out-patient on November 4th, and was kept under observation for some months. When last seen, he was quite well, the abdomen being perfectly normal and the urine free from either pus or albumen. For some months, he took Parrish's chemical food and cod-liver oil.

REMARKS.—Hydatid disease is not uncommon in Cambridgeshire, probably owing to the quantity of surface-water drunk, in which sheep-dogs have deposited the ova of the *tania echinococcus*. During the last few years, I have seen ten or twelve cases of hydatids of the liver, and I have noticed that, when cases have occurred elsewhere, many of the patients have at some time resided in Cambridgeshire. The case I have related is the only one of hydatid of the kidney which I have seen, and is interesting in several points. In the first place, the colon did not run in front of the kidney, but was pushed to the right, thus rendering the diagnosis more difficult. As no sharp edges and no notch could be felt in the tumour, but perfect roundness everywhere, it was concluded that the organ implicated must be the kidney. Secondly, the enlargement was thought to be due either to hydatids or to hydronephrosis, and the hydatid fremitus conclusively proved that it must be the former. Thirdly, a curious feature in the case was the appearance of pus in the urine after the first aspiration, thus showing that the cyst had effected a communication with the urinary passages, most probably the pelvis of the kidney. This was a fortunate event in the case, and contributed in no small measure to the ultimate favourable result. The swelling and great tenderness over the lumbar vertebrae made me at one time feel rather apprehensive of serious mischief; but, after the second aspiration, these gradually subsided. So far as I know, this is the only case in which a hydatid tumour of the kidney has been aspirated. I think I was justified in performing the operation, as the tumour was rapidly increasing, and might have burst into the lungs or elsewhere if it had not established a communication with the pelvis of the kidney. There being no colon in front of the tumour rendered the operation less dangerous.

EXCESSIVE CAUTERISATION OF THE CERVIX UTERI AS A CAUSE OF PAINFUL CICATRICES, ATRESIA, AND LOSS OF SEXUAL DESIRE.

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THE occurrence of several cases in my practice has drawn my attention to these subjects, and induced me to make the following observations.

Now-a-days, the speculum vaginae is used more frequently by specialists and general practitioners than twenty or thirty years ago, and the public have so overcome their objections to it, that there is reason to fear that its use may degenerate into routine, with consequences so injurious that the instrument may be brought into disrepute. This would be a misfortune for the patient, and a crippling of the resources of the practitioner. Nevertheless, if, as a matter of routine, it be passed once or twice a week for months or years, for the purpose of cauterising "an ulcer of the womb", this danger is apt to arise. I know not whether this practice arises from the fact that students are not taught gynaecology, and hence become practitioners with this branch of their art still to learn, or from a want of due consideration of the circumstances which surround this special branch; but whichever it may be, I feel sure that, to obviate all this, the licensing bodies ought to extend the term of study and increase the number of lectures, in order to promote the knowledge of obstetric medicine and surgery.

Excessive and Prolonged Cauterisation.—What are the immediate pathological results of weekly or bi-weekly application of the nitrate of silver, which is the agent in most favour with practitioners, to the os tincæ? Inflammation and ulceration, lit up again and again by each application, followed in some instances by atrophy, and in others by hypertrophy of the cervix, with hard painful cicatrices and more or less contraction of the tissues and closure of the os, or even complete obliteration; endocervicitis and endometritis, the mucous lining of the cervical canal being more or less destroyed, and an ulcerated irregular surface remaining instead. Secondary functional derangements of the uterus follow, manifested first by dysmenorrhœa of a metrorrhagic character; and as the obstruction increases, regurgitation of the menstrual fluid takes place through the Fallopian tubes, setting up ovarian, perimetritic, and general pelvic inflammations, with all their subsequent miseries.

