole object of the Editors of these works is to present, every six months, the most important matter which has appeared in the British and Foreign Journals; as we endeavour to do, from month to month, in our Periscope. Their task seems to be exceedingly lightened by the labours of ourselves and other journalists; as we observe, that the best articles which they give from the foreign journals, are coolly taken from us, or others, at second hand. In general, we are quoted, as a polite acknowledgment for the money and time which it has cost us, to get early translations and abstracts for our readers. It often happens, however, that a strange craft—a reckless privateer which sails under false colours—gets the credit of what we or some of our legitimate brethren are entitled to. In this matter we certainly impute carelessness to Dr Ranking, and Mr Braithwaite; for we do think that it is culpably remiss to cite the Medical Times as the authority whence articles have been derived, which were expressly written for, and printed in, some other work, equally patent, and, indeed, as appears, constantly consulted by the half-yearly analysts.

Mr Braithwaite has too frequently recourse to the scissors, and generally substitutes clipping for condensation. Dr Ranking's abstracts are obviously the result of more labour. Mr Braithwaite gives a good alphabetical index to the subjects and authors, which makes his book much more convenient for reference than its young rival, in which there is only a table of contents.

Dr Ranking's "Reports" are very useful. That there should be a few traces of hasty reading and crude compilation in them, is not to be wondered at. Their constant occurrence, in all works of the same description, forcibly points out, how extremely difficult it is, to give a correct periodical digest of any
branch of medical science. As illustrating this remark, in its bearing upon Dr Ranking, we beg to be excused for selecting a topic somewhat personal.

At page 237 of Dr Ranking's "Report on Midwifery and the Diseases of Women and Children," we find in one short paragraph of eight lines many errors. We give the paragraph entire.

"Malformations.—Among the malformations of the foetus which may offer an impediment to parturition, the only one which offers any interest is the discovery by M. Bouchacourt, (Gazette des Hôpitaux, Fév. 1845,) of a peculiar hydatid degeneration of the kidneys, caused, as he believes, by an arrest of development consequent on the obliteration of the ureter. The author adds a case in which this malformation had gained such dimensions, that puncture was necessary in order to complete the labour. The same disease had been previously noticed by Rayer, and has recently been illustrated in a paper by Dr Cormack. (London and Edinburgh Monthly Journal, January 1845.)"

The matter stands thus:—In the Monthly Journal for August 1844, and not for January 1845, appeared Dr Cormack's Essay on "Intra-Uterine Cystous Disease of the Kidney," in which he pointed out, and illustrated, that there were three distinct forms of cystous disease in the foetal, as in the adult kidney. In the Gazette Medicale de Paris for 1st February 1845, and not in the Gazette des Hôpitaux, M. Bouchacourt published one new case, which was transferred to the March number of this Journal, p. 242. M. Bouchacourt's paper gives no additional information on the subject of which it treats; and in place of containing anything that can be termed "a discovery," omits to give much of the information which Dr Cormack compiled from authors, and all of that which he derived from his own observations, in a very remarkable case, described and figured by him, of "non-hydatid cystous disease, without obstruction of uriniferous vessels."

We reserve some remarks upon the publications now under notice, till their next appearance; by which time, we hear, that another competitor is to be in the field.

Pentaglot Dictionary of the Terms employed in Anatomy, Physiology, Pathology, Practical Medicine, Surgery, Obstetrics, Medical Jurisprudence, Materia Medica, Pharmacy, Medical Zoology, Botany, and Chemistry. In Two Parts.—Part I. With the Leading Term in French, followed by the Synonyms in the Greek, Latin, German, and English; Explanations in English, and copious Illustrations in the different Languages.—Part II. A German-English-French Dictionary, comprehending the Scientific German Terms of the preceding Part. By Shirley Palmer, M.D., of Tamworth and Birmingham. 8vo, pp. 655. London; 1845.

We have transcribed the complete title-page of this Pentaglot Dictionary of Medical and Scientific Terms, as it affords a very good summary account of the information which the work affords.

Dr Palmer has produced a most valuable lexicon, of a kind much required by those who read the treatises of our French and German brethren in their original languages. Having experienced essential assistance from it ourselves, we are anxious to recommend it to others, as a good help. We hope that Dr Palmer will render it still more complete, by adding the Italian, Spanish, and Danish scientific terms. Were it not that our Danish friends largely employ the Latin for their technical expressions, we would often find ourselves sorely puzzled, in preparing translations and abstracts from the Bibliothek for Laeger.

—Dr C. Otto's admirable journal.
Practical Treatise on Special Diseases of the Skin. By C. M. Gibert, of St Louis. Second Edition. Translated by Edgar Sheppard. 12mo, pp. 362. London: 1845.

This is a very good book on Dermatology; but we hardly think there was a call for it, Burgess’s translation of Cazenave and Schlegel having been already, and so recently, brought into the field.

The cutaneous affections connected with scarlatina, variola, rubeola, erysipelas, and other constitutional diseases, are not treated of by the author,—a circumstance which will detract from the acceptability of the work as a Manual. Willan’s classification is adopted in a modified form.

As a favourable specimen, we extract the following passage, in the facts and doctrines of which we believe.

“Syphilis in the Infant.

“It is always by a syphilitic eruption, that the poison transmitted from the mother, (or father?) is discovered in an infant. It usually shows itself towards the close of the first, or at the beginning of the second month after birth. It has its seat on the perineum, the internal surface of the thighs, and the neighbourhood of the organs of generation, in the form of flat tubercules, or syphilitic ichtyoma; and thence, it spreads over a variable extent of the integuments. A little later, the mucous membranes become affected, particularly the mouth, and the labial commissures; it is then, if the child be confided to a nurse to suckle, that the nipple of the latter ulcerates, and the disease is communicated thereby. Syphilis in the infant is always a severe malady: it frequently falls a victim to it in a few weeks. Nevertheless, if the infant be well constituted, and we treat the nurse and the child, and if they are both placed in favourable hygienic conditions, a cure is very easily obtained. This is much surer, too, in cases where the infant is merely secondarily infected; that is to say, if it has received the poison posterior to birth, as, for example, in the very common case, where the nurse has suckled her own child conjointly with the strange one infected by its parents.

“We generally confine ourselves, in children, to the employment of topical applications, such asunctions with the following pommad:

Opiate cerate. 1

Ammoniacal bichloride of mercury, ½ j. Mix.

Care is, moreover, taken to prescribe emollient baths, and to watch that the infant is properly cleansed. If it is being suckled, the nurse is made to take corrosive sublimate internally in the form of pills, such, for instance, as the following:

Extract of Aconite, gr. xij.,
Powdered Opium, gr. ij.,
Bichloride of Mercury, gr. iij., Mix, and divide into eight pills: one to be taken each morning at breakfast.” P. 257.

1 Upon turning up Dorvaldt’s Repertory, (a useful work, noticed at p. 291 of our April number), we find that the Opiate Cerate of the Parisian hospitals is composed of 30 parts of the cerate of Galen to 4 of Sydenham’s laudanum. Galen’s cerate consists of almond oil, 150 parts; white wax, 125 parts; and water of roses, 375 parts. Sydenham’s laudanum is thus prepared:—Take of opium 60 parts; saffron, 30 parts; cinnamon, 4 parts; cloves, 4 parts; and Malaga wine, 1500 parts. Macerate for fifteen days: subject to strong pressure: and then filter.
**Practical Treatise on Inflammation, Ulceration, and Induration of the Neck of the Uterus; with Remarks on the Value of Leucorrhea and Prolapsus Uteri as Symptoms of Uterine Disease. By James Henry Bennet, M.D., &c. 12mo, pp. 212. London: 1845.**

Dr Henry Bennet, the accomplished author of the work before us, was formerly House-Physician, (by concours), to the Hospitals of Paris, and, in turn, discharged the duties of that important office at St Louis, La Pitié, and La Salpêtrière. These great Institutions afforded him a vast and varied field for observing and studying uterine disease. A sketch of his experience in this important class of maladies was first published as his Thesis, when he graduated at Paris; then in *The Lancet* of this year; and they are now laid before us, revised and extended, in the shape of a book. Few works issue from the medical press, which are at once original and sound in doctrine; but such, we feel assured, is the admirable treatise now before us. The important practical precepts, which the author inculcates, are all rigidly deduced from facts.

The work consists of Seven Chapters.

The First Chapter treats of "Inflammation, Ulceration, and Induration of the Cervix Uteri in Women who have not borne Children."

The author correctly suggests, that the disease termed Irritable Uterus by English authors, and on which they lay much stress, is far less common than they suppose, and that many are treated for it, who would, by the use of the speculum, be found to be labouring under inflammation and ulceration of the cervix uteri. This is a point of much practical importance. For example, Sterility results from congestion of the neck of the womb, and that copious purulent secretion, which clogs up the uterine orifice, in even a slightly inflamed state of these parts. "Young females," says Dr Bennet, "seldom become pregnant whilst suffering from this affection. Messrs Gendrin, Emery, and Jobert, whose experience of uterine disease in private life is very great, have repeatedly told me, that they have known many young married women their patients, who had remained sterile whilst labouring under this form of uterine disease, and had become pregnant as soon as cured." P. 21. Inflammation, if unchecked, may occasion—not to mention, in the mean time, greater evils—stricture and distorsion of the os uteri, the permanent cause of infertility in many, but which may, certainly in some instances, be cured by the careful and well-timed use of bougies or sponge tents. When the affection is in its early or acute stage, recourse to such measures will be decidedly injurious, increasing the local mischief, and often giving rise to considerable constitutional disturbance.

Dr Bennet gives an account of the healthy cervix and os uteri, which we recommend to the notice of our readers, for its clearness and brevity. We forbear from quoting the passage, having so recently given the excellent observations of Drs Boys de Loury and Costillhes on the same subject.1 (Vide p. 645 of July number.)

