

medicine. Observe the changes that take place in the appearances of a syphilitic ulcer, whether in the throat or on the genitals, and also in the state of the circulation of the mucous membrane, and of the skin, for some distance around them, as soon as the mercurial action has superseded in these parts that of the specific disease. The skin and mucous membrane, which previously were rather paler than natural, have become somewhat flushed and a little moist; the base of the ulcer, which before, on being pressed, felt almost as hard and resisting as a button, feels no longer so, it has become soft and pliant; the little excavations also, of the ulcer, have lost their abruptness and appearance of depth; its secretion, hitherto scanty and ichorous, has increased in quantity, and has acquired a purulent character; the ulcer, which had been stationary, or slightly increasing, perhaps increasing for weeks, now begins to cicatrise, and in eight-and-forty hours its cure is almost complete. These remarkable and salutary changes, which may frequently be observed to occur in the condition of syphilitic ulcer, under the administration of mercury, no other agent, it must be allowed, has the power so manifestly, indeed, at all, to produce. But the practice, let us here observe, of continuing the use of the mineral during any determined time, for the purpose of sustaining its effects upon the constitution and the syphilitic sores, has seemed to us not only unnecessary and injudicious, but the principal cause of the ill consequences which too frequently follow its administration; it is, according to our observation, in syphilis, as in rheumatism, during the incipency of its alterative action, that mercury proves salutary and curative. There is, as we have already stated, an order in the mode of action of the medicine, and at this period it is certainly the formative functions, the functions of growth and respiration, that are chiefly excited; absorption, which, whether healthy or morbid, is rather an opponent and destructive function, would appear to be the latest in being urged by the mercurial alterative. These few remarks upon mercury, and its therapeutic relation with syphilis, although in connection here with the subject of rheumatism, may appear a little digressional. We will vouch, however, for their not being unpractical, leaving it to the attentive observer to determine.

The peculiar friction-like sound, which, in this case, accompanied, as we have seen, the respiratory movements of the chest, did not escape the observation of Laennec; it was termed by him the "friction of ascent and descent." It is a sound of very rare occurrence, but one that is not difficult to be recognised when present, and so peculiar in its characters as not likely, we think, to be confounded with any of the other physical signs of pulmonic disease. Its very

close proximity to the ear of the auscultator, the time of its occurrence, synchronous exactly with the elevation and depression of the ribs, with its dry, harsh tone, are its most prominent and diagnostic characters. The dry râle crepitant of pneumonia, for which it is barely possible it might be mistaken, is always, to our ear, most perceptible towards the conclusion of the inspiratory act; it is also deeper seated, and we do not recollect to have ever heard it double.

43, Sackville-street, London,
Jan. 23, 1840.

OPERATION OF SCARIFYING THE CERVIX UTERI.

To the Editor of THE LANCET.

SIR:—I am anxious to communicate the following operation, as I have reason to believe that superficial scarification of the cervix uteri, in inflammatory congestion of the uterus, accompanied by very severe and painful dysmenorrhœa, is nearly, if not entirely, an original suggestion—especially with regard to abstracting from it a definite quantity of blood. Dr. Ashwell, of Guy's Hospital, who saw the case with me, evinced his usual benevolent interest therein, was much pleased with the effects of the operation, and requested that it might be repeated as circumstances required. I remain, Sir, yours, respectfully,

J. L. FENNER.

15, King's-row, Pentonville,
Jan. 18th, 1840.

Mrs. ———, a widow, æt. 39, had been long afflicted with dysmenorrhœa, accompanied with inflammatory congestion of the uterus, dating its origin many years since, from a severe and protracted labour. The nervous system was so entirely implicated in this affection, that the superior and inferior extremities, as well as the body, were continually agitated by a species of chorea. She was passing through a three months' course of mercurial friction, and had found no relief from opium or any kind of narcotics. Leeches alone, applied round the *cervix uteri*, with my speculum, had palliated her sufferings, and these acted like enchantment, dissipating every symptom, and, after restless nights, producing a calm, refreshing sleep of some hours' duration. Appreciating the relief obtained from the abstraction of blood, and its tendency to remove congestion, it struck me as quite practicable, aided by my cylindrical tubular speculum (described in *THE LANCET*, May 18, 1839, and to be seen at instrument-makers), easily to abstract, by slight scarifications of the *cervix uteri*, any quantity I might think desirable.