The portio vaginalis uteri in some cases is so destroyed by caustics, that a hard depressed cicatrix alone remains of it, and this is generally painful to the touch; the os is small, but not sufficiently so to account for the severe dysmenorrhœa, which I have heard described by in-

telligent patients as "awful agony which sent them delirious". In such cases, the mucous membrane of the cervical canal is disorganised, and covered with uneven granulations which bleed on the most gentle touch of the sound, and are so acutely sensitive that I have frequently found it necessary to give chloroform before it was possible to examine the condition of the uterus. In a case under my care lately, the canal was tortuous from these excessively sensitive granulations; yet, on passing the speculum, the mucous membrane of the cervix seemed free from all inflammatory irritation, and it was only by a minute examination of the canal of the cervix that it was seen to be denuded of healthy membrane, while a careful digital examination revealed to the touch irregularities marking the different cicatrices. Sexual intercourse could not be tolerated; uterine pain was ever present; and although she had been cauterised externally and internally by various practitioners during a period of several years, no relief was obtained. The cicatrices were clearly seen with the aid of the duck-bill speculum. This uterus had never been impregnated, yet it measured fully two and a half inches, although its vaginal portion had been destroyed to more than half its extent. Relatively, it was enlarged from menstrual obstruction. Free division of the cervix cured this case.

Painful cicatrices are also frequently seen upon a hypertrophied cervix, accompanied by the same pathological degeneration of the mucous lining of the canal as in cases of atrophy, and they may exist where the conditions are apparently normal. Such cases as the latter are the opprobria of gynaecologists. They go the round from one practitioner to another, unrelieved and ever complaining. I saw some time ago a patient of this sort, who had been almost everywhere, and had suffered everything to be done which had been recommended for her case, yet the uterine aching pain remained as before. The hard and nodulated cervix was painful to the touch, although its mucous covering was smooth. The sound passed with difficulty on account of the tortuous cervical canal; and, although no force was used, free bleeding followed. With the speculum, the os was seen to be small, puckered cicatricial lines radiated from it, and the canal was denuded of its membrane and ulcerated. Although married twelve years, this patient had never been pregnant, and was in other respects healthy. Under various practitioners, she had been submitted to various forms of treatment, but without any abatement of the dysmenorrhœa, metrorrhagia, and leucorrhœa. The canal of the cervix was freely laid open with the uterotomy, and the painful cicatrices removed by excision. She recovered rapidly, and it may be remarked that, as is usual in these cases, the cervix healed in a month without any caustic application whatever; carbolicised water and simple astringent injections used daily being all that the case required. Of course, it was necessary to prevent closure of the os during the healing process by the occasional passage of the sound. This was the first case in which I performed this operation for painful cicatrices; and, as I had the opportunity of watching this patient for six years afterwards, it is interesting to state that she had no return of her uterine disease.

These two cases illustrate the methods of treatment by incision of the canal and removal of the painful cicatrices, where uterotomy fails, or where it may be thought not likely to be sufficient, as in hypertrophy, which I have practised for nearly ten years with almost invariably success, and it has been equally successful in the hands of my friend Dr. Steele, who was induced by me to try it. Some years ago, at a meeting of the Lancashire and Cheshire Branch of the British Medical Association, he read a paper upon this subject, in which he detailed the results of several successful cases.

Another unfortunate condition arising from the application of caustics to the cervix uteri occasionally met with is—

Loss of Sexual Desire, which may be partial or complete.—On several occasions, I have been consulted by patients for this condition, in which sexual connection was only tolerated, and where there was no sexual orgasm whatever. The fear was, lest any unhappy family troubles should arise by discovery on the part of the husband. An inquiry into the causation of these cases has invariably elicited a history of frequent cauterisation, followed by loss of special sensation. Having had my attention thus accidentally drawn to this subject, I availed myself of every opportunity of inquiry which presented itself to me; and now, from having observed a number of cases, one of complete and permanent loss of sensation, one of complete loss remaining for two months, after which the normal condition returned, and several others where the loss was more temporary after each caustic application to the uterus, but still so marked as to be noticed by the patient, I am convinced it is associated with peripheral lesion of the nerves of the mucous membrane of the cervix, cicatrices producing permanent compression and loss of function, and probably with changes in the nerve-centres from sympathetic irritation.