In *Virgins*, it is probable, that inflammation occasionally extends from the vagina to the cervix, but that "not being kept up, or increased by mechanical irritation," it "soon subsides, the ulcerations healing of themselves, as is the case with aphthae in the mouth."

In *Married Females*, "if any slight irritation of the internal genital organs exists, the cervix uteri is sure to suffer. It is continually contused and bruised, and the irritation passes on to inflammation and to ulceration; which

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1 The papers of these gentlemen embrace a good deal of the matter contained in Dr Bennet's work; but as they began to appear—excepting the Thesis of M. Costillhes—after Dr Bennet's series in *The Lancet* was completed, we have not deemed it advisable to consider them at present. We will, as formerly intimated, transfer to our Periscope what appears of most importance in them.
latter does not heal, but becomes permanent, owing to the same circumstance. Thus, aphthous inflammations of the fauces, of the cervix uteri, or slight attacks of vaginitis,—nearly innocuous in virgins,—are frequently the primary cause of inflammation and ulceration of the cervix in women exposed to sexual intercourse, whom, for the sake of brevity, I shall henceforth call married females. In many instances, no doubt, sexual intercourse will alone give rise to the disease. This being the case, we ought not to be surprised to find inflammation and ulceration nearly always present, when a confirmed muco-purulent (leucorrhœal) discharge exists in married women, even if they have never borne children. In these cases, the leucorrhœal discharge may be merely the result and the symptom of the ulceration of the cervix; or, the inflammation and ulceration may have superadded themselves to ordinary leucorrhœa, aggravating and perpetuating it.” Pp. 8, 9.

Dr Bennet establishes a FUNDAMENTAL DIFFERENCE IN PRACTICE, BETWEEN INFLAMMATION OF THE CERVIX, IN THOSE WHO HAVE NOT, AND IN THOSE WHO HAVE BORNE CHILDREN.—In the former class, the disease may be very distressing, giving rise to chronic muco-purulent discharge, and undermining the health; but is seldom followed, as it is in the latter, by hypertrophy, induration, and prolapsus.

The Symptoms of inflammation of the cervix in the first class, and the method of detecting them, are thus luminously unfolded:

“The inflammation is nearly always confined to the mucous membrane, the deeper structures seldom becoming implicated, except in cases of general metritis. The inflammation may co-exist with general vaginitis, as is usually the case in gonorrhœa; it may be confined to the uterine neck, and to that part of the vaginal cavity which is in contact with it, viz., the superior fourth or fifth; or it may be limited to the orifice of the os uteri. The leucorrhœal discharge may be a prominent symptom, or it may be absent, or nearly so; which is the case, when the inflammation is very limited, the muco-purulent secretion being then but slight, and lost in the vagina. This generally occurs when the inflammation is the result of sexual communication. There are, however, other symptoms present to guide us in our diagnosis. The patient complains of pain in the loins, and sometimes, of deeply-situated pain in the hypogastric region, behind the pubes, and (a most important symptom) intercourse is painful. This latter fact alone may lead us to suspect the existence of disease. Sometimes, there is a vivid perception of heat at the superior portion of the vagina. There is no sensation of weight, heaviness, or bearing down, except in extreme cases, in which the malady has been long neglected.

“Toucher.—On examining by the toucher, the neck of the uterus is found hotter than the lower part of the vagina; it has lost itsunctuous, greasy feel; its volume is more or less increased, as also its elasticity, owing to its being more or less congested. Still, there is no general or deep-seated induration of its tissue. The surface, likewise, is smooth and unresisting, unless ulceration has set in. When this is the case, it is at the orifice of the uterine cavity that the ulceration commonly begins, and from that region that it spreads; owing, no doubt, to the greater tenuity and delicacy of the mucous membrane. Pathologists generally state that the ulceration may be recognised, by its producing the sensation that a velvety surface would offer when the finger is passed lightly over it. Finding, however, that this peculiar sensation is so difficult to appreciate in this form of the disease, and that those who rely upon it alone must be as often wrong as right, I have endeavoured to discover a more correct guide, and have ascertained that ulceration of the mucous surface, however limited, almost invariably gives rise to slight induration of the tissue underneath, which induration is very perceptible to the touch. In the form of ulceration that we are now examining, the induration to which I allude is quite superficial, not extending to the central tissue of the uterine neck. It is merely a thickening of the ulcerated mucous membrane, and of the sub-cellular tissue, most perceptible at the circumference of the ulceration; yet it is easily appreciated by the finger of one who is accustomed to feel for it, and to him is a valuable symptom. This superficial induration is generally felt most distinctly

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at the edge of the uterine lips, where the mucous membrane passes into the cavity of the neck, and where, consequently, two mucous thicknesses are approximated by the folding of the membrane. Although I have found this symptom of great assistance in the diagnosis of ulcerations, I must confess, nevertheless, that it is not infallible. In the very first stage of ulceration, induration may not yet exist, whilst, on the other hand, the ulceration may heal, and the superficial induration remain for a few days. When the inflammatory induration extends to the entire substance of the cervix, as it generally does, if the ulceration exists in women who have had children, the superficial induration is necessarily lost in the general hardness. Pressure on the inflamed and ulcerated cervix will often, not always, occasion slight pain, which is never the case in the healthy state."

"Speculum.—On examination by the speculum, a certain quantity of mucopurulent matter is always found at the superior region of the vagina, even when the lining membrane of that organ is not inflamed; the cervix uteri is generally increased in size, but seldom so much so as not to be admitted into the cavity of an ordinary-sized conical speculum,—the one I generally use, and by far the most convenient, and the least painful to the patient. The tumefaction is mostly greatest on the upper lip, which is the larger one of the two in the healthy condition; it is therefore often necessary, in order to expose the orifice of the os, to raise the speculum towards the pubes, and by thus slightly pressing with the superior edge of the instrument on the anterior lip, to push it back, and allow the inferior one to enter its cavity. Even if the cervix uteri is too large to be admitted at once into the speculum, by thus alternately depressing its different parts, the entire organ may successively be brought fairly into view. When inflamed, the tumefied cervix presents a more or less intense red, glistening hue, instead of the pale, dull, whitish colour, which is natural to it. On its surface may frequently be seen small white or red vesicular, or papular elevations, the result of distention of the mucous follicles, or of their hypertrophy. Different forms of inflammation have been admitted by some writers, founded on this appearance, but without any practical utility whatever. When the mucous membrane is ulcerated, the glossy appearance of the membranous surface is lost, and a number of vascular granulations, of a vivid red hue, are seen covering the ulcerated region, after the mucus has been wiped away with a pledget of lint—a necessary precaution. Sometimes, the ulcerated surface appears raised above the adjacent level, whilst occasionally, on the contrary, it appears depressed. When the ulceration is at the entrance of the os uteri, it is often difficult to discover, unless the uterine lips be slightly separated. There is generally a mass of semi-transparent mucus occupying the cavity of the os uteri. The ulceration may be so superficial and slight as to be scarcely perceptible, or extend over a considerable portion of the cervix. In many cases, the pressure of the edge of the speculum, or even of the pledget with which the mucus is wiped off, occasions a slight oozing of blood from the abraded or ulcerated surface. This also frequently occurs when patients thus affected expose themselves to intercourse—a fact of which they themselves are often cognizant. Menstruation is generally more painful than in the healthy state, owing to the temporary congestion of the uterus increasing the inflammatory irritation of the cervix. Indeed, the occurrence of the various symptoms of painful and difficult menstruation, when coupled with a leukorrhoeal discharge, may be considered, in most cases, as pathognomonic of inflammation and ulceration of the cervix. Occasionally, slight irritation of the urinary organs is present, giving rise to frequent desire to urinate. The annoyance and distress of mind which the local symptoms sometimes produce, coupled with the leukorrhoeal discharge, when it is abundant, may re-act more or less on the general health, and give rise to dyspepsia, palpitation, general weakness, &c."

"Such are the symptoms which ulceration of the cervix and os uteri usually occasion in the unimpressed female. The inflammation, ulceration, and induration, are nearly always superficial—limited to the mucous membrane. The cervix becomes tumefied, congested, but remains soft and spongy. There is scarcely ever the deep-seated, solid engorgement of the cervix, which is so
often met with as the result of the same lesions in females who have borne children, and which is occasioned by inflammation and effusion of lymph in the central tissues of the neck, giving rise to the peculiarly distressing bearing-down pains experienced by persons thus afflicted. The reason is evident. Although subject to the periodical menstrual congestion, the uterus is, until impregnated, in a dormant condition, as it were. Its mucous membrane is a mere film, and its proper tissue, which we have followed into the neck, is in an elementary fibro-muscular state, very sparingly supplied with blood, and possessing a very subdued vitality.” Pp. 9-16.

The two following cases will fully illustrate the views developed by the author, in the passage just quoted; and will also exhibit the treatment which he recommends.

"Case. Disease rather severe.—Cause, marriage.—Cure perfect.—At the beginning of 1844, a gentleman, who had been married about four months, requested me to see his lady, who, he stated, had been suffering for some time. The lady, four-and-twenty years of age, was apparently in the enjoyment of robust health,—the various functions being all accomplished with great regularity. On inquiring minutely, however, into her state, I found, that she had experienced pains in the loins nearly ever since her marriage; that these pains had gradually increased, had lately been accompanied by slight pain behind the pelvis, and by a deep-seated sensation of heat in the same region; that intercourse, at first unattended by pain, had, a few weeks after marriage, become painful, and was then unbearable, from the last-mentioned cause. There was no perceptible leucorrhea discharge. Being convinced that inflammation and ulceration of the uterine neck were the cause of these symptoms, I obtained the consent of the parties to an examination.

