rations from former sores; or else that he was misled by follicular cutaneous chancres, surrounded by a very hard inflammatory areola. The induration may be situated on the skin, mucous membrane, or in the cellular tissue immediately under either of these organs, but it is far from being equally well defined in these different situations. The particular regions where an indurated chancre happens to be situated have also much to do with its characters: the latter are, for instance, much less marked at the anus, and behind the vulva, than in other parts. The indurated chancre, placed on the preputial mucous membrane, just behind the corona glandis, may be looked upon as the type of this species, for in that situation it has almost always a cartilaginous feel, and assumes the shape of a semicircular crest; and another peculiarity of this part of the generative organ well worth noticing is, that it abounds in ramifications of lymphatic vessels. As to the nature of the induration, I am inclined to believe that it is caused by a plastic effusion into the lymphatic capillaries. We have, on this head, the advantage of some very careful investigations of Messrs. Marchal de Calvi and Charles Robin: these physiologists have found within the induration a fibro-plastic tissue, filiform fibrous bodies, containing a nucleus, nucleoli, and small globules, but I cannot say that their labour has thrown much light on the subject. One thing, however, appears certain—namely, that induration is the reverse of phagedæna; that it is a sort of barrier to local destruction, and the first sign of general infection; indeed, it might well be called a sort of inlet for the syphilitic virus. The exact time when the induration sets in is not quite determined; I can state, for my part, that I never saw it before the fourth or fifth day of the existence of the chancre; it never begins the very first day of the application of the virus, and rarely comes on after the fifteenth. Still, you must notice, with reference to the latter circumstance, that the induration may be concealed for a long time, buried in an inflammatory congestion or in œdema, and show itself only when these have disappeared.

We shall consider, at our next meeting, the deviations which may occur in the progress of the indurated chancre.

DISSECTION OF

A HUMAN ASTOMATOUS CYCLOPS.

By ROBERT ALLAN, Esq., Staff-surgeon, Mauritius.

To the Editor of THE LANCET.

SIR,—The inclosed case of a rare species of monstrosity in the human subject, in which the brain was examined, being well authenticated, I think deserves a place in your journal, and I have therefore taken the liberty of forwarding it to you, at the same time begging your acceptance of the accompanying lithographic sketch, a reduced copy of which you may perhaps think should be inserted along with the case.

I am, Sir, your obedient servant,
ROBERT ALLAN, Staff-Surgeon.

Mauritius, Aug. 1847.

An Irishwoman, aged thirty-two, the mother of two healthy children, was taken in labour, between the eighth and ninth months of gestation, at Mauritius, on the 29th of July, 1847. I was called six hours after the rupture of the membranes, and found a male child entirely protruded from the vagina, with the exception of the head and one arm; the front of the child looked towards the pubis, and it was then dead, from the umbilical cord being compressed between the head and pelvis. I drew down the arm, and endeavoured, without success, to insert my fingers into the child's mouth, for the purpose of turning the face into the hollow of the sacrum. With the able assistance of Drs. Robertson and Fairbairn, of her Majesty's twelfth and thirty-fifth regiments, I applied the short forceps, and after a little traction, the entire child, of which the following is a description, was brought away:—Weight of child, four pounds and a quarter; length, eighteen inches and a half; umbilicus, ten inches and a half from vertex; circumference of head, fourteen inches; from the eye, over the vertex, to the occipital protuberance, fourteen inches. The head had the usual quantity of hair, but there was only one eye, very vivid and protruding, in the centre of the face; its upper lid was natural, and furnished with eyelashes, whilst the lower was triangular, its apex pointing downwards to the base of a fleshy cylindrical excrescence, an inch and three quarters in length, and one inch and a half in circumference, strongly resembling a penis, (proboscis), situated beneath the eye. A bone similar to a digital phalanx could be

