after treatment and destroyed life. The glands of the cervix are more complex than those of the body of the uterus or in the tube. The mucous membrane lining the cervical canal is frequently the seat of adenomata (clinically misnamed erosions or ulcerations) and cancer. It is also noteworthy that the naked eye adenoma of the cervix is very distinct from cancer, yet under the microscope the details are often so very similar that it is hazardous to decide whether the tumour should be called a cancer or an adenoma.

To my mind, it is very suggestive that in the three parts of the uterus—Fallopian tube, uterus proper, and cervical canal—adenomata and cancer occur; in each instance the histological type mimicked is that of the glands peculiar to each section. Careful inquiries in other regions of the body return the same answer. Such facts as these indicate more clearly than anything else that cancer or malignant adenoma has a local origin. The aim of this lecture is simply to show that cancer belongs to a group of structures, comprising hair and its modifications, teeth, and glands. Speaking generally, the environment favourable to gland development promotes the development of cancer, namely, seclusion, an equable temperature, and moisture.

It is important to bear well in mind that the term "cancer" must be used in a definite sense if we are expected to find a cause, much less a cure, for this disease.

BONE-DRILLING IN THE NEIGHBOURHOOD OF INFLAMED JOINTS AND ELSEWHERE.

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I HAVE found such great benefit to result from bone drilling in the neighbourhood of inflamed joints, and in the shafts of inflamed bones, that I publish the following record of cases operated upon.

CASE I.—Acute Disease of Hip-Joint in a Scrofulous Patient.—T. H., aged 9 years, was admitted to All Saints Children's Hospital, September 4th, 1888, with acute disease of the right hip-joint. The history of the case showed that the disease had been in acute progress for the last six months, and was getting worse gradually. It was reported that one of the brothers was suffering from a diseased knee-joint. The thigh was flexed to an angle of 45° from a straight line with the body, and adducted to an angle of about 30° . The thigh from the neighbourhood of the joint to the knee was very much swollen, so that the circumference of its upper part was nearly double that of the sound side. The swollen part was hot and exquisitely tender to the touch, and the child could not bear the slightest movement. I applied a Thomas's splint, which soon gave him partial relief.

On November 6th he was in much the same condition; the joint equally swollen and sensitive to pressure. Since wearing the splint, and while resting quietly, the lad suffered no pain, but upon the slightest movement acute suffering was experienced. The general health was very bad, he was pale and thin, and visibly losing weight. While under an anæsthetic, I punctured the outer aspect of the thigh down to the bone at a point $2\frac{1}{2}$ inches from the head of the femur, and using a drill one-twelfth of an inch in diameter, made a hole into the central cavity of the shaft of the bone. I then made a second opening into the top of the trochanter. Into both openings I syringed a solution of carbolic acid (1 in 40), and closed the wounds with pieces of lint, outside which I placed a pad of carbolised gauze. There was slight aching pain for the next three hours, when the child fell asleep, waking in the morning perfectly free from pain, and feeling in all respects better. The swelling of the joint greatly subsided during the next two days, and the heat diminished.

On November 13th my notes state: "A week has now passed and the child is improving daily; he can now be lifted in and out of bed on the splint, without risk of producing the pain which he before felt." The patient improved rapidly. The swelling departed, and in three months' time the limb could be handled without the splint, and the joint was ankylosing. The child gained flesh rapidly, and has become comparatively robust.

November, 1889, a year after the operation, I note: The joint became firmly ankylosed, so that he could bear his weight upon

the leg. Last August he went to the seaside for a holiday of four weeks. He complained of the shaking of the train, but otherwise did not seem hurt by the journey, and while away he got about comfortably in a chair, but was not allowed to walk much. A few weeks after his return symptoms of an abscess appeared on the inner side of his right thigh, quite apart from the hip-joint, and only I believe as a result of his scrofulous constitution. At the present time, December 5th, the abscess has nearly healed, and the joint remains firm and free from inflammation. February, 1890. He is now hearty, fat, and well, walking about with firmly ankylosed joint.

CASE II.—Miss M., aged 32, sent to me by Dr. Daniel, of Epsom, in August, 1887. This patient had suffered from symptoms of inflammation in the region of her right hip-joint for about a year. Acute pain was felt upon the outer side of the trochanter, aggravated by pressure. Pain was also felt above the centre of Poupert's ligament, also upon deep pressure upon the inner side of the thigh, just below the level of the great trochanter. Relief was obtained from cupping over the region of the trochanter, and she was always better after a night's rest. A fixation splint was applied, and afforded partial relief, but did not entirely remove the symptoms. The pain upon firm pressure upon the trochanter remained.

July, 1888. I cut down upon the trochanter, drilled into the bone in two places, and injected a solution of carbolic acid. The pain ceased at once, and has not returned. Ten days after the operation the patient returned home, feeling perfectly well, and has since remained free from all pain and discomfort.

CASE III.—Miss E., aged 44. Twelve years ago the proximal phalangeal joint of the middle finger of the left hand was forcibly bent in flexion. It has gradually got worse, the joint remaining swollen, hot, and tender. These symptoms continued more or less, and had never ceased to trouble the patient. The articular ends of the bones were enlarged, and the movements very limited, and the terminal part of the finger was bent to the ulnar side. Upon movement there were symptoms of changes in the joint as in chronic rheumatic arthritis. I drilled into the farther phalanx a quarter of an inch from the joint; this was followed in a few days by relief from pain, and by a diminution of the enlargement. These results, which relieved the patient from much suffering, have remained permanent up to the present time, eighteen months after the operation.

I have operated in a like manner in a case of non-syphilitic periostitis of the tibia, giving relief in a few hours to the considerable pain before felt, and apparently hastening the cure. In a case of chronic sacro-iliac disease, in which pain had been felt for many months upon pressure and in walking, drilling by the side of the joint was followed in three days by complete freedom from pain upon pressure. This patient then went, contrary to my advice, into the country, and walked about so much that the joint was soon as bad as before. This is the only case I have had in which the ultimate results have not been quite satisfactory, although I believe that had due rest been taken the effect would have been good.

I have operated by drilling into the apices of the spinous processes of three of the upper dorsal vertebrae in two cases of caries of the spine, in which much pain upon pressure upon these bones was a marked symptom. In the first case pain had been previously partly relieved by the actual cautery, applied by several punctures close to the affected parts, but the drilling, a less painful procedure to the patient, was followed by continued improvement. In the second case, although the patient had been making good progress in other respects by means of fixation of the spine, yet pain in the spinous processes of the third, fourth, and fifth dorsal vertebrae continued unabated, and very troublesome to the patient. Three days after the operation all pain had departed, and the patient felt greatly benefited. A fortnight later the good effects remained, and the general health was rapidly improving. It is now five weeks since the operation, and the improvement, both locally and generally, is very manifest. Thus, by means of a very safe operation, an inflammatory process may be cut short, and a joint or bone saved from destruction. The value of this operation is very apparent in cases of inflammation of a joint, the acute symptoms being rapidly relieved, and the vexed question as to excision thereby possibly set at rest.

THE North of England Surgical Aid Society held its first annual meeting at Newcastle last week, under the presidency of Dr. Bruce.