"On practising the toucher, I found increased heat in the superior region of the vagina, and a large tumefied, but soft and pulpy, cervix uteri. The anterior lip was evidently much more tumefied than the posterior; on its margin, I distinctly felt a superficial induration of several lines in length, presenting a rather uneven surface. The speculum having been introduced, I found the mucous membrane of the lower two-fourths of the vagina perfectly healthy, but the superior fourth was red, inflamed, and partly covered with a muco-purulent secretion, especially where in contact with the inflamed cervix. The latter was of an uniform red colour. The anterior lip was so much congested and swollen, as to occupy nearly all the concavity of the speculum, and to cover the orifice of the uterine cavity, and the under lip. On its being pushed back so as to expose the latter parts, a circular ulceration, about the size of a shilling, was discovered around the os, but more especially extending on the anterior lip. The pressure of the speculum was found rather painful. A slight oozing of blood took place on the copious muco-purulent secretion, which covered the ulcerated surface, being wiped away. When this had been done, the mucus passing from the interior to the cavity of the neck was found quite transparent,—a proof that the internal surface of the uterine cavity was not inflamed. The entire surface of the cervix, and upper part of the vagina, was painted over with the solid nitrate of silver, which was passed two or three times over the ulcerated region, and into the cavity of the os for a couple of lines. The application of the caustic was scarcely attended with any pain. The patient was then told to use cold water vaginal injections several times a-day, for two days, and, after that period, injections with the sulphate of zinc. She was also requested to remain quietly at home, on an easy chair, or a sofa, and, as a matter of course, forbidden any communication with her husband.

"A couple of days after the cauterization, the pains in the loins and pelvis had much abated, as also the other symptoms above-mentioned.

"On the eighth day, the cauterization was repeated, the tumefaction of the cervix had much diminished, as also the inflammatory congestion. The ulcerated surface was decidedly smaller. The same local treatment was pursued. On the sixteenth day, nearly all pain in the loins had disappeared; the cervix uteri was evidently rapidly regaining its natural size, and the ulceration had
still further diminished. She was allowed to ride out in a carriage, and even to walk in moderation.

"Cauterization with the nitrate of silver was again resorted to on the twenty-
first and twenty-fifth day, but much more slightly, and on the thirty-second
she was quite cured. The ulceration had cicatrized, without leaving the slight-
est induration behind it. The tumefaction of the uterine neck had disapper-
ed, and it had regained its usual coloration andunctuous feel to the touch. I
need scarcely say, that not a vestige of the symptoms experienced during the
preceding months remained. I gave her no medicine internally during the
treatment, because she did not require any, and did not even think it necessary
to modify her usual diet, which was simple." Pp. 17-20.

"CASE. Disease very slight.—Cause, the same as in the previous case.—
Cure perfect.—In Paris, as all who are acquainted with Parisian matters well
know, the police is very severe, and exercises great scrutiny and control over
all persons who are not regularly domiciliated householders. In pursuance of
this line of conduct, domiciliary visits are made at irregular periods, in the
middle of the night, in the lower order of hotels or lodging houses, and also in
those inhabited by students. This is a precaution rendered absolutely neces-
sary, by the irregularity of the lives of some of them, and by the circumstance
of their congregating, to the number of fifty, a hundred, or more, in the fa-
favourite hotels of the "Pays Latin." When these "descentes," as they are called,
take place, every room is visited, and all persons whose passports are not found
in order, as also all females, are forwarded to the Prefecture de Police. The
following morning, the latter are generally sent to St Lazare, (the hospital and
penitentiary for unfortunate), unless claimed by two respectable householders.
These severe means are adopted, partly with a view to the discovery and arrest
of suspicious characters, and partly as a moral check.

"On one of these "descentes," a young person, named Jourg, eighteen years
of age, was taken, and, not having any friends, was detained by the police. In
the course of a few days, she was examined by the police medical authorities,—and
was found by them to be labouring under slight ulceration of the os uteri.

"It was thought that the affection might be syphilitic; and as she was not
an enrolled woman of the town, she was sent to a general hospital, (L'Ourcin),
and not to the infirmary of St Lazare. The hospital physician kept her a
few days, and then, not considering her affection sufficiently severe to require
further treatment, sent her back to the police. Here she was again examined
by the police physician, who, finding that the ulceration had not been cured,
sent her into M. Emery's ward at St Louis, where she consequently came un-
der my notice.

"On examination by the toucher, 4th July 1843, the cervix uteri appeared
small and soft, and there was a scarcely perceptible, very superficial, and very
circumscribed induration; no pain on pressure. The speculum showed the va-
gina to be narrow, and of the natural hue, unto very nearly its superior extre-
mity, where it became rather red and injected. The cervix was small, about
the size of the ungaed portion of the medius finger; it was evidently congested,
but soft, offering little or no resistance to pressure. On its anterior aspect
there was a small abrasion, about the size of a sixpence, covered with minute
red granulations, and a little semi-purulent mucus. There was no other muco-
 purulent discharge in the vicinity. The mucus issuing from the uterine orifice
was perfectly transparent; no pain whatever in the loins, or hypogastric region;
no heat or burning sensations; no leucorrhoeal discharge; health perfectly good.
The patient said, that had she not been told she was ill, she should not have
thought that there was anything at all the matter with her. She stated, that
she had been brought up in the country; that eight months previously she had
come to Paris, and had lived since her arrival by working as a sempstress; that
she had made acquaintance with a student, who had persuaded her to accom-
pany him home to his lodgings a few days before she was seized by the police,
and that it was she and only time she had known any one—an assertion
which the state of the organs tended to corroborate. She had menstruated for three years, had never experienced any leucorrhoeal discharge whatever, and had always been in excellent health. M. Emery, the physician who at first examined her, told me that the lesion, which was very slight indeed, had increased since then; whilst she was at the Ourcine, she had been treated by emollient injections. It was therefore considered that these means were not sufficiently energetic, and the ulcerated surface was cauterized by the acid nitrate of mercury. Emollient injections and general baths were also resorted to. “The tumefaction of the cervix, and the ulceration increased under the influence of the first cauterization, which was evidently rather too energetic, but decreased under that of the second, third, and fourth, which were performed at intervals of six days. “On the 5th of August the tumefaction and redness of the cervix had disappeared, and the ulceration was all but healed. Astringent injections were then alone used, and on the 15th of August she left, perfectly cured.” Pp. 22–26.

In the Second Chapter the author treats of “Inflammation and Ulceration of the Cervix Uteri in Women who are Pregnant, or have borne Children. The perusal of this chapter has impressed upon us very forcibly the extreme importance of the fundamental distinction, so far as practice is concerned, which the author establishes between inflammation of the cervix, in those who have not, and in those who have had abortions or children. Dr Bennet states, “not as the result of statistical researches, but as the impression left on his mind by the examination of a very large number of cases,” that out of twenty cases of non-venereal inflammation and ulceration of the cervix which we meet with in practice, seventeen may be directly traced to abortion or to labour; two will recognise other causes, and occur in women who have borne children; whilst one only will be found in females who have never conceived.”

The explanation which the author gives of the mode in which the disease commences, in the most important and most numerous class of cases, is deserving of special attention. He conceives, that during the rapid dilatation of the os uteri which accompanies parturition, the mucous membrane lining the cavity of the cervix is more or less contused or lacerated; and this, we suspect, happens much more frequently, and in a greater degree, than is generally supposed. In ordinary cases, these contusions or lacerations heal rapidly after delivery; but if any abnormal inflammatory action sets in, they ulcerate; and the ulceration, passing out of the os, extends into the cervix. This partly explains the great frequency of the disease.

In consequence of the change which takes place in the tissues of the womb, subsequent to impregnation, hypertrophy and induration often follow, and become serious complications of inflammation. This important fact is, we fear, not known, or lost sight of, by the majority of practitioners; and thereby disease is perpetuated, or only an imperfect cure obtained. The light which our author throws upon this point cannot fail to introduce an improved practice. The following extract will be read with interest.

“In the majority of women, these lesions disappear promptly, cicatrization taking place with the greatest ease, under the influence of the retraction of the tissues of the neck, and of the reparative phlegmasia which sets up, after delivery, in the cervix, as well as in the body of the uterus. But if the physiological inflammation of the uterus which follows parturition should prolong its duration, and assume a pathological character; if remnants of the placenta or of the membranes left in the uterine cavity give rise, by their decomposition, to an irritating fistid discharge, it is easy to understand, that the lesions of the mucous membrane, instead of healing, will almost inevitably become the seat of inflammation and of subsequent ulceration.

“When inflammation and ulceration of the cervix uteri originate this origin, it will generally, but not always, be found, on inquiry, that the last abortion or labour was followed by untoward symptoms of more or less intensity, varying from severe metritis to mere uterine pains, or by a fetid and unpleasant lochial discharge. In such cases, the ulceration will at first exist between the
lips of the os uteri, or even in its cavity, and if the patient is examined soon enough, it ought to be possible to follow the course of the ulceration as it escapes from the os, and spreads itself on the cervix. This I have been fortunate enough to do, on several occasions. In the first case or two in which I thus saw, a few weeks after labour, a small ulceration issuing from the lips of the os uteri, I was struck with the fact, but did not attempt to explain it. But the comparison which I afterwards made between these cases and others in which the lesion of the neck could only be traced to an easy labour, followed, in some instances, by metritis, and in others not, led me to remark the clue which evidently exists between the cause and the effect.” Pp. 37-39.

In illustration of these remarks, we subjoin, in a slightly abridged form, the following case.

