

I depend very largely upon it. Of course it requires a careful speculum examination in order to see it, but it is worth the trouble in doubtful cases.

The third sign is the peculiar secretion in the cervix. There is a difference between the secretion in the cervix of the pregnant uterus and that of any other pathological condition. In the pregnant uterus the cervical secretion has a whitish, opaque appearance, that at first sight is very much like the leucorrheal discharge in a case of muco-purulent cervical endometritis, but careful examination proves that it is not, because it contains pus, which gives the opaque appearance, while in pregnancy opacity is due to the coagulation of the albumen by the secretions of the vagina. That is characteristic of pregnancy, and occurs in no pathological condition, and is almost always present. When I find that opaque secretion of the cervix, that peculiar hue of the cervix and vagina, and the other physical signs, I am more positive of the diagnosis in the early months of pregnancy than in the fourth or fifth month, when foetal motion is present, but, on account of a fatty abdomen, is hard to distinguish.

I meant simply to emphasize the fact that the diagnosis can be made with some degree of positiveness, and if I have emphasized the importance of the diagnosis, then I have done what I most desired to do.

DR. WALLACE.—May I enquire of Dr. Skene at how early a period he can recognize the discoloration he refers to? The paper of the evening took in the first three months.

DR. SKENE.—“Discoloration” is hardly a good name for it; it is a specific color produced by a well-balanced arterial and venous physiological hyperæmia. It begins to develop as soon as the uterus begins to change. I am sure I have noticed it at the end of the first month, so as to recognize it. It increases gradually, the color becomes deeper up to the end of gestation. After the third month it becomes more venous and gives that bluish look which we see in the later months of pregnancy, and, by the way, may be simulated in certain neoplasms. But the sign is apparent from the end of the first month up to three and a half months. It is a most marked characteristic, and I think it unmistakable.

DR. JEWETT.—With regard to the points made by Dr. Skene, the fixation of the uterus and the difficulty in mapping it out, as signs of pregnancy, are new to me. The former, possibly, is hardly available in the period with which the paper deals. As to the color of the vagina and cervix in gestation, one of the best contributions we have had to that subject we owe to Dr. Chadwick. In a large number of observations he found this sign in about five-sixths of all cases at the end of the third month.

There is reason, possibly, to assume that the dusky hue of pregnancy may be distinguished from that caused by morbid conditions, if Dr. Chadwick is right. He calls attention to the fact the peculiar coloration of pregnancy is most frequently present and most marked on the anterior wall of the vagina, immediately behind the meatus urethrae, and he considers it not due to mere venous engorgement, such as occurs in disease, but to hypertrophy of the cavernous structures in this region. Yet the appearances in pregnancy and disease are so nearly alike that the distinction is usually difficult.

In reply to Dr. Minard's question, I may say that the point for Hegar's test is the lower segment of the uterus immediately above the cervix.—*Abstract, Brooklyn Medical Journal.*

EXPERIMENTS WITH THE PNEUMOCOCCUS.—At the present time, when pneumonia is exceptionally prevalent, it may be well to recall the investigations conducted last year by Drs. G. and F. Klemperer, and published in the *Berliner Klin. Wochenschrift* in August last. They then detailed experiments, the practical outcome of which may possibly be of real therapeutic importance. It is known that in most cases pneumonia, after having during from five to seven days caused grave general symptoms, terminates abruptly by crisis. At this period there has been little or no change in the state of the lungs, which still remain infiltrated with fibrinous exudation, or in the properties of the pneumococci, which are found in great numbers in the sputa and retain all their virulence. On what, then, does the pneumonic crisis depend? Only one explanation seems possible: the crisis is due to the products of the organ-