ON THE
USE OF THE ACTUAL CAUTERY
IN THE
ENUCLEATION OF FIBROID TUMOURS
OF THE UTERUS.

BY

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A SOMEWHAT extensive experience of more than twelve years, both in hospital and in private practice, has convinced me of the value of the "Actual Cautery" in many of the local affections of women. Although largely employed on the Continent it has never found favour amongst British practitioners; indeed I have reason to believe few, if any, have had much experience of its use. The cases in which in my hands it has proved especially serviceable are :—

1. In chronic enlargements with induration of the cervix uteri due to inflammatory and fibroid disease.

2. In epithelioma and cancer of the neck of the uterus where the organ is moveable.

3. In some cases of vascular tumour of the meatus urinarius.

4. In slight cases of recto-vaginal and vesico-vaginal fistula.

5. In incontinence of urine due to dilated urethral canal.

6. And in certain cases of interstitial, extra- and intra-uterine fibroid growths.

I purpose to restrict my present remarks to some cases comprised in the two last-named categories, and I believe that the treatment adopted will show some novel features.

CASE 1.—Interstitial fibroid tumour of the posterior lip and wall of the uterus ; retention of urine and difficult defæcation ; great prostration from severe hæmorrhages ; enucleation by the actual cautery ; recovery.

M. A— was admitted into St. Bartholomew's Hospital, under my care, during the year 1866, for retention of urine. *Æt.* 43, married thirteen years, had six children, the last child four years old, with good labours and recoveries, and suckled all her offspring. About three years ago she began to notice a transparent glairy and at times yellow discharge, and about the same period her menses, which hitherto had always recurred about every month, lasting from four to five days, moderate in quantity, and almost painless, gradually became more frequent, persisting from seven to ten days, more profuse and clotted, and usually accompanied with periodic pains like those of labour. During the last six months she had scarcely ever been free from loss of blood, which increased considerably at irregular intervals upon any undue bodily exertion or mental excitement, accompanied at times with discomfort and pain about the lower abdomen, hips and thighs, with gradually increasing difficulty in micturition and defæcation. She was extremely anæmic, with puffiness of the hands, feet, legs, and face ; and of late she had suffered much from palpitation, shortness of breath on the slightest exertion, sense

of faintness with throbbings, and wandering pains in various parts of the body. She appeared free from disease of the heart, lungs, liver, and kidneys, though there was a very audible anæmic bruit, and just a trace of albumen in the urine. She comes of a healthy stock, and until the commencement of her present illness she has enjoyed good health.

The abdomen was somewhat distended, the parietes fat. Occupying the hypogastric region to within an inch of the umbilicus, extending about two inches on each side of the mesial line, was a well-defined elastic swelling, dull on percussion, no fluctuation and no bruit. The vaginal canal was much elongated anteriorly so that it was very difficult to reach the cervix with the finger. The os was found transverse and patulous; its anterior lip lodged immediately below the pubes was found to be nearly obliterated, but the posterior lip could be distinctly traced bulging downwards and backwards, nearly filling up the cavity of the pelvis. The swelling, which extended to within an inch of the vulva, was elastic, immovable and painless on firm pressure. All attempts to raise the tumour out of the pelvis and to pass a sound proved fruitless. The canal of the rectum, containing a large crop of hæmorrhoids, was much flattened by a round elastic swelling, bulging against its anterior wall. An elastic male catheter was introduced with difficulty into the bladder.

There could now be little or no doubt that we had to deal with a large interstitial fleshy fibroid tumour, occupying certainly the lip and probably the posterior wall and fundus of the uterus.