"Case. Disease slight at first; general induration sets in whilst under treatment:— Cure perfect.—On the 1st of June 1843, Octavie, aged 22, came under my care, in the wards of M. Emery, at St Louis. Of a delicate constitution, her health had, nevertheless, been always pretty good. She menstruated at the age of fifteen, and had continued regular until about ten months before, when she became pregnant for the first time, and was delivered in the beginning of May, after an easy labour. She did not attempt to suckle her child. Six days after her confinement, she fatigued herself considerably. The lochial discharge nearly disappearing, she was seized with rather violent uterine pains, and obliged to take to her bed for the greater part of a week. Finding, when she got up, that the uterine pains, although much less intense, still persisted, she determined on entering the St Louis, where she arrived not quite a month after her delivery. On examination, she was found to present the following symptoms:—

"Tongue loaded; loss of appetite; cephalalgia; muscular weakness; no pain in the lumbar region, but slight pain on pressure in the hypogastric; slight sensation of weight in the pelvis; no lochial discharge. I ascertained, by the toucher, that the uterus was still larger than natural—a fact which her recent confinement sufficiently explained. The cervix was rather voluminous, but presented no local or general induration. With the speculum, I found considerable congestion and redness of the superior portion of the vagina, and especially of the uterine neck. On separating gently the lips of the os uteri, I distinctly saw, on the internal surface of each lip, a small ulceration. The mucus situated between the lips, which I had previously wiped off, was semi-purulent, and not abundant. The parietes of the vagina were the seat of a slight mucopurulent secretion. Under the impression that the ulceration might heal spontaneously, and with the view of observing its progress, the only measures adopted were, emollient vaginal injections, and rest in the horizontal position. The slightly disordered state of the digestive tube, indicated by the other symptoms, was treated by laxatives and diet.

"June 10. All indications of a disordered state of the digestive canal have disappeared, and the general health is satisfactory, but the uterine symptoms have increased in intensity. The deep-seated hypogastric pain is greater, and she complains of pain in the lumbar region. Around the os uteri, the finger perceives a velvety surface, resting on a slight superficial induration. The density of the entire cervix is increased, as well as its volume. On examining with the speculum, the cervix is found to be evidently more voluminous, and offers greater resistance to pressure. The ulceration has escaped from the os uteri, and extended itself on the cervix, so as to present a surface as large as a sixpence when the lips of the os uteri are closed. The mucous membrane which covers the cervix is injected; the mucus between the lips scanty, but purulent; a slight purulent secretion in the upper part of the vagina, which is also injected; sensation of increased heat in the same region; no general febrile reaction. Emollient vaginal injections, baths, horizontal position, and light diet.

"June 16. The hypogastric and lumbar pains are the same as before. For the last day or two she has experienced, when standing, a sensation of weight and heaviness in the pelvis, similar to what she felt for the first week or two after her confinement. The cervix presents the same velvety sensation, but
the superficial induration is nearly lost in general inflammatory induration of
the entire substance of the cervix, (engorgement); the speculum shows that
the external ulceration is larger, about the size of a shilling, and more angry-
looking than on the last examination. The tissue of the enlarged and engorged
cervix resists on pressure. The mucous membrane lining the cervix and superi-
orous portion of the vagina is of a vivid red, especially the former, and secretes
an abundant muco-purulent fluid. For the last few days she has had a leu-
correalc discharge. The engorgement of the cervix is evidently inflammatory.
It is rather painful on pressure, and directed slightly backwards towards the
rectum. It was clear that the ulceration was progressing, and becoming more
severe, and that the inflammation which accompanied it had extended to the
deep field of the cervix, and given rise to inflammatory engorgement of the
entire organ. This extension of the disease was no doubt partly to be attributed
to the indolence of the patient, whom it was impossible to keep quiet. A more
energetic treatment being evidently indicated, the ulcerated surface was cau-
terized with the acid nitrate of mercury, both within and without the cavity of
the cervix. Vaginal injections with the sulphate of alum were prescribed, and
the patient was positively ordered to remain in bed.

"June 24. Hypogastric and lumbar pains diminished, as also the sensation
of heaviness, and the leucorrealc discharge. The cervix still voluminous and
resistant, but redness less intense. The ulceration has not extended, and the
granulations are smaller. Repeat the cauterization; continue the injections
and the baths.

"July 21. The hypogastric and lumbar pains, and the sensation of weight,
have nearly disappeared; indeed, they are only perceptible when the patient is
standing or walking. The size and consistence of the cervix have much
diminished; the ulcerated surface is beginning to cicatrize on its outer margin;
the injection of the surface of the cervix and of the superior portion of the va-
gina has, in a great measure, subsided. Repeat the cauterization; same treat-
ment.

"On the 8th, the twenty-fourth day from the first cauterization, the hypoga-
stric and lumbar pains, as also the sensation of weight, were no longer experienced
under any circumstances. The cervix had returned nearly to its natural size
and colour; the ulcerated surface was, in a great measure, cicatrized, but not
entirely. The patient, however, being free from all abnormal sensation, and
feeling well in health, refused to stay any longer in the hospital, and left. She
promised to return, in order to be examined every week until quite well, but
did not keep her word." Pp. 39—44.

The author states, on the authority of M. Boys de Loury, that ulceration of
the cervix is common in pregnant women, and that when not arrested, it often
causes abortion. The aggravated forms of this affection are sometimes mistaken
for cancer, and operated on as such. (Vide Benet, p. 64.)

Dr Benet is firmly convinced, that, in nine cases out of ten, PROLAPSUS UTERI
is occasioned by the hypertrophy of the cervix, which follows its inflammation
and ulceration. If the observations of other equally extensive and equally
competent practitioners bear out this view, the advantages which will accrue
in practice will be immense; and then truly may the treatise now under review
be esteemed a valuable accession to medical literature. Dr Benet's treatment
of prolapss, we will afterwards notice.

The way in which ANTEVERSION, RETROVERSION, and PROLAPSUS result from
engorgement of the cervix uteri, is remarkably well explained in the following
passage:

"The uterus is so slightly poised or suspended in the cavity of the pelvis,
that the slightest modification in its volume gives rise to a change in its posi-
tion. The inflammatory hypertrophy of the cervix increasing considerably the
specific gravity of the inferior portion of the uterus, the entire organ descends,
or prolapses. The cervix is thus brought much nearer to the vulva; at the
same time it frequently falls backwards, and presses on the posterior parietes of the vagina, whilst the body of the uterus is carried more or less forward. This latter change of position, which constitutes antversion of the uterus, or retroversion of the neck, is not, however, so common as partial prolapsus. Whenever there is much engorgement of the cervix, there is always more or less prolapsus if the patient is standing; the degree to which it is carried depending on the extent of the hypertrophy, and on the state of the vagina. If the vagina has retained its tone and its contractility, it will support the uterus; but if, on the contrary, it is lax, and offers no support to the engorged cervix, as is sometimes the case in women who have had many children, the latter may fall as far as the orifice of the vulva. This abnormal laxity of the vagina may be occasioned by the disease itself; the distention of the superior portion of the vagina by the hypertrophied cervix diminishing its tonicity. The engorged cervix then falls, as it were, into a non-contractile pouch.

"The direction of the healthy cervix varies considerably, even in females who have never suffered from uterine disease. In most it is directed to the vulva, whereas in others it is turned backwards, and points to the anus. This latter direction of the cervix is stated, by M. Lisfranc, to be one of the results of marriage," Pp. 53, 54.

The general and special symptoms which characterize displacements of the uterus are well described. For these, however, we must refer to the work itself, and conclude our notice of this chapter, by extracting, in a scarcely abridged form, three cases.

The first illustrates the Milder Forms of Inflammation, Ulceration, and Induration of the Neck of the Womb, in Women who have borne Children.

"Case. Disease not severe. Ulceration, with slight general induration, following metritis, the result of abortion. Cure perfect.—On the 10th of July 1843, a young woman, aged 21, presented herself at St Louis. At 19, tolerably healthy in appearance, she had always enjoyed good health. She was delivered of a full-grown child, and soon recovered. Three months and a half ago, she miscarried at seven months, at the Clinique. The miscarriage was followed by metritis. She remained three weeks in the hospital. On leaving, she felt well, but severe lumbar and hypogastric pains came on as soon as she began to walk, and she was obliged to re-enter the Hôtel Dieu, where she remained in bed several days, taking baths and using emollient injections. Finding herself quite well, she again left. The pains, however, soon returning with increased intensity, accompanied by leukorrhoeal discharge and cardialgia, she applied at St Louis, and was admitted.

"I found that the menstrua had not appeared since the abortion; there was pain in the loins and hypogastrum; sensation of weight in the pelvis, but only when standing or walking; slight leukorrhoeal discharge; cardialgia, but appetite good; complexion natural. By the toucher, I ascertained that the os uteri was rather open, and presented a velvety sensation; cervix rather engorged in its entire extent, but more especially near the lips of the os; not very voluminous, being easily received into the extremity of the speculum. Around the os uteri there was an ulceration as large as a sixpence, presenting small healthy granulations. The remainder of the cervix was deeply injected, as also the superior part of the vagina; muco-purulent secretion on the inflamed surfaces. Treatment:—Baths; rest in horizontal position; astringent vaginal injections; cauterization with the acid nitrate of mercury.

"On the 20th, the lumbar and hypogastric pains had diminished, as also the local inflammatory symptoms, and the cauterization was repeated.

"On the 22d, she complained of severe uterine pain. The uterus was rather sensible on pressure through the parietes of the abdomen; and there was slight febrile action. Fearing an attack of metritis, forty leeches were applied to the hypogastrum and to the groins. The leeches bled profusely, and on the following day the menstrua made their appearance; the uterine pains at once abated; they were evidently merely the result of severe uterine congestion, the
forerunner of menstruation. The loss of blood which followed the application of the leeches, by relieving this congestion, allowed the menstrual excretion to take place. The menstrual flux lasted four days, but was not very abundant.

"On the 28th, the lumbar and hypogastric pains were no longer felt. The cervix had diminished in size, and presented less resistance; the ulceration was beginning to heal on its circumference. The cauterization was repeated, and the same treatment pursued.

"The ulceration was again cauterized on the 8th of August, and on the 20th she left, quite cured.

"In this young woman, the ulceration most likely began in the cavity of the os uteri subsequently to the metritis, and was the cause of the induration of the cervix, and of all the other symptoms." Pp. 65-68.

The following case illustrates the more severe form of the disease in women who have borne children.

