

The vagueness of the ancient terms may have helped to mislead them. The earliest writers we have seen above include syphilis under the term *fung*. After the "jealous semen ulcer" had found its way into type, it was still more respectful to general taste to use the vaguer term. The name for leprosy is *ma fung*, and hence a confusion of the meanings of the three terms, "jealous semen ulcer," *fung*, and *ma fung*.

There is a tradition mentioned by a writer 400 years ago (utterly untrustworthy), that syphilis came from beyond the Ling Piao hill, in Canton province.

To give a brief summary of the above statements, it is to be noted that,—

1. In the book of Odes is a song, the theme of which is understood by the most ancient Chinese commentators to hinge on a disease of the sexual organs, which was common enough to be connected with the idea of a specific remedy. The odes were collected by Confucius, who was born B.C. 551.

2. The commentators of the earlier Han dynasty, in commenting on this ode, give this disease a recognised name, "the hateful disease," state that it debars from sexual intercourse, and that the remedy for it is a plant which, from the earliest records to the present day, has been used for the treatment of syphilis. These commentators lived B.C. 200.

3. From the reluctance of Chinese authors to use in their writings the vulgar names of their time for venereal disease, and from the same feeling prompting to the use of general and collective terms for disease for its designation, the imagination of the student being supposed to supply the want of more defined information, a general ignorance as to the very early existence of syphilis has been generated among Chinamen, even of moderate erudition. Facts related by writers who lived about the beginning of the Christian era, about cases to which these general terms for disease were applied, point out these cases as venereal.

4. In the seventh century, the venereal chancre is described under a specific name, which places its nature beyond doubt. From that time onwards, various allusions to it are found in literature. In modern times, these ancient notices had been overlooked, partly from the change of nomenclature, and partly from the works in which the notices occurred not being likely to come before practitioners as objects of study.

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ARTICLE VI.—*Case of Labour Impeded by a Strong Septum of the Vagina.* By A. DAVIDSON, M.B., Liverpool.

IN attending a young person in her first confinement, I found, that about an inch from the orifice of the vagina, there was a vertical septum dividing the passage into two. It was a strong semi-

cartilaginous pillar, at its middle about the thickness of the little finger, but spreading out anteriorly and posteriorly at its junction with the walls of the vagina. When the os uteri was fully dilated, the membranes protruded on both sides of this septum, but more so on the right side of it, the right passage being somewhat more capacious than the left. The membranes being ruptured, the head of the child descended, but its further progress was completely arrested by the septum. After waiting about fifteen minutes, and finding that the obstruction gave no signs of yielding, notwithstanding the occurrence of pretty strong and frequent pains, I cut it through with a curved bistoury, after which the labour soon terminated spontaneously. In cutting through the obstruction, I found that it had the consistence of gristle, and that it was quite destitute of sensibility. I could not learn whether the presence of this septum had caused any inconvenience previously.

There was no evidence of the existence of double uterus, so that this instance of double vagina belongs to a class of cases described by Dr Matthews Duncan.

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ARTICLE VII.—“*Laughing Gas*” and *Chloroform in London Practice*.

By CHARLES KIDD, M.D., Member Royal College of Surgeons, England; Associate Member Surgical Society, Ireland, etc.

THE responsibility attached to early experimental trials with new remedies, is of necessity very great; almost equal to what one has witnessed of the responsibility and troubled ways through which new operations, like ovariectomy or removal of fibrous tumours of the uterus, have passed during the last few years. Of these new remedies chloroform continues to have more than its fair share of obloquy, especially when it is assumed, as it too often is in London practice, that there is no direct advantage in any case from its administration; that it is set round with numerous dangers, and in some or every manner objectionable.

It is well now and again to watch if we have not things to unlearn as well as to learn, especially in the hurried troubled arena of London practice, to see ourselves of the medical profession as others see us, as was wisely observed by Mr Lowe, in a quiet, kindly, fresh and sparkling address at St Mary's Hospital some weeks since; it is well to ask, perhaps with iteration, if there be any direct advantages or not in surgery or medicine from the use of chloroform. Is it probably the most useful of all our remedies in hydrophobia, strychnine poisoning, tetanus, gall-stones, puerperal convulsions, etc., irrespective of its property of abolishing pain? or has it done anything in surgery to save it from popular prejudice?

Few events in our time (of Reform Bills and Abyssinia triumphs) have worked a revolution equal in beneficence to that directly