Under the influence of rest in the recumbent posture, a highly nutritious diet, with a moderate amount of stimulants, the administration of the tincture of the sesquichloride of iron in combination with ergot, and great attention to the state of the bowels and bladder, &c., she improved somewhat in aspect and strength, yet the hæmorrhages continued, and the local sufferings increased, leading eventually to so much difficulty in defæcation and

micturition as to render it obvious that the patient must either perish or that something must be done to lessen or to remove the tumour. She was placed upon the operating table, again carefully examined by myself and others, and the previous diagnosis was fully confirmed, but as an eminent physician present expressed an opinion, from a sensation closely resembling fluctuation being imparted to the finger, that the enlarged neck contained fluid, a small trocar was introduced into the most depending part. The withdrawal of the stilette was followed by a jet of arterial blood, but no other fluid escaped. Arterial blood continued to flow pretty freely, jet by jet; and tincture of the perchloride of iron and the nitrate of silver failed to check the hæmorrhage, but it was ultimately arrested by the introduction of an actual cautery, about the size of an ordinary female catheter.

About eight and forty hours afterwards, at my next visit I was astonished to learn that a profuse, watery discharge, slightly tinged with blood had flowed continuously from the vagina, accompanied with pains somewhat resembling after-pains, and my astonishment was increased when I found that I could easily pass my index finger into the opening I had made with the trocar and cautery, and could feel a tumour around which I could pass my finger, and with little difficulty could separate and isolate it from its surrounding attachments. Several days passed without further progress; meanwhile I provided myself with a cautery terminating in a large pointed bulb, which I thought would easily enter the tumour whilst enlarging the opening in its investing capsule. I was gratified to find that within four days the tumour had lost its broad and round form, had become smaller and tapering, and under the influence of the expulsive efforts of the uterus was gradually wedging its way through the dilating opening, until the tumour, being partly extruded through the opening, became firmly impacted and began to slough. Fearing septicæmia I again used the actual cautery and burnt away all the sloughing portion

together with a considerable mass of the growth. Within two days the remainder of the tumour was expelled into the vagina, whence it was easily removed. A month from the commencement of the operative treatment the patient left the hospital without a trace of local disease, and greatly improved in general health.

The tumour was a fleshy fibroid, somewhat larger than the foetal head at term.

CASE 2.—Extra-uterine fibroid tumour; spontaneous sloughing of the growth; perforation of the intestine; peritonitis; attempted enucleation by the actual cautery; death from peritonitis.

In the autumn of 1866, B. W—, æt. 47, was admitted into the hospital under my care. Had been married twelve years, but was never pregnant. Menstruation, which she thinks commenced about seventeen, recurred at irregular intervals, always deferred, lasting from two to three days, very painful, though since marriage she suffers less and the loss is freer. Has always been subject to a yellow discharge from the vagina. About three years ago she began to lose blood more frequently, every now and then continuously for weeks, sometimes so freely as to amount to severe flooding.

About fourteen months ago the bleeding ceased somewhat suddenly, when she was attacked with pains in and about the pelvis, always increased by exertion, and latterly the pains became so severe and constant as to prevent her moving about, and were accompanied with great tenderness in the abdomen and groins, with considerable constitutional disturbance; the most prominent symptoms being sickness, shiverings, heats of skin, thirst, loss of appetite, sleeplessness, and emaciation.

About seven months ago she began to experience much difficulty at first in micturition, and subsequently in defæcation; but she was relieved from the difficulty in unloading the bowels about three months ago, after

a sudden copious, dark brown, offensive discharge from the bowel, which persisted in varying quantities till her admission.

In addition to the foregoing symptoms, which still persisted in an aggravated form, the abdomen was much distended, tympanitic and very tender to the touch, with an ill-defined sense of resistance in the hypogastrium, and in each iliac fossa.

The vagina anteriorly is much elongated and narrowed, so that the os uteri, round and very small, could with difficulty be reached. The anterior lip is quite obliterated. Behind, and apparently continuous with the posterior lip, a firm, immovable, slightly tender swelling fills up the whole of the sacral cavity, and extends to within an inch of the vulva. A catheter was passed with difficulty.

The rectum, nearly down to the anus, was so flattened by a dense mass pressing against its anterior wall, that it was difficult to introduce the finger, which, when withdrawn, was found to be covered with a melanic-looking and highly offensive fluid.