Case. "Disease very severe.—Cause, Abortion.—Cervix deeply fissured.—General health very much impaired.—Cure perfect.—E—D—, aged 35, entered St Louis on 1st June 1843. Of a naturally robust constitution, she had never had any important illness, except the present. Married at seventeen; she had since had eleven children without a miscarriage. Her labours were always easy, and she soon recovered. In the eighth month of pregnancy, she was beaten until she lost consciousness. Abundant flooding followed, and lasted five days, when she was delivered, by the forceps, of a dead child. She was obliged to remain in bed for a month, and was even then for many weeks, scarcely able to sit up; and has remained very ill ever since. In April, the menstrua returned, but with flooding, which lasted twenty-two days. On admission, she presented the following symptoms:

"Extreme emaciation; features drawn, and sallow; the coloration of the skin is universally of a yellow, cancerous hue; cephalalgia; does not sleep; tongue loaded; no appetite; cardialgia; diarrhoea; has generally fever in the latter part of the day; abundant leucorrhœal discharge; often sanguinolent; severe pains in hypogastrium, increased by pressure, also in lumbar region, and along the thighs; sensation of pelvic weight and falling down; pain in making water, none in defecation. Toucher:—cervix within an inch or two of the vulva, the large and small labia of which are lax, red, and congested; the vagina is also lax, the finger penetrating into it as into a non-contractile pouch. It contains a large quantity of muco-pus. The cervix is voluminous, and thrown back on the rectum; it is unequal in its surface, being divided into three lobules, by two deep fissures. These fissures, however, radiate from the centre, and the lobules themselves are smooth, and regular in their irregularity. The entire cervix is extremely indurated; the induration passes on to the posterior and anterior surface of the uterus; the latter organ is considerably increased in size, and is sensible on pressure; the surface of the cervix presents a velvety sensation; the finger with which the toucher is performed is tinged with blood, and has an offensive odour, but not that penetrating nauseating smell which is found in ulcerated cancer. Speculum:—the cervix is too large to be received into the largest speculum; the anterior lip alone fills it; an ulceration, covered with large bleeding granulations, is perceived on the cervix, which it partly covers; considerable pain, caused by the examination; lips open; muco-pus issuing from the os.

Treatment:—cauterization of the ulcerated surface with the acid nitrate of mercury every week; emollient injections four or five times a-day; poultices to the abdomen; absolute rest in bed; general baths at the bed-side; emollient enemata, with a few drops of laudanum; beef-tea only at first, and afterwards very light diet.

"Under the influence of these measures the diarrhoea soon stopped, and in the course of about ten days, improvement began to manifest itself; both in the local symptoms and in the general health. This improvement became rapidly more decided; the lumbar and hypogastric pains diminished, as also the muco-purulent discharge; the uterus diminished in size, and the inflammatory induration was soon confined to the cervix. This latter then began to decrease;
the ulceration formerly stationary, cicatrizing; the leucorrhoeal discharge diminished, and the vagina gradually regained its tone; the tongue became clean; appetite and sleep returned, and the skin gradually lost its yellow hue. This patient was very docile; she remained a month in bed, and when she was allowed to rise, refrained as requested, from walking.

"On the 20th of July, the ulceration was quite healed, and the mucous membrane had regained its natural colour. The induration of the cervix had all but entirely disappeared, and the organ itself had nearly recovered its natural size and position. The discharge had quite ceased; she experienced no pelvic heaviness and no pain, and the general health was becoming tolerable. She was, however, still very pale and weak. She had menstruated twice during her residence in the hospital.—about a fortnight after her admission, and a few days before she left. The first time, she suffered a great deal, and lost a large quantity of blood—much less, however, than previously. The second time, the menstrua appeared nearly as usual, with the exception of slight colics. Wishing to rejoin her children, she entreated to be allowed to leave, and was therefore dismissed.

"This is one of the most interesting cases that I have, as yet, met with. The cancerous hue of the skin, the extreme emaciation, the flooding, and sanguinolent discharge; the irregular, indurated, lobulated, and ulcerated cervix, would all have induced one who was not well acquainted with uterine disease to consider, that he had to do with a case of ulcerated cancer. Indeed, I am fully convinced, that many of the instances of cured cancer narrated in modern works were no other than cases of this kind. By attending, however, to the history of the disease, and by a careful analysis of the symptoms, a correct diagnosis became possible. It is worthy of remark, that a simple antiphlogistic treatment, coupled with cauterization, in this instance, in less than two months cured the ulceration, and entirely resolved the induration of the uterus and cervix. The reason, no doubt, was, that this induration being of an acutely inflammatory nature, was more amenable to antiphlogistic remedies. In the first array of symptoms, we find there was no pain in defecation, although the cervix was so voluminous and retroverted. This is to be accounted for by the diarrhoea." Pp. 84-89.

The next case which we quote is taken by Dr Bennet from the thesis of M. Costilhes, as an illustration of ulceration of the cervix during pregnancy.

"CASE. Rather severe case, from the Thesis of M. Costilhes.—Clara B——, aged 21, entered St Lazare the 2nd Sept. 1842, being in the fourth month of her first pregnancy. She has never had any syphilitic disease.—Touche: neck voluminous, indurated, ulcerated, and sanguinolent; she has pain habitually in the hypogastrium.—Speculum: on the engorged cervix, an ulceration the size of half a crown, of a fungous, vegetating nature, and violet coloured; abundant leucorrhoea.—Treatment: injections with decoction of walnut-leaves; cauterization twice a-week with the nitrate of mercury; baths.—This treatment was continued until the 6th of March, without any perceptible improvement; she was then cauterized twice a-week with Vienna paste solidified, (caustic potass and carbonate of lime,) and injections of acetate of alum, three times a-day, were substituted for those first used. The ulceration began to give way under this treatment, and was nearly well, when, on the 1st of May, she was taken in labour, and was delivered of a full-grown child. The labour was tedious, but unaccompanied by any unusual occurrence. The ulceration re-appeared after delivery, but gave way to emollient and then astringent injections, and she left, cured, on the 6th of July." Pp. 89, 90.

The Third Chapter is devoted to the consideration of Syphilitic Ulcerations of the Cervix Uteri.

Dr Bennet throws light upon this part, as he does, we may safely say, on every part of his subject. There can be little doubt, as he remarks, that such cases as the following have given a certain currency to the erroneous doctrine, zealously maintained by some authors, that blennorrhagia and syphilis are identical.
"CASE. Blennorrhagia.—A Chancre appears at the os uteri a fortnight after the commencement of treatment.—Cure.—A. M. —, a housekeeper, aged thirty, entered the Hospital of St Louis, the 1st of May 1843. Of robust constitution, she habitually enjoys good health, and menstruates regularly. Some few years ago, she bore a full-grown child; she has not presented since then any uterine symptom, nor suffered from leucorrhoea. For the last two years, she has lived with an elderly person, with whom she keeps up intercourse. A few weeks before her admission, she communicated to this person a chancre, which was followed by a bubo. She confesses having exposed herself to suspicious communication. She was carefully examined in town with the speculum, but no trace of a chancre was found. The entire surface of the vagina, I was told, was then the seat of an abundant muco-puriform discharge, but there was no other lesion; the cervix and os uteri were perfectly healthy.

"After her admission, I examined, very carefully, the external and internal genital organs, the case, as presented to my notice, bearing directly on the identity of blennorrhagia and syphilis; and tending to prove, that blennorrhagia is susceptible of communicating chancre. I did not, however, find the slightest erosion of any portion of the mucous surface. The cervix was perfectly natural and healthy, not even congested, merely presenting a slight redness of its mucous membrane, in common with that of the vagina. Between the lips of the os uteri, there was a stream of opaque muco-pus apparently issuing from the cavity of the uterus. The uterus was slightly sensible on pressure, and rather more voluminous than in the natural state; but as she had menstruated only two days previously, I did not attach much importance to these symptoms. On opening the lips of the os uteri as much as possible with the speculum, and wiping away the muco-pus, I saw no appreciable lesion.

"Founding my opinion on the data furnished by the above examination, I concluded, that the disease was merely blennorrhagia, occupying the entire vagina, and extending into the uterine cavity. The patient was therefore treated accordingly, viz., with cubeb, balsam copaeb, emollient injections, general baths, and light diet.) The inflammatory symptoms, and the discharge diminished rapidly.

"In the ten days which followed, she was twice examined with the speculum, for I was most anxious thoroughly to investigate the case, and each time the cervix presented the same appearance; merely the redness gradually diminished, as likewise that of the vagina: the increased sensibility and the congestion of the uterus had entirely disappeared.

"On the 16th of May, I again applied the speculum, and saw distinctly a small ulceration issuing from the cavity of the os uteri, and turning over on to the anterior lip. The ulceration presented a greyish surface, and an irregular indurated margin; it was deemed to be a true chancre by M. Emery, as well as by myself, and many other persons who saw it. Under this impression, it was cauterized with the acid nitrate of mercury, and the patient was submitted to a mercurial treatment—viz., bichloride of mercury, one-seventh of a grain, and sarsaparilla.

"In spite of these measures, the ulceration extended itself over a surface as large as a fourpenny piece. It lost, however, its characteristic appearance after the second cauterization. The increase of the ulceration was attended with gradual induration of the anterior lip of the cervix, which became as large as a small walnut. The cauterization was repeated every week. After the third, the ulceration began to diminish in size, but it was not cicatrized until the end of July. The flow of muco-pus from between the lips of the os ceased a short time after the escape of the chancre from the cavity of the os. The blennorrhagia disappeared during the course of the treatment. The administration of mercury was continued during a month, without producing salivation. No other syphilitic symptoms manifested themselves. The patient left cured on the first of August. There was still a little engorgement of the anterior lip of the cervix." Pp. 102-105.

The author concludes his account of Syphilitic Ulceration by three propositions:
"First, The real classical chancre, presenting its ordinary physical characters, is excessively rare on the cervix uteri.

Secondly, Ulcerations presenting the characters of the inflammatory ulceration are, on the contrary, excessively common on patients labouring under blennorrhagia, or primary, secondary, and tertiary syphilis.

