

serrated scoop, was attached to the left lateral wall and fundus. Daily irrigation of uterus with a double tube was kept up for some time, a little Iodoform was also put into the uterus each time. Patient recovered completely; had no pain and no offensive odor.

*Contagious Syphilitic Lesions of the Os and Cervix Uteri.*—Dr. Bell read a paper on this subject, based on the reports of three cases of what had been diagnosed as simple ulceration or erosion of the os uteri in young prostitutes, in whom no other possible source of syphilitic inoculation could be found, but to whom several cases of syphilis were distinctly traceable. Three cases were traced to the first patient, two to the second, and two to the third. In the first case, the disease was communicated shortly before the patient was admitted to hospital. In the second case, it was communicated within fifteen days after the patient had left the hospital; and in the third case, a considerable period of time had elapsed. Brief reports of these cases were given, and the writer expressed his opinion that in the first two cases the sores were uterine chancres, though not diagnosed as such at the time; while in the third case, the report of which was meagre and imperfect, he thought it probable that syphilis had been engrafted upon the simple erosion of the os subsequent to her residence in the hospital. The first patient passed from observation completely on leaving the hospital; the second was under partial observation for nearly a year without the appearance of any definite secondary lesion; and the third developed secondary symptoms about three months after leaving hospital. The writer excepted the cases contracted from the third patient from the discussion, as a period of eight months must have elapsed from the time she was under observation before their inoculation could have occurred. He also drew attention, in the other five cases (which were considered reliable) to the mild character of the disease throughout, and especially to the uncertain and atypical characters of the primary sore, and expressed the opinion that, owing to the great frequency of the occurrence of simple erosions of the os uteri, many infecting syphilitic sores were probably overlooked, and that in this way might be explained many of the obscure cases of syphilis in which no history could be obtained of primary sore.

Dr. RODDICK said he saw one of the parties who contracted syphilis from Dr. Bell's third case.

He (Dr. R.) believed this one, as well as the other two, must have had mucous patches of the os, which must have been there for a long time, preceded by chancres of the vulva. Dr. Roddick's patient had a doubtful chancre, not hard; came on fourteen days after connection. He put him on constitutional treatment at once, and thought this should be done in every case where one is pretty sure chancre exists. Don't wait for "secondaries;" give Iodide of Mercury or Hyd. with Creta. His patient is now having slight secondary symptoms. A friend of his contracting from the same woman, and keeping it a secret, is having a sharp attack of secondaries.

Dr. GARDNER said that out of three or four thousand uterine examinations only saw one undoubted case of chancre of the os, and there were also ulcers on the vulva.

Dr. SHEPHERD thought syphilis was often implanted on an erosion of the os, and overlooked; believed in waiting for secondary symptoms before treating, as treatment sometimes delays the skin eruptions. Had had a case of squamous syphilide without any sore whatever, which disappeared under constitutional treatment.

Dr. HINGSTON said most surgeons used mercury for syphilis. Now, he never uses it; his treatment being to support strength with good diet, cleanliness, gives Iodide of Potassium, Nitric and Hydrochloric Acids, and some bitter tonic. He said the Indian Surgeons found they had as good success without, as with, mercury.

Dr. RODDICK said he used to wait for secondary symptoms, but experience had taught him to treat undoubted cases at once. Has never yet seen or known secondary lesions delayed; always come on in two months, are always modified, never saw bad lesions if so treated; found they got over quickly, and had slight, or never any, tertiary.

Dr. GARDNER said an argument for waiting for secondaries would be where there was a question of marriage.

Dr. F. W. CAMPBELL spoke against the press publishing "fearful operations" together with name of operators. He read from a recent number of the *Star* an account of an operation which had been performed at one of our city hospitals, showing technical terms used correctly, indicating that some medical man must have furnished the item.

Several members suggested remedies for this state of things, and from them it was traced to