About this time she was seen and carefully examined by the late Dr. Jeffreson who concurred with my diagnosis that her symptoms were wholly due to a large fibroid tumour of the uterus impacted in the pelvis.

In spite of rest, general and local treatment, she continued to get worse.

Bearing in mind the success achieved in my previous case (to which this bore a considerable resemblance), I made an opening with the actual cautery in the most depending part of the growth, into which the instrument entered with astonishing facility.

Two days afterwards, in the presence of Dr. White, of Buffalo, and Dr. Thorowgood, we were surprised to find what appeared to be a very rapid disorganisation of so large a mass, for the finger slid through the opening made by the cautery into a cavity whose boundaries could not be reached by the finger. The poor woman

lingered for a few days, apparently unaffected by the operation, and died with the symptoms of peritonitis.

Post Mortem.—The abdomen was much distended and contained some serum and flakes of lymph, some old, others recent, glueing the intestines together. The pelvic viscera were so firmly matted together by old adhesions that it was with considerable difficulty the several parts could be discriminated. On being removed and carefully examined by Dr. Andrew, the uterus was found high up behind the pubes, to the posterior wall of which was attached, by a slight cellular membrane, a large, thick-walled cyst, with a ragged lining covered by a brown, shreddy, and offensive secretion. Into this cyst three openings were distinctly traced; one communicating with the upper part of the rectum; another with the cæcum, *not recent*; and a third at its lower extremity, made by the cautery. It was now obvious that the case was one of *fibroid* tumour of the uterus which had undergone spontaneous disintegration, and in discharging the *débris* through the cæcum and rectum had given rise to peritonitis.

CASE 3.—*Interstitial fibroid tumour of the posterior lip and wall of the uterus; enucleation by the actual cautery; application of écraseur; recovery.*

On July 16th, 1872, I was requested by Dr. Marriott, of Leicester, to see Mrs. T—, who brought me a note from that gentleman, from which I copy the following particulars. “Mrs. T— has great enlargement of the posterior lip of the os uteri. One and a half years ago I was called in consultation and performed craniotomy when we had the greatest difficulty for three or four hours in completing the delivery. Seven months ago I induced premature labour, the labour was most satisfactory, all being over in two or three hours, but the child only lived a short time. Some time ago the posterior lip was ulcerated and enlarged, but during pregnancy it enlarged

enormously, so as to block up the pelvic cavity to a great degree. I treated her with bromide of potassium, and locally with solutions of nitrate of silver, chloride of zinc, &c., and the ulcer healed, but directly pregnancy took place it began to enlarge as badly as ever." She told me that she was thirty-eight years of age, had been married thirteen years, had borne eight living children and undergone four miscarriages. With the exception of an occasional sensation of weight and bearing-down of the womb, for which she had been wearing a support, slight pain over the left hip at times, and a watery and mattery discharge, her health had been good and seemed so still. Her two last catamenial periods had been somewhat freer, but otherwise normal.

Examination.—Abdomen normal, parietes fat, vagina capacious and lax. Uterus lying within about an inch of the vulva, posterior lip and body considerably enlarged, somewhat elastic to the touch, anterior lip thin and healthy, drawn in a crescentic shape over the posterior lip. Sound entered the uterus four inches with ease in the normal direction. The speculum revealed the posterior lip red and abraded. For the next three months, notwithstanding repeated puncturings and the application of iodised cotton and glycerine pledgets to the cervix, with other means, the enlargement continued to increase. On the 17th of November I proposed, and Dr. Marriott readily consented to the enucleation of the growth by the actual cautery. As Mrs. T— was in full health, suffering little inconvenience from her local affection, I deemed it expedient to seek the opinions of Mr. Spencer Wells, Dr. Meadows, and Dr. Desmond, an old friend of the family, who all concurred as to the nature and situation of the growth, and feasibility of the plan recommended for its removal. Accordingly, on the 6th of December, the patient being under the influence of chloroform, I applied an olive-shaped actual cautery to the most accessible part of the lip, posterior to the os uteri, and made an opening sufficiently large to admit with ease my index

finger, when I came upon the tumour and found that I could easily break down the cellular attachments of its investing capsule, which was soft and about an inch in thickness. During the following two days a considerable amount of serous fluid tinged with blood continued to ooze through the openings. The investing capsule having become as thin as parchment, the tumour tending to descend, and the orifice dilating, we made daily attempts with the finger to free the growth from its attachments.