felt in the upper half of this body, and a probe could be passed an inch into a canal at its rounded or free extremity. A little below this, and in the ordinary situation of the mouth, the two ears were placed, their cartilages being very perfect, and the helices pointing outwards, whilst their anterior aspects or tragi were separated from each other by a small eminence in the median line, a quarter of an inch in breadth. The meatus auditorii communicated transversely with each other, as well as with the pharynx, by apertures of the tenth of an inch in diameter. There was not the slightest trace of a mouth, of jawbones, or of tongue. The pharynx terminated upwards at the base of the skull, and the vocal organs were perfect. The lungs had never been inflated, and the large intestine was filled with meconium. The parietal bones were separated two inches and a half at the sagittal suture, and the cavity of the cranium contained sixteen ounces of clear serum, (coagulable by heat and nitric acid;) meninges very vascular. There was no frontal bone, but its place was occupied by a second occipital, (?) on the foramen magnum of which the eye was placed, the analogous foramen in the other occipital bone giving passage to the spinal marrow. The cerebrum was of the size of a pullet's egg, and the cerebellum was also very small. There was no trace of the first four pairs of cerebral nerves. A long tortuous pair of nerves, supposed to be the non-ganglionic portion of the fifth (?) came from the crus cerebelli, ran forward, and passed out by foramina, a quarter of an inch apart in the basilar process of the *anterior* occipital bone. A slender nerve, occupying the situation of the sixth, came from the spinal marrow, and passed out by a foramen in the petrous portion of the right temporal bone; there was no corresponding nerve or foramen on the left side. The seventh and eighth pairs were very distinctly seen in their usual position. The transverse semi-circular canals were visible through the substance of the petrous portion of the temporal bones. The specimen, of which the following are exact representations, has been preserved, and is in my possession.

ASTOMOS MONOPS.

Cranial cavity viewed from above.

- 1, 1, 1, Integuments of the head.
- 2, Cerebrum.
- 3, Pons Varolii.
- 4, Foramen magnum of *anterior* occipital bone.
- 5, 5, Nerves supposed to be the non-ganglionic portion of the fifth pair.
- 6, A slender nerve, occupying the situation of the sixth, coming from the spinal marrow, and running out at a foramen in the petrous portion of temporal bone—it is wanting on the left side.
- 7, 7, Portio mollis and dura.
- 8, 8, Petrous portion of temporal bone.
- * Foramen magnum of *posterior* occipital bone.

It would be interesting to ascertain the cause of such anomalies as that now described, but I will not detain the reader by entering into an examination of the theories of the original germ being imperfect, or of its becoming so after impregnation, against both which there are many weighty objections. I am inclined to the opinion of Tiedemann and Béclard, that several of these anomalies depend on the want of certain portions of the nervous system, which we have good reasons for supposing to be formed before the other parts of the body, and therefore let us enumerate the missing nerves in the above monster, and observe if the parts are also wanting to which they would have been distributed in the normal state. First. There were no olfactory nerves, and there was no ethmoid bone or nasal cavity. Secondly. There were no optic, motores oculorum, or trochleares nerves, and there was only one eye, which would have been, in all probability, immovable and useless. Thirdly. There were no ganglionic portions of the fifth pair, and there were no jaws, teeth, or tongue. Fourthly. There was only one nerve of the sixth pair, and the principal distribution of this nerve to the abductor muscles of the eyes was not required, while its small twig, which is connected with the sympathetic, is, probably, that which we observed. But the first cause of these anomalies is as yet beyond our knowledge.

OBSERVATIONS ON ANÆSTHESIA IN MIDWIFERY.

[IN REPLY TO A LETTER OF DR. MOFFAT.]

By G. T. GREAM, Esq., M.R.C.S.E., London,

SURGEON-ACCOCHEUR TO QUEEN CHARLOTTE'S LYING-IN HOSPITAL.

My attention has been directed to an article in a late number of *THE LANCET*, in which my name is mentioned; and as remarks are made (evidently under authority) concerning the inhalation of chloroform in midwifery, and its chief promoters, I am induced to offer some observations upon the subject.

It is said that Dr. Simpson, in anticipating the objections that are made to anæsthesia in midwifery, no doubt judged of the fate of it by that of similar "innovations;" but something very powerful in opposition to a practice must be already known to its promoters, to cause them to publish arguments against objections not yet proposed; and the question at once arises—Why, if no impediment was thrown in the way of inhalation in surgical operations, should it be anticipated in midwifery, unless there are cogent reasons against its employment in the one, which did not militate against it in the other?—reasons, however, totally disregarded by Dr. Simpson, who considers, that in the few instances in which he has exhibited chloroform he has been enabled to gain such experience as will allow him to publish to the world that it may be employed with impunity in all cases of natural as well as artificial delivery.