Nov. 1, 1839. After a few superficial scarifications the blood trickled freely, and, in a quarter of an hour, two ounces and a half (by weight) were obtained, and the tube withdrawn, when the bleeding immediately ceased. Precisely the same relief followed, with uninterrupted sleep, as was wont to result from the application of leeches. The patient said that the operation was so *painless* that it would not even have disturbed her sleep!

2. Two ounces and a half of blood were obtained under the same circumstances.

3. Three ounces and a half of blood.

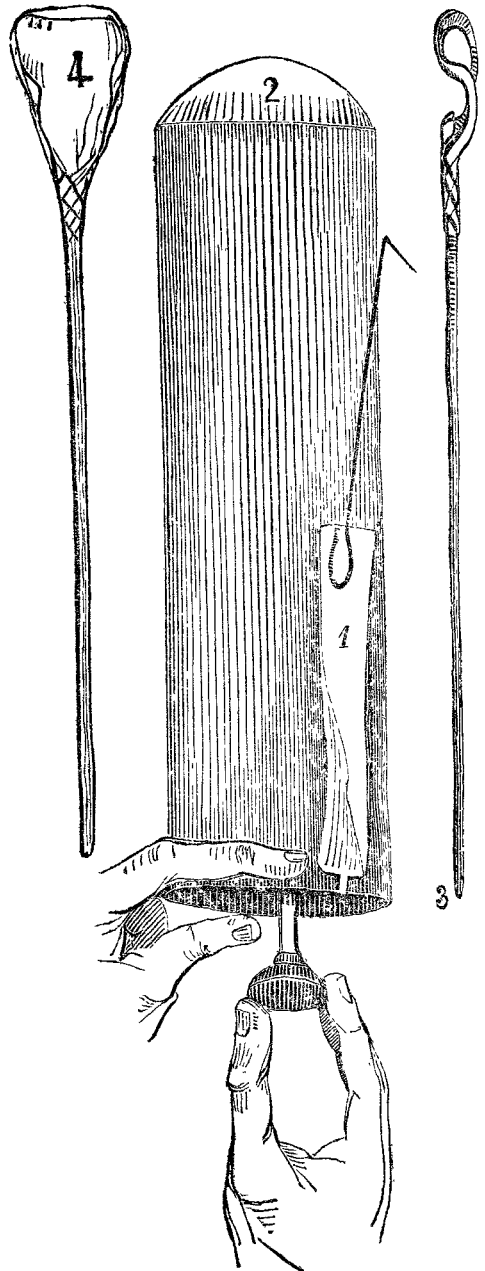
5. The cervix uteri having many marks of scarification, the tube was withdrawn a little, so as to expose the *cul de sac* of the vagina. Scarifications were made, presuming that it would bleed freely, because to that part of the vagina leeches have been applied by tubes perforated at the end with holes, and unscientifically thrust up the vagina; but by such tubes leeches cannot be duly applied to the *cervix uteri*, though they may sometimes to a portion of its side. The blood trickled freely, and in a quarter of an hour four ounces (by weight) were obtained, with the same relief as by leeches.

9. The patient having obtained more decided relief than on any former occasion from the application of leeches, the scarification is to be resumed as occasion may require, and the mercurial friction to be continued to the given time. The distressing soreness and ulceration of the mouth and gums from mercury are prevented, and the patient enabled to eat comfortably, by the constant use of Dr. Darling's excellent preparation of chloride of soda, obtained from Mr. Garden.

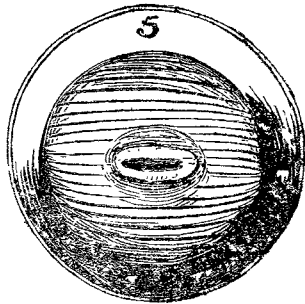
Having received numerous inquiries respecting the best mode of using my speculum, and also relative to the steps of the operation of scarification of the cervix uteri, I take this opportunity of explaining. The proper position of the patient is to recline on the back, the feet resting on the edge of the bed. I have no intention of entering into the controversy on the use or the abuse of the speculum; but I wish to say, that in my own practice, and when properly conducted, there is very little exposure. A metallic tube, of one of my three sizes, adapted to the individual case (1 inch, $1\frac{1}{4}$, $1\frac{1}{2}$), with the corresponding box-wood cylinder, *fig. 2*, fitted to the wooden handle, and introduced to the end of the tube, until it stops, is to be lubricated with some unctuous substance. The introduction of my speculum is always to be accomplished without producing any positive pain. Pressure is to be made with a gentle, semi-rotatory motion, entirely on the wooden handle, held by the thumb and two fingers of the right hand, and in the exact direction where the os uteri has previously been ascertained, by the taxis, to be situated; the thumb and

index finger of the left hand, *fig. 1*, are applied to hold the tube. The box-cylinder having passed the perineal portion of the vagina, and entered the pelvic cavity, the resistance has ceased; and the wooden handle attached to the cylinder being withdrawn, the most perfect view of the os and cervix uteri is obtained, corresponding with the diameter of the tube, as in *fig. 5*, either by the natural light or that of a taper.