At this stage, I was obliged to leave England, and Dr. Meadows on December 16th kindly took charge of my patient. On my return, after an absence of four days, I learnt that under the expulsive efforts of the uterus a considerable portion of the growth, about the size of a large foetal head, had become impacted in the opening, and, commencing to slough, was judiciously removed by Dr. Meadows with the wire *écraseur*. The remainder I detached with the finger, and shortly afterwards extracted, Dr. Meadows being present. Its removal was followed in about two hours by rather free hæmorrhage, which was speedily arrested by plugging with cotton wool saturated with tincture of the perchloride of iron.

With the exception of vomiting due to the chloroform, and some trifling general and local disturbance, the patient made an excellent recovery, and now, more than two years after the operation, is in excellent health, and free from any evidence of a return of the growth.

Mrs. T— again became pregnant, and having passed through a normal child-bearing was at term on September 28th, 1875, about two years and three quarters after the operation, delivered by Dr. Marriott of a fine, fat, full-grown, male child, after an easy labour of between three and four hours' duration. She made a satisfactory recovery. No trace of a tumour could be detected during pregnancy, at parturition, nor subsequently.

CASE 4.—*Intra-uterine fibroid tumour of the uterus; severe and frequent hæmorrhages; alarming prostration; removal by the actual cautery; application of the écraseur; recovery.*

On June 4th, 1873, C. S— was admitted into St. Bartholomew's Hospital under my care. *Æt.* 47. Married many years. Never pregnant. Stated that about sixteen months ago, her periods, which hitherto had always been normal, began to be excessive in quantity, accompanied by forcing and dragging pains about the pelvis, constipation, painful and difficult micturition, amounting, on three occasions, to retention of urine. Although she had been under treatment and lying up she had derived but little benefit. On her admission she was in a very prostrate state, flooding profusely, able to retain scarcely anything on her stomach, sleepless, and suffering intense headache.

Examination.—Abdomen greatly distended and tympanitic, somewhat tender on pressure. A well-defined, round, firm swelling occupied the hypogastric region, extending to within an inch and a half of the umbilicus, and to a like distance on each side of the mesial line.

A large, round, very dense mass, smooth, except in one part, which was rough and about the size of a shilling, occupied the roof of the short vagina. This proved to be the os uteri, whose circumference, including the lower segment of the neck, was tightly stretched over the growth. The finger could be passed around the growth, except at the anterior part of the cervix uteri, to which it was firmly adherent.

The hæmorrhages having been arrested by repeated pluggings, and her general condition improved by light nourishment, and reduced iron with pepsine, on July 2nd a cautious attempt was made with the finger to break down the numerous bands which bound the tumour to the uterus, the os becoming dilated by the gradual extrusion of the growth. On the 31st, having much improved in every respect, she was placed on the operating table,

and an olive-shaped actual cautery was passed, through a wooden speculum, freely up the centre of the growth. The operation was painless and no bad symptoms followed.

On August 7th, the tumour had wedged itself through a more widely dilated os, into which the finger could be passed some distance. The cautery was again applied and effected the destruction of a large portion of the tumour. Slight febrile disturbance followed, with abdominal pain, foetid vaginal discharge, and the escape of sloughing tissue, which symptoms were relieved by the frequent injection of Condyl's fluid and water.

On the 14th and 21st the cautery was repeated, followed by daily attempts with the finger to free the tumour from its attachments. This brought on periodic forcing pain, and the ultimate expulsion of a considerable mass.