Thirdly, Some few of these ulcerations may be primary or secondary, but the very great majority are merely inflammatory." P. 122.

Chapter Fourth we must pass over. It contains a short practical account of Cancerous Ulceration of the Uterine Neck.

The Three Last Chapters,—the Fifth, Sixth, and Seventh, are devoted to a consideration of the treatment of the several affections discussed in the preceding portion of the work.

In women who have not borne children, inflammation of the neck of the uterus is generally a comparatively mild affection, and whether with or without ulceration, may commonly be cured by rest and the use of astringent lotions, provided the latter be brought into actual contact with the seat of disease, which, unless the patient be properly instructed in the manner of using them, is seldom the case. Superficial cauterization with various substances—but especially with the solid nitrate of silver—will, in the severer cases, speedily effect a cure. It is important, however, for the practitioner to know, that in this class of cases, it is rarely necessary to distress the patient by the repeated introduction of the speculum, which instrument must of course be employed when caustic in any form is resorted to.

We have seen, that, while inflammation and ulceration of the cervix uteri in those who have, and in those who have not, borne children, is essentially the same yet, in each, the practice will usually require to be very differently conducted.

In the married woman, we must bear specially in remembrance, that we are accomplishing but a very imperfect cure when we heal the ulceration. We must never be satisfied till we have assured ourselves that there is no remaining hypertrophy. The treatment successfully employed for the ulceration will of course diminish the hypertrophy, and the practitioner may conceive that what is left of it will disappear in time, and so it often may; but if considerable, and the patient lead an active life, the hypertrophy, which, with timely care, might have been removed, will cause and perpetuate prolapsus, anteversion, exhausting discharges, and all those distressing symptoms under which languish so many women, who have been thus neglected. On this subject let the author speak.

"Complete rest, which, in ulceration unaccompanied by induration, I stated to be only extremely desirable, is now indispensable. Indeed, if the patient can be prevailed upon to keep her bed for a few weeks, it is much the best plan. When walking, standing, or even sitting, the enlarged cervix drags down the uterus; whereas, when the patient is lying down, this does not occur. If there is a good deal of hypogastric pain, large linear poultices applied to the hypogastrum, and changed occasionally, will often give great relief. These poultices should be made thin, or otherwise their weight is painful. Tepid or cold hip-baths twice a-day are useful adjuncts to the treatment. There is great difference of opinion respecting the influence of hip-baths over uterine diseases, some practitioners contending, that they give rise to congestion of the pelvic viscera, and do harm. If used warm, this may be the case, but when tepid or cold, they do not produce any such effect. They are habitually employed by M. Gendrin in the treatment of chronic pelvic inflammations, and always with good results, as I can testify, after witnessing for several years the effects which they produce.

"In these cases, cauterization of the ulcerated surface may generally be resorted to from the first, but the action of the nitrate of silver is too superificial, and the acid nitrate of mercury, or caustic potassa, should be preferred. Emollient or astringent injections should also be used. When the inflammation is confined to the neck, emollient injections will suffice; if the vagina is also inflamed, astringent injections are indicated. Attention must be paid, at the same time, to the condition of the bowels, and to the general health.
The treatment may be confined to these measures for two or three weeks, during which time the influence of the medication followed must be narrowly watched. If the ulceration becomes less angry looking, if the granulations assume a healthier appearance, and if the hypertrophy of the neck appears rapidly to decrease, the treatment may be continued, as it will probably prove quite sufficient to effect a complete cure. But if this is not the case, if the amelioration which at first takes place, ceases, or if the ulceration appears inclined to heal without the induration giving way, other measures must be resorted to.

The most efficacious is the application of leeches directly to the uterine neck itself. They are extremely useful agents in subduing deep-seated chronic inflammation in this region. The following is the easiest way to apply them: after introducing an ordinary conical metal speculum, wipe off the mucus which covers the surface of the cervix with a little lint or sponge, and then place the leeches in the interior of the instrument. Over the external orifice of the speculum, spread a piece of linen, which depress with the finger into the speculum. In the concavity thus formed, place some lint or cotton, and then, with the forceps, push the whole towards the uterine neck. The linen carries the leeches before it, and presses them against the os uteri. On pulling out the linen and the lint, with which the speculum was plugged, in the course of about ten minutes it will nearly always be found that all the leeches have taken. They generally fill well in this situation, and the flow of blood is often considerable after they have fallen.

Six, eight, ten, or twelve leeches may be applied at once, according to the effect wished to be produced, and they should be re-applied several times, at intervals of five, six, eight, or ten days, when necessary, until the desired effect is produced. The leech punctures always heal readily. Their bite is not felt by the patient, unless they fix on the vagina, which they cannot do if the speculum is properly introduced. This instrument must be held by the patient, or the nurse, while the leeches are on. They generally fall off, but it is sometimes necessary to bring them away, after they have filled.

If all these measures, coupled with attention to diet (which must be light) and to the general symptoms, should fail to heal the ulceration, and to dissolve the induration; or, healing the ulceration, should leave the induration behind, the patient ought not on that account to be abandoned as cured, or as incurable, as is generally the case, nor should pessaries be used to support the prolapsed parts.

I have scarcely ever seen any good result from the use of Pessaries. They are, I believe, in the great majority of cases, a lame, impotent, irrational means of treating the disease against which they are directed (prolapsus); and are generally, if not always, productive of more harm than good. These remarks apply in full, at least, to all cases in which the prolapsus is the immediate result of hypertrophy of the cervix; in my opinion, by far the most numerous. Without entering at length into the pathology of prolapsus uteri, I may mention as my firm conviction, that the cases in which it is to be attributed to laxity of the lateral ligaments, to enlargement of the body of the uterus, and to laxity of the vagina, (its generally acknowledged causes), are not as one to ten compared with those in which it is solely occasioned by inflammatory inflammation of the cervix uteri. In such cases, pessaries increase, by their pressure, the local irritation, and are generally themselves the source of sensations even more disagreeable and painful, than those which they are destined to remedy.

It is our duty to cure the disease entirely, if possible. That it is possible, I hope now to be able to prove to the complete satisfaction of my readers.

In order to modify effectually an engorged cervix, which has resisted all other modes of treatment, the indurated organ must be deeply cauterized, either with the Vienna paste, (quick-lime and potassa fusa), the plan adopted by M. Gendrin, or by the actual cautery, that followed by M. Jobert, (de Lamballe). The eschar which forms, in either case, is much deeper than that which is created when the fluid caustics are used. The inflammation which accompanies its separation is also much more intense, and generally propagates
itself to the entire cervix. The result is, that not only is the hypertrophied cervix diminished by the extent of the eschar which separates, but that the healthy inflammation set up in the chronically indurated tissues gradually melts them, as it were; so that often, on its subsiding, the hypertrophied cervix has regained its natural size. When this result is not obtained by the first cauterization, a second or a third seldom fails to reduce the uterine neck to its normal dimension. With the disappearance of the hypertrophy also disappear the symptoms which it occasioned; the uterus returns of itself to the position which it naturally occupies in the pelvis, and the cure is _really_ accomplished.

"If the Vienna paste is employed, the following is the plan pursued by M. Gendrin, which I likewise follow. I must, however, state, that the Vienna paste, which is much used in France to produce deep eschars, is formed of equal parts of quicklime and hydrate of potassa, reduced to a fine powder, and intimately mixed. This powder should be prepared only when wanted, and kept in a glass-stoppered bottle. To be used, it is made into a paste, with a few drops of alcohol, and the paste is then spread over the part to be destroyed. Its action is very prompt, and neatly circumscribed to the part to which it is applied. A thin layer of the paste, for instance, will destroy the entire thickness of the skin in three or four minutes, and that with but little pain to the patient.

"When applied to the uterine cervix, a large and conical speculum must first be introduced, and the engorged cervix made to enter its orifice; or should the cervix be too voluminous, the speculum must be firmly pressed on the part which it is intended to cauterize, great care being taken not to enclose between the rim of the speculum and the cervix a fold of the vagina. About as much of the paste as would cover a fourpenny piece, a line in thickness, must be placed on a triangular piece of diachylon plaster, one end of which is inserted lightly in the cleft extremity of a small stick. The caustic paste is then carried, by means of the stick, to the cervix, and applied to the centre of the part comprised by the orifice of the speculum. With the long forceps, cotton is placed carefully all round the spot on which the caustic is applied, so as to completely protect the neighbouring parts; the stick having been withdrawn, the speculum is two-thirds filled with cotton or lint, which is firmly pressed against the uterine neck. The speculum is then extracted, the cotton which fills it being forcibly pushed back in the vagina with the forceps, as it is pulled away, so that the vagina remains thoroughly plugged. If all this is carefully done, it is impossible for the caustic to fuse, and to injure the parietes of the vagina. In about fifteen or twenty minutes, the cotton or lint must be gradually withdrawn by means of a bivalve speculum, and an eschar, of the size of a shilling, or rather larger, will be found where the caustic was applied. The vagina should then be washed out with a little tepid water, complete rest in bed enjoined, and emollient injections employed until the separation of the eschar, which takes place from the sixth to the eighth or tenth day.

"This mode of deeply cauterizing the cervix is attended with a little more perturbation of the system than superficial cauterization. Slight pain is sometimes felt at the time, but nothing of any consequence. Trilling hysterical symptoms are not unfrequent, but this I attribute more to the fear which the patient experiences than to any other cause. She sees that more importance is attached to the operation by her medical attendant than to superficial cauterization, and that unusual precautions are adopted, and is consequently often alarmed and agitated. The inflammation which accompanies the elimination of the eschar generally extends, as I have stated, to the entire cervix. Thence the symptoms of acute inflammation of the cervix. This inflammation may even extend to the uterus itself, and require to be treated by leeches to the hypogastrium, &c., but this is very seldom the case. In the immense majority of instances, the inflammation of the cervix is not sufficiently intense to require any other treatment at the most, than emollient injections, poultices to the abdomen, and hip-baths.