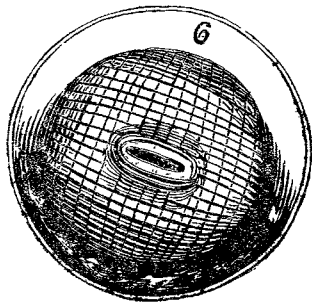
The tube is made of the same diameter throughout, to obtain the largest possible view, and the effect of the conical box-wood cylinder accurately fitting the tube, produces previous dilatation before the tube (its edges being thus protected by the cylinder) comes



in contact with the vagina. If a minute or two are occupied in preparatory dilatation towards the perineum, a larger sized tube than otherwise may be introduced, always, it is to be understood, without producing positive pain. Thus, with the aid of the cylinder, I now use the inch-and-a-half diameter, where formerly I should not have attempted doing so; and thereby I obtain a more important view. The elastic strap of narrow Indian-rubber, wet, *fig. 1*, then securely fixes the speculum, by the small hook being attached to the tube, and the large hook to the patient's drawers or clothes. All other specula employ one hand to hold them in their situation. Thus both hands of the operator are at perfect liberty for the operation of scarifying the cervix uteri, or the usual ones connected with the injection of the uterus, the application of caustic to abrasions or ulcerations of the os and cervix, leeches around the cervix, &c. The speculum is, therefore, indispensably necessary, not merely because the unassisted sense of touch is insufficient to discover the morbid phenomena thus disclosed to the sense of sight, but is equally so as a medium for the local application of various medicaments. The state of the whole extent of the mucous coat of the vagina may be most minutely explored by slowly withdrawing the tube. The accompanying sketch illustrates the steps of the operation of scarification of the cervix uteri. The speculum being duly introduced to expose the cervix, and secured by the elastic Indian-rubber strap, *fig. 1*. The little mop, *fig. 4*, made by tying lint or wadding on a skewer of wood six inches long, is first used to remove mucus, and enable the structure to be clearly examined. A lancet, mounted on a similar stick, is held by the thumb and two fingers of the right hand, and used like a pencil, making superficial scarifications, transversely, from $\frac{1}{16}$ th to the $\frac{1}{4}$ th of an inch in depth. These transverse scarifications must commence from below, that the subsequent lines may not be obscured by blood. *Fig. 5* shows the opera-



tion thus completed, which will furnish about three or four ounces of blood. But where the abstraction of a greater quantity is desirable, the incisions are crossed perpendicularly to the first, as seen in *fig. 6*,



which, in a few minutes, will produce six or eight ounces of blood. The tube being kept in a depending position, the blood trickles freely through it into a saucer placed underneath; and to prevent obstruction to its flow, I remove coagula by means of a scraper made of a bit of bonnet-wire, tied to a stick, and bent, as represented in *fig. 3*.

In my own practice, this operation will supersede leeches, which, on many accounts, are objectionable to both parties; in the one, exciting a degree of alarm and anxiety, and in the other, taxing to the utmost the virtue of patience. When leeches are used, I have found that they live longer, and are rendered more useful, by putting them in the gorged state into tepid water, and keeping them in a warm situation. Practitioners will find, that a greater degree of relief is almost instantly obtained.

CÆSAREAN OPERATION AFTER DEATH.

To the Editor of THE LANCET.

SIR:—I beg to transmit to you the details of a case which came under my inspection a few days ago, and as operations of the like nature are rare, perhaps it may be deserving of a place in your publication.

Mrs. S—, æt. 29, living in Page-street, Westminster, advanced in pregnancy about 8 months, and who had been attended by me for many days previously, for general anasarca and shortness of breath, arising from an interruption of the urine, from disease of the kidneys with that of the lungs, retired to rest at about half past six on the evening of Thursday, the 19th Dec., apparently much better than she had been for a day or two previously. At 20 minutes to eight I was suddenly summoned to her bedside, and found her labouring under the most distressing breathing, with the mucous rattle in the trachea; pulse about 140, and small. I immediately made an examination, and found that the process of labour had barely commenced, and this, I would conjecture, arose, partly, from the mechanical effect of difficult respiration, and partly from