She continued to mend well until the 1st of September, when she was seized with cold chills succeeded by profuse perspiration, quick pulse, red patchy tongue, and considerable abdominal pain, with thick, yellow vaginal discharge.

On the 11th, her general condition having improved, traction was made upon the tumour with the vulsellum forceps, and the cautery applied for the fourth time.

On the 18th large portions of the extruded mass were cut away.

On the 26th and October 2nd, attempts were made to break up the mass by the insertion of scissors into the centre of the tumour, which was found to be extremely dense. No hæmorrhage followed.

At this juncture I started for Egypt, when she was placed under the care of Dr. Hope, to whom I am indebted for the following details.

Between October 2nd and November 6th, she suffered much in general health, and the discharge from the vagina was most offensive. Several attempts with but partial success were made to disintegrate and detach the tumour. On the latter date, the tumour being within easier reach,

first one and then another strong écraseur wire was passed as high as possible over the growth, but it proved to be so dense that both wires broke. At that time no further attempts to remove the growth were made; but meanwhile the vagina was frequently syringed out with carbolic acid and water, and quinine and ergot were administered. At the end of three days the lower portion of the tumour, which had become strangulated by the écraseur, separated, and was removed from the vagina.

On the 27th of November and 18th of December considerable portions of the tumour having descended were removed by the écraseur.

From this date to January 15th, 1874, her condition varied, but on the whole she gained ground. Another large portion of the tumour was removed by the écraseur.

Feb. 2nd.—Patient better. The remainder of the growth of large size but narrower and less expanded than the previous pieces, attached by a somewhat broad base, was now separated from its attachments to the uterus by a curved curette, and subsequently removed by the écraseur.

From this time the general condition and aspect greatly improved, the uterus rapidly decreased in volume, and the patient, at her own request, left the Hospital on the 7th of February, apparently quite convalescent.

CASE 5.—Interstitial fibroid tumour of the anterior lip and wall of the uterus; severe and frequent hæmorrhages; alarming prostration; removal by the actual cautery, écraseur, and hand; death from embolism six days after the removal of tumour.

A. J— was admitted into St. Bartholomew's Hospital under my care, on August 11th, 1874. *Æt.* 30. Married seven years, never pregnant. The catamenia commenced at fifteen, continued normal till the previous December, when they became freer, lasting seven days.

In January last, shortly after a period, she was seized

with a severe flooding. Since then she has been subject at varying intervals to frequent large losses of blood, untended with pain. She was very anæmic and much emaciated; pulse quick and feeble; lips, gums, and tongue very pale; scarcely any appetite, and slept badly. As she was losing blood freely with coagula, she was ordered the tincture of Indian hemp and ergot, with generous diet.

On the 20th, bleeding having ceased, careful examination revealed a firm, somewhat round, uniform swelling, dull on percussion, and slightly moveable, occupying the hypogastric, iliac, and umbilical regions, extending upwards to within two inches of the ensiform cartilage.

External orifice of vagina very small, otherwise normal.

Uterus low in the pelvis. Os slightly patulous; anterior lip occupied by a firm, round, uniform swelling, which extended to within about an inch and a half of the vulva, and upwards, anteriorly, as far as the finger could reach, bulging into the cervix, and stretching the posterior and attenuated lip into a crescentic form. Ready impulse was communicated to the os by pressure upon the abdominal tumour. The sound, with its concavity forwards, entered the uterine cavity posterior to the uterine tumour four inches with ease. Free bleeding followed its use.

Sept. 3rd.—Had been steadily improving, and had not lost blood for a week.

10th.—She was put under the influence of chloroform, and then with an oval-shaped actual cautery, a transverse opening was made sufficiently large to admit the index finger in the most accessible part of the enlarged lip, anterior to the os uteri. Through this opening the tumour could be distinctly felt, and its cellular attachments broken up. A free, serous discharge, slightly tinged with blood, followed this operation, but no untoward symptoms, and her health still continued to improve.