"During the three years I passed with M. Gendrin, at La Pitié, we cauterized at the least, in this way, one or two patients every fortnight, and I do not
recollect having seen a severe case of metritis, or indeed any other serious result. M. Gendrin himself has, however, I believe, met with a few cases of intense metritis after thus cauterizing the cervix. Sometimes, on the separation of the eschar, hemorrhage takes place. This hemorrhage, however, is nearly always very slight; indeed, I have never known the loss of blood to amount to more than a few ounces. It may, however, M. Gendrin has told me, be more considerable. I am not aware, nevertheless, that he has ever found it sufficiently intense to require any particular treatment. Were such an untoward event to occur, the hemorrhage might no doubt be easily overcome by injections with cold water, with a styptic solution, or, as a last resource, by plugging the vagina. M. Gendrin's experience of this mode of treatment has been very great, and he has resorted to it for many years. He has had under his care, at La Pitié, during the whole period, an uterine ward of nineteen beds, nearly always full of severe uterine cases.

"M. Jobert arrives at the same result as M. Gendrin, by another means. He cauterizes deeply the uterine cervix by means of the potential cautery. To effect this, he uses an ivory conical speculum, in order to protect the neighbouring parts from the heat, ivory being a bad conductor of caloric. He then distinguishes, on the part of the cervix which he wishes to cauterize, one, two, or three olive-shaped cauteries, heated to whiteness, according to the depth to which he wishes to destroy the tissue of the cervix. A deep eschar is thus formed, as by cauterization with the Vienna paste. But little pain is experienced by the patient, and the eschar falls also from the sixth to the tenth day. Its elimination is likewise accompanied by considerable inflammatory reaction in the indurated cervix, which, generally speaking, rapidly diminishes, or melts under the influence of the revived inflammatory process.

"Sometimes, the effects of one cauterization suffice to bring the uterine neck to its natural size, sometimes two or more are necessary. M. Jobert does not confine cauterization with the potential cautery to the chronic cases of inflammatory hypertrophy, which do not yield to other agents, but often uses it as a means of treating, from the onset, ulceration accompanied by inflammatory induration. In such patients, however, he applies it more superficially. His practice has been much found fault with in Paris, by some of his colleagues, but from ignorance only. I have had great opportunities of witnessing it, and can safely say that, although bold, it is both safe and successful. I was his house-surgeon during part of the year 1840, and during the whole of my two years' residence at Saint Louis, followed, more or less, his uterine practice without ever seeing any bad effects ensue. On the contrary, many patients who had been years suffering were rapidly cured by this treatment. My friend and colleague, M. Loreze, who was M. Jobert's house-surgeon for three years, states in his thesis, that M. Jobert has applied the actual cautery to the cervix in several hundred cases without a serious symptom occurring.

"M. Jobert is the first surgeon who has regularly adopted cauterization with the potential cautery in the treatment of fungous ulceration and of chronic induration of the uterine cervix. Celsus recommended ulcers of the prolapsed uterus to be cauterized with the actual cautery, and other surgeons have proposed the same means of treatment, as, for instance, Percy and Baron Larrey, who are quoted by M. Loreze. It does not appear, however, that these suggestions had ever been really carried into effect previous to M. Jobert's experiments.

"This talented surgeon believes that cauterization with the potential cautery possesses peculiar advantages as compared with cauterization with the Vienna paste. But after enjoying extensive opportunities of judging the comparative value of the two methods, I have come to the conclusion, that they are completely identical in their effects, when properly used. M. Loreze, who may be considered to represent faithfully the opinions of M. Jobert, states, that it is difficult to appreciate rigorously the depth to which the Vienna paste will disorganize the tissues of the uterine neck; that instead of exciting in the neighbouring parts a favourable reaction, it weakens the vital forces by a stupefying influence; that it is difficult to apply, and, in liquefying, runs on the parietes of the vagina, thus giving rise to extensive loss of substance, which, on filling
up, contracts the parts. To the two first propositions, I can give the most decided negative, and that from my own personal experience. A practitioner who is accustomed to the use of the caustic may measure, to a nicety, the extent of the eschar which he wishes to form by means of the paste, and if a very small quantity only be used at first, he will gradually and safely acquire that knowledge, even if previously ignorant of its effects. So far, on the other hand, from the action of the caustic on the surrounding parts being a stupefying one, I have always seen reaction take place most freely, and with all the characters of healthy inflammation. As to the caustic running on the adjoining parts, such an accident is certainly possible in unskilful hands, but will never occur with a prudent, careful practitioner, who knows what he is about, and attends to the rules which I have laid down. Although my experience with it is considerable, I have never known the vagina even touched by the caustic. The same objection would also apply to the potential cautery, which I should be very sorry to see used for the cauterization of the cervix, by any but a skilful practitioner.

"M. Loreze subsequently states, that on the separation of the eschar formed by the Vienna paste, which only takes place after a lengthened period, the exposed surface often assumes an unhealthy character. This assertion is also totally unfounded. I have always, on the contrary, seen the eschars formed by the caustic separate in as short a time as those produced by the actual cautery, and found the granulating surface underneath perfectly healthy. I have not, indeed, once seen an unhealthy sore follow cauterization with the Vienna paste, and am at a loss to discover how my former colleague can have adopted such extraordinary notions respecting this mode of cauterization; he certainly cannot have seen the caustic used. I should not have reproduced these views, were it not that they constitute the chief objections that have been urged against cauterization with the Vienna paste,—objections which, as I have already stated, I am able to refute from my own experience of its efficacy.

"I may here remark, that the length of time which elapses before the separation of the eschar, depends, whatever the mode of cauterization, on the state of the parts cauterized, and on the depth to which the cauterization is carried. When the eschar is superficial, it falls, necessarily, much more rapidly than when it is deep. If the potential cautery is used, the olive which terminates to the instrument must be heated to a white heat, otherwise it might adhere to the tissues on being withdrawn, and the eschar might thus be torn away."...

"In several instances, when the induration has been very great, M. Gendrin has placed a small piece of potassa fusca within the lips of the os uteri, so as to produce a very large eschar, comprising the tissues immediately round the os to a great extent, and that without the os being subsequently in the slightest degree modified. Neither is there any danger whatever of rupture of the lower part of the uterus during parturition in a woman who has undergone deep cauterization of the cervix; as must be evident on the slightest reflection. In hypertrophy and induration of the cervix, it is not to the muscular structure of the organ—which, in the normal state, is excessively scanty, as we have seen,—but the cellular structure, which is the seat of chronic tumefaction. Consequently,—as would be the case in inflammatory tumefaction and induration of cellular tissue in other parts of the body,—an eschar, although of apparently considerable size and depth, in reality scarcely attacks the proper tissue of the cervix. M. Gendrin, moreover, has repeatedly known his patients to become pregnant, subsequently to deep cauterization of the cervix, even when it has been resorted to three or four times, and yet their labours have taken place without the slightest difficulty. Indeed, he very justly remarks, that the fact of the chronic hypertrophy of the cervix having been dissipated, must tend very much to facilitate parturition, by rendering the dilatation of the os uteri easier.

"As in superficial cauterization, deep cauterization of the cervix does not in any way interfere with menstruation, except inasmuch as it facilitates its occurrence by diminishing the state of uterine disease, which is the cause of the

1 The term potential seems to be here, as well as in the preceding paragraphs, used, from an oversight, in place of actual.
irregularities which I have stated generally to exist, when the uterine neck is ulcerated or engorged. It is as well, however, to defer cauteryization until after the menstrual flux, when the latter is expected, lest the uterine congestion should increase more than is desirable, the reaction that follows.

"To sum up: I firmly believe that chronic induration and hypertrophy of the cervix uteri, the result of inflammation and ulceration, will often be found incurable by any other means than excision or deep cauteryization. Excision ought, I believe, to be excluded, owing to the severe hemorrhage which follows, and the danger which consequently attends it. Deep cauteryization being resorted to, I prefer, in most cases, the Vienna paste to the potential cautery, but merely because it alarms the patient less, and has less the appearance of a formidable operation. I have had such extensive experience of both agents in the Paris hospitals, that I think myself fully warranted in stating, that in the hands of careful and intelligent practitioners there is no more danger in resorting to deep cauteryization of the cervix, than in performing any other of the minor operations of surgery. I have also seen so many miserable women, who had suffered for years under engorgement of the neck of the uterus, (some of whom had all along been under treatment,) relieved and cured by deep cauteryization alone, that I have no hesitation in recommending its adoption to the attention of my professional brethren.

"It must not, however, be forgotten, that cauteryization of the cervix, as above described, is an operation, and like all operations, surrounded with dangers; that, consequently, it must neither be lightly undertaken nor lightly carried through." Pp. 167-188.

"Case.—Chronic hypertrophy and induration of the cervix.—Deep cauteryization with Vienna paste.—Cure in four months.—On the 2d of May, 1842, a young woman, named Fanny L——, aged twenty-three, wife of an upholsterer, residing in the Place du Carrousel, entered the Pitie under M. Gendrin. Of small stature, but rather of full habit of body; she bore the traces of suffering in her countenance; her complexion was pale and rather sallow. She stated that she was married at the age of eighteen, and had two full-grown children in the first two years of her marriage. The first labour was natural and easy, the second was rather tedious, and was followed by an attack of inflammation of the uterus, which obliged her to remain in bed nearly three weeks. She did not attempt to suckle her child. The menstrual flux did not return until three months after delivery, and was then accompanied by violent pains. From the time she left her bed after the illness which followed delivery, until her admission into the hospital, she was never free from hypogastric and lumbar pains, from bearing-down sensations, carried to such an extent as to render walking painful, and from leucorrhcea discharge. Six months after her confinement, she applied to a medical practitioner for advice. He examined her, and stated, that she was labouring under ulceration of the neck of the uterus. She was treated by him for several months, and at last dismissed as cured. The treatment consisted in superficial cauteryization every week or ten days, hip-baths, rest on a sofa, &c. Although told she was cured, she still felt the bearing-down sensation and the lumbar pains; the leucorrhcea discharge also soon returned. In the course of the following year, she applied to another medical man, was again told that she had ulceration and engorgement of the neck of the womb, went through pretty nearly the same treatment as before, and was again dismissed as cured, although still suffering from prolapsed uterus. The old symptoms gradually returning, she applied to M. Gendrin, who admitted her into his service, where she came under my care, as I was then his house physician.