In the operations of surgery anæsthesia has been fairly tested; its utility has been proved, and few operations are now performed without it. How much is learnt from this! Within a fortnight of its introduction it was employed with due care by the most eminent surgeons in London. Their testimony was favourable to its employment, and from that time it has gained ground in the estimation of all. Not so, however, in midwifery: the most strenuous efforts have been made to enforce its use; exaggerated reports have been published; births under its influence have actually been advertised; means most unprofessional have been employed to bring it into use; but its reception by those really able to judge as to the propriety of employing it has been decidedly unfavourable, and instead of progressing it has declined in their estimation.

By common observation, therefore, it becomes evident that some insurmountable impediment exists to the use of chloroform in midwifery; but how much is this strengthened by the conduct of those who uphold the principle of it? How great must be the resistance offered to it by medical opinion, and by the conscientious convictions of parturient women, when it is considered necessary to make such extraordinary exertions to keep it before the public, and when a physician finds it incumbent upon him to publish a pamphlet expressly for the purpose of overthrowing the religious objections urged against it!—a circumstance proving distinctly the validity of the objections, for had they not been based on a valid foundation, so many vague arguments as are contained in that pamphlet would not have been thought necessary to overthrow them.

It occurs, if women are willing to suffer pain rather than act against their convictions, why should such strenuous endeavours be made to overcome them? If inhalation produced any other benefit than that of allaying pain,—if it ensured the patient's safety, or expedited delivery, it then would be possible to understand the motive of any one who was himself convinced of its efficacy in these respects for strongly urging his objections to the religious feelings entertained against it. But when we know, that since the time of Eve, pains of labour have been endured by women—that the most severe suffering for hours does not necessarily endanger life—that women express their dislike to the use of it, and are willing to suffer pain, is it not unjustifiable that such efforts should be made to coerce them to act contrary to their inclinations?

Erroneous arguments, however, have been put forward, to prove that life is preserved by the use of anæsthetic agents in midwifery, and Mr. Travers has been quoted as an authority for affirming that women die from the prolonged pains of labour. That women *will* die from their effect, no one will deny, and that they *have* done so is certainly true; but to esteem this as a proof of the usefulness of anæsthesia is showing an ignorance of the means always at the command of those who scientifically practise midwifery, which, if properly employed, will, in all cases, effectually prevent the occurrence of death from the prolonged pains of labour. But no one much engaged in midwifery can have failed to mark the distinction between the natural pain of labour and that artificially produced. Dr. Denman's opinion of the effect of prolonged labour-pain has been used also as an argument in favour of allaying it; but let other passages from that celebrated author be quoted, in order to show his estimation of interference with, and his consideration of the state of, natural parturition. He says,—“In everything which relates to the act of parturition, nature, not disturbed by disease, and unmolested by interruption, is fully competent to accomplish her own purpose; she may be truly said to disdain and abhor assistance. Instead, therefore, of despairing, and thinking they are abandoned in their distress, all women should believe, and find comfort in the reflection, that they are at these times under the peculiar care of Providence, and that their safety in childbirth is ensured by more numerous and powerful resources than under any other circumstances, though to appearance less dangerous.” Would Dr. Denman, it may be asked, holding these opinions, have sanctioned the indiscriminate, unjustifiable, and wanton exhibition of so powerful an agent as is now attempted to be forced into practice?

But Dr. Simpson's estimation of pain is not in accordance with that of much more able judges. They do not consider that in all instances it is to be allayed—that it is to be avoided at a sacrifice and the risk of life; and this is their feeling even regarding suffering from disease. How much more strongly, therefore, does their estimation of pain attendant upon the natural process of parturition differ from that of Dr. Simpson. “Christians,” says a theologian, perhaps unequalled in learning, “may bear to look at it without undue apprehension, for the very infliction which touches the heart and imagination has been invested by Almighty God with a new and comfort-