On September 21st the growth was found pressing firmly against the opening, and an olive-shaped cautery was freely passed into its centre and lower segment

with the view of lessening the size of the tumour and rendering it more conical.

29th.—A considerable portion of the centre of the tumour was found protruding and was again destroyed by the cautery. The operation was followed by occasional attacks of expulsive pains with vomiting and further descents of the growth into the vagina.

Oct. 8th.—Improving satisfactorily, feels occasional forcing pains ; abdominal swelling much decreased.

22nd.—General condition much improved. A large mass protruding through the opening was removed with the *écraseur* wire. Much force was required, the structure of the growth being very dense with coarse fibroid inter-sections.

Nov. 5th, 12th, 19th and 26th.—Large masses were removed with the *écraseur*, and from time to time numerous bands of attachment were broken up by the finger. Abdominal tumour much decreased. Ordered firm pressure by abdominal belt, and ergot. Patient doing well.

Dec. 7th.—Removed a large portion of the growth, less dense in structure.

17th.—Had suffered the last few days from vomiting, hot skin, rapid pulse and sanious vaginal discharge. Large mass removed.

21st.—Vomiting and fever increased ; vaginal discharge very offensive. Ordered salines with hydrocyanic acid, ice, champagne, and frequent syringing with Condyl's fluid and water.

25th.—Some pain and tenderness in the popliteal space of left leg with swelling about the ankle ; no redness nor hardness along the course of the veins ; took food fairly well. Ordered ferruginous tonic.

31st.—Removed a large mass protruding into the vagina. This gave exit to some pent-up offensive discharge.

Jan. 11th, 1875.—Much improved since last operation, being able to get up each evening. Within the opening an irregular, much fissured mass could be felt, and its extent

now fairly defined. Ordered ergot, and pressure by abdominal belt.

18th.—Some portions of the tumour were removed by the scissors; this was followed by free bleeding, requiring the plug.

21st.—Ordered india rubber bags to be introduced daily into the vagina and gradually inflated so as to dilate that canal, but as this procedure induced considerable irritation it was discontinued.

27th.—In the last few days severe abdominal pain set in with distressing vomiting, rapid pulse, hot skin and very foetid vaginal discharge, with much abdominal distension, especially in the left iliac region. A most offensive sloughing mass occupied the vagina and extended continuous with the tumour within the uterus. The portion of the mass within reach was removed under æther when the abdominal pain ceased, though the other symptoms, with restlessness, great anxiety and facial sallowness, persisted. Vagina to be frequently syringed out with Condyl's fluid and water; beef juice, brandy and opium to be injected into the rectum every fourth hour.

28th.—Again put under æther when the hand, with great difficulty, was introduced into the vagina, and a large highly offensive slough was removed.

29th.—General condition somewhat improved; freedom from pain; vomiting still distressing; discharge less foetid. Nutritive enemata continued.

30th.—General condition very distressing; sickness almost incessant; discharge from vagina highly offensive. Again put under æther when the hand was introduced into the opening in the uterus and a large putrid mass was removed with much difficulty owing to the vigorous contractions of the uterus, a small dense portion being so firmly attached to the anterior wall that it could not be separated.

31st.—Had passed a comfortable night, pulse fairly good; tongue clean and moist, temperature normal, abdomen flat, no tenderness on pressure, no trace of tumour to

be detected above the brim of pelvis ; still unable to take nourishment by the mouth. Nutritive enemata continued.

Feb. 1st.—General condition improved, slept well, able to retain some nourishment on the stomach ; tongue moist, slightly furred ; vagina very tender ; opening in the uterus contracted to about the size of a florin ; within the opening a small firm portion of the tumour was detected ; discharge slight and only faintly foetid. During the two days following she continued to gain ground when suddenly she was seized with severe dyspnoea again and again recurring, followed on the fifth attack by alarming prostration, from which she never rallied. She remained sensible to within an hour of her death, when coma supervened and she expired apparently from embolism, on the evening of the 5th of February, six days after the removal of the tumour. No post-mortem was permitted.