On examination by the toucher, I found the neck of the uterus as voluminous as a small egg, exceedingly hard and resistant, but perfectly smooth and equal, occupying the lower part of the vagina, within two inches of the external orifice. The os was open, and presented a soft velvety sensation. The vagina was lax, and appeared to have lost its natural contractibility. Pressure on the engorged cervix was not painful. The finger on being withdrawn was slightly tinged with blood and muco-pus, but the odour was not offensive. No increased heat of the parts. Not much retroversion. On examining with the
speculum, the cervix was very soon reached, but was too voluminous to enter even into the largest conical speculum. Two-thirds of its volume was formed by the anterior and superior lip. Around the os was an ulceration nearly the size of half a crown, covered with muco-pus. All the symptoms previously enum-
erated were present. Abundant leucorrhoeal discharge, severe pain in the loins and hypogastrum, but principally in the former. Dragging and bear-
down sensation so severe, that when she walked she said she felt as if the womb would fall out of the pelvis. As might be expected, after suffering so long, she was labouring under severe dyspeptic symptoms, palpitation, cephalalgia, con-
striction, loss of strength, &c.

"She was ordered to remain permanently in bed, and eight leeches were appli-
ced to the cervix uteri; tepid hip-baths twice a-day, and emollient injections, three or four times a-day, were also prescribed. Light but nourishing diet; emollient enemata when required. The leeches bled profusely, and were re-applied four times, at an interval of six days. In the interval of each application the ulcer-
ated surface was touched with the nitrate of silver.

"Under the influence of this treatment, the lumbar and hypogastric pains rap-
pidly diminished; as also the leucorrhoeal discharge. On the 20th of June, the ulceration had nearly healed, and the size of the indurated cervix had diminish-
ed by about one third. For some time previous, however, all further dimin-
ution in its volume had ceased. The surface had partly recovered its natural hue. No sensibility whatever on pressure. Texture still as hard and resistant as ever, perhaps more so. The entire uterus had risen considerably in the pel-
vis. As soon, however, as the patient began to walk, the hypertrophied cervix fell, dragging down the uterus, and gave rise to the old sensations of bearing down, although not to the same extent as on her admission. The general health was much improved. She had evidently arrived at the same condition as when dismissed as cured by her former medical attendants; in a shorter time, how-
ever, because, in all probability, the treatment had been rather more energetic and more carefully followed up. At the same time, it was clear, that if dis-
charged in this state, the prolapsus of the still indurated and hypertrophied cer-
vix would soon become as great as ever, and bring with it a return of the local superficial inflammation and ulceration, so that in a few months she would again be in the same state as when the treatment began.

"Under these circumstances, it was determined to resort to cauterization with the Vienna paste. A small portion of the paste was therefore applied to the an-
terior lip of the engorged cervix, in the way described, and the vagina was plugged with lint. Twenty minutes afterwards I extracted the lint, and found that an eschar had formed, a little larger than a shilling. The vagina was washed out with tepid water, and the patient told to remain quiet. She experi-
enced but little pain. On the sixth day, on examining by the toucher, the neck of the uterus was found rather hot and swollen. The inflammation which ac-
 companied the elimination of the eschar had evidently propagated itself to the rest of the tissue of the cervix. On the tenth day, the speculum was applied, and the eschar was found to have separated, leaving a circular ulceration cov-
ered with healthy granulations. The entire neck was voluminous and very red, rather sensible on pressure. The cervix gradually diminished from that time for a week or ten days, when it ceased to decrease in volume. Emollient in-
jections only were used, and the artificial ulceration was slightly touched with the nitrate of silver once a-week.

A month after the first cauterization, the cervix, which was considerably less in size, but still hypertrophied and indurated, was again cauterized with the Vienna paste in the same manner, with a like result. Two months and a half after the first cauterization, and four months from her admission, she was dis-
chaged, perfectly cured.

The cervix uteri was not larger than in a healthy person, and presented no induration. The ulcerated surface was perfectly healed. The os uteri was quite free and open, the cicatrization having produced no obliteration or retrac-
tion. All pains had disappeared, as also the sensation of bearing down on walk-
ing, and the leucorrhoea discharge. The uterus had ascended in the pelvis to
its natural position. The general health was also very greatly improved. Her two last menstrual periods had passed over without being attended with the usual pains, and the flow of blood was easy and abundant. She was, indeed, quite another woman." Pp. 189—195.

The great importance of Dr Bennet’s work consists in the clearness with which he describes the causes, effects, and treatment, of non-malignant and non-syphilitic ulceration and induration of the neck of the uterus. We are not aware of any preceding author who has so well described these affections, in their slight and incipient forms;—but every page of the book is good, and eminently practical. As will ere now have occurred to the reader, the subject is the same as that treated of by Sir Charles M. Clarke, in his valuable work, entitled, Observations on the Diseases of Females attended by Discharges, illustrated by copper-plates of the diseases, in two parts, London, 1821. When it appeared, it was deservedly hailed with applause; and it has long been a source of honour to the author, and of benefit to many a sufferer. Sir Charles was in hopes that the different diseases which give rise to discharges might be traced by an accurate examination of those discharges. Dr Bennet, on the other hand, has clearly shown, that what Sir Charles Clarke attempted to effect by a closer examination into the nature of uterine and vaginal discharges—i.e., to ascertain the diseases which caused them—may be determined by an examination, not of the discharges, but of the source of the disease itself.

We have now said enough to satisfy our readers, that Dr Bennet’s admirable Treatise ought to find a place on the shelves of every practitioner. We will, therefore, only add, that so far as we know and believe, it is the best work on the subject of which it treats.

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Du Hachisch, et de l’Aliénation Mentale; Etudes Psychologiques. Par J. Moreau, (de Tours), Médecin de l’Hospice de Bicêtre, Membre de la Société Orientale de Paris. 8vo, pp. 431. Paris: 1845.

From Hachisch, or Indian hemp, as our readers are aware, the eastern sensualist prepares certain wonderful potions and conserves. The herb, when taken in these forms, or when smoked, induces effects upon the mind, which appear to M. Moreau to resemble various forms of insanity. Under this impression, and with the view of throwing light upon this obscure department of pathology, he resolved to observe and record the mental phenomena caused in himself by the famous drug.

"Numerous important gaps," says M. Moreau, "still exist in the history of the symptoms of mental alienation. Many pathologists, with the exploring scalpel in hand, have sought after the material causes of insanity, looking in the depth of organs for the grain of sand which has been deranging the intellectual machine, hoping to get an explanation of the disorders of the mind, by examining the disposition of the molecules of the brain. Most of them have carefully described the infinitely varied symptoms presented by the numerous patients amid whom they have lived; but I am not aware of any writer on insanity, who has given us his personal experience—a description of his own perceptions and sensations. Something under this head may therefore still remain to be done. Besides, it is admitted, that mental therapeutics are pervaded by uncertainty. In unfolding the primitive fact, the primary functional lesion, whence flow all forms of insanity, as streams from one source, I hope to be able to present some useful information regarding the means of cure." Pp. 31, 32.

1 Dr Bennet does not mention Sir Charles Clarke’s work; we presume, simply because it was not within the scope of his work to give the literary history of his subject, which would almost invariably have led him into much controversial digression.
We strongly recommend the work of M. Moreau, as original, instructive, and highly entertaining. M. Moreau is known to be an accomplished practitioner, and an enthusiastic cultivator of psychology.

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**PART THIRD.**

**PERISCOPE.**

**PRACTICE OF MEDICINE AND PATHOLOGY.**

**ON THE SPURIOUS PULMONARY MELANOSIS OF MINERS.** BY DR. BROCKMANN, Clausthal.

[The "Black Phthisis" of colliers, described by Dr. Makellar in the present number, (p. 645), is unquestionably the same affection, as that considered in the following memoir. The disease evidently depends upon the way in which the mines are wrought and ventilated, and not upon the nature of the minerals. Dr. Brockmann does not specify the nature of the mines which he refers to; but we presume, that they are the silver and lead mines, so common in the district where he resides.—"Clausthal is noted for its mines of lead and silver, which are considered the richest in the Hartz mountains. The silver veins are embedded in the fissures of a grey-wacké rock, which also contains the remains of vegetables and marine animals."—Maltebrun.]

It is well known, that under the name of Miner's Consumption, very different pathological states have been described. Some have restricted the term to the asthmatic affection, arising from the inhalation of fine metallic particles; whilst others assign to it a more extended meaning, under the name of Asthma Montanum; and a third class, disregarding the asthma, comprehend under the term, the pernicious effects produced on the frames of those who work among mineral ores. These differences in the nomenclature have probably been the cause why an accurate estimate has not always been made of the effects of a lengthened sojourn in the mines, and no accurate account given of the diseases comprehended under the name of miner's consumption, or Bergsucht. Most writers agree in this point, that the lungs are the principal seat of the complaint. If the nature of the work in the mines, however, is to be regarded as the sole cause of the disease, then, there must be as many varieties of it, as there are varieties in the work; and, consequently, the Oberhartz district will have its peculiar variety of what, in our systematic works, is known under the name of Melanosis of the Lungs.

**POST-MORTEM APPEARANCES.**

The anatomical changes announcing melanosis of the lung may be divided into essential (wesentliche), accidental (zufällige), and secondary. The essential consists entirely in a pitch black colour of the parenchyma of the lung.