The tumour was about the size of an adult head and a half, and weighed seven pounds, one ounce.

Thus, of the five cases, all to be regarded as exceptional, three, Nos. 1, 3 and 5, were intra-mural ; one, No. 2, extra-mural, and one, No. 4 intra-uterine. Three cases, Nos. 1, 3 and 4 recovered ; two, Nos. 2 and 5 died ; one, No. 2, from peritonitis due to spontaneous sloughing of the tumour and perforation of the intestine prior to any surgical interference ; the other, No. 5, from embolism six days after the removal of the tumour. Both these fatal cases, as well as Nos. 1 and 4, were in a desperate condition from losses of blood previous to any operative procedures.

Although I agree with the generally expressed opinion that the large majority of cases of diffused fibroid deposits and fibroid outgrowths of the uterus are but slightly, if at all, amenable to treatment, yet I am convinced that in the early stage a certain number of fibroids, which rarely come under our charge, can be arrested and even removed by conjoined general and local means. Putting aside this question, regarding which I have reason

to believe there would be found great diversity of opinion, it is on all hands admitted that every now and then cases do occur which, either from the severe hæmorrhages they occasion or from the serious mechanical impediment they produce, do imperatively demand surgical interference. The cases just recorded appear to me to afford typical examples of this necessity. Enucleation in many instances has been practised with very successful results. The usual means adopted are either the free dilatation of the cervix by tents or its division by the metrotome, the subsequent incision into the capsule being followed by the detachment and removal of the growth. It has fallen to my lot to witness more than one case of dangerous and even fatal results through the irritation induced by the process of dilatation, and severe hæmorrhage and septicæmia from the cutting procedure. Hence, it appears to me that some method calculated to obviate such casualties was much to be desired. The use of the actual cautery to arrest the bleeding and the encouraging results which followed in Case No. 1, led me to hope that in this agent I had found safe and sure means to accomplish my purpose; and experience has ratified this anticipation. I will now specify those points, wherein I consider that the cautery possesses advantages over every method hitherto suggested for the treatment of uterine tumours.

1. The facility of application.
2. It occasions but little pain.
3. The rapidity of its action.
4. It occasions no bleeding.
5. No plugging is needed.
6. The charred opening is not favorable to absorption.
7. No offensive discharge from the charred tissue.
8. The opening is readily dilatable without inducing bleeding.
9. Free manipulation is practicable through the opening immediately after cauterisation.
10. It does no damage to the lining membrane of the uterus.

11. Portions of the tumour may be rapidly destroyed, its size reduced and its lower segment rendered conical, thereby facilitating dilatation of the opening and the subsequent detachment, expulsion, or extraction of the morbid growth.

It is worthy of remark that spontaneous expulsive efforts shortly followed the use of the cautery, it seeming more or less to reduce the density of the tumours. In conclusion I would specially invite attention to three points in connection with the enucleation of fibroid tumours of the uterus :

I. The advisability of the gradual detachment of the morbid growth from its investing capsule, especially when the tumour is large or when the patient has been much reduced by previous hæmorrhages. The observance of this precaution will tend to prevent further losses of blood and to secure more perfect contraction of the surrounding tissues ; moreover the chance of offensive discharge being retained is thus almost certainly obviated.

II. The removal at each operation of that portion only of the tumour which bulges external to the opening, so that the latter is kept dilated and the chance of its closure upon the remainder of the growth is avoided.

III. The speedy destruction by the cautery or removal by the *écraseur* or hand, should sloughing of the tumour ensue.

Although I freely admit that it would be premature to generalise upon the foregoing five cases, and to found thereon any definite plan of treatment, still the results are, I think, sufficiently encouraging to warrant further trials of the actual cautery in certain exceptional and grave cases of fibroid tumours of the uterus.