Atresia Uteri may occur at any stage of the caustic treatment. Three

cases have lately been under my observation. The first was complete in a patient between fifty and sixty years of age, produced by bi-weekly cauterisation for ten months ten years ago, for ulceration during the climacteric period, and again two years ago for eighteen months by another practitioner. She complained of a burning aching in the womb, intense periodic spasms, the pain radiating to the sacrum, around both hips, and down both thighs, accompanied with palpitation, profuse sweating, and not unfrequently delirium. On vaginal examination, a depressed hard cicatrix occupied the place of the cervix. With the speculum, no os could be found. Having brought down the uterus with the vulsellum, I passed by force a small steel probe through a depression of mucous membrane which seemed to indicate the former situation of the os, into the canal of the cervix, and speedily opened up the canal to its natural size by a succession of bougies. The uterus measured two and a half inches, and contained a small quantity of mucus, not amounting to hydrometra, but sufficient to produce the uterine disturbance. It may be noticed that the uterus was hypertrophied, considerable atrophy generally occurring at her age. The atresia of age takes place at the internal and not at the external os, and in that it resembles the adhesive form of atresia which sometimes follows metritis after confinement. The next case is that of a young married patient, the vaginal portion of whose uterus was nearly in the same condition as that of the last case. No os could be discovered by touch or sight, and the cervix was represented by a hard round nodule of the size of a large pea, but the uterus was small. During menstruation, the discharge was discovered oozing from a pin-point opening at one side of the cervix. With difficulty, a steel probe was passed, followed by a larger and larger one, and immediate relief followed a profuse discharge of retained menstrual fluid. Ten days afterwards, I opened up the canal with the uterotome, and she is now well, metrorrhagia and dysmenorrhoea having disappeared, while the general health is restored. This patient had been under the care of a practitioner for eighteen months, who passed the speculum twice a week and applied caustics. And for what? She had been married two years, and not becoming fruitful, yet wishful to, had consulted him, and he had "found ulceration". But this could hardly have been the ulceration of a normal uterus, for it was undeveloped and only measured an inch and a half in depth. Another case of incomplete atresia, accompanied with considerable hypertrophy of the cervix, I saw a year ago. She had become disheartened and hopeless of cure, having derived no benefit from treatment; and had it not been that I was summoned to relieve her intense agony produced by obstructed menstruation, the case would not have come under my notice. The cervix was irregular and nodulated, measured an inch and a half in length, and although the os could be discovered, the smallest probe could not be passed, and the touch requisite to do so could not be tolerated. Narcotics relieve her, and as she has been told that when the menopause comes her suffering will cease, she declines to submit to any further treatment. Cauterisation weekly for two years preceded the morbid condition.

Acute Atresia Uteri, if I may so call it, is another form of the lesion produced in a more direct and speedy manner by the recent and more active form of treatment of swabbing out the cavity of the uterus with nitric acid, acid nitrate of mercury, potassa fusa, to the cervix, etc., for endometritis and inflammation of the cervix. The cases I have seen were partial, and occurred in my own practice. Four applications of acid nitrate of mercury, extending over a period of four months, produced the first case. Her endometritis was cured, and I did not see her again for several months, when she returned complaining of painful and obstructed menstruation. The os admitted a small probe; the cervix was hard, and any attempt at dilatation was intolerable. Chloroform was administered, and the canal laid open with a successful result. The second case was brought on by nitric acid, but was discovered at the end of two months, and yielded readily to dilatation. The third and fourth cases resulted from potassa fusa applied to the cervix, and were discovered at the end of three months. Immediate dilatation and the occasional passage of the sound set them right. In producing rapid dilatation in these cases, and in keeping the os open in cases where there is a strong tendency to contraction and closure, I have found the greatest assistance from Priestley's dilator.

In conclusion, I may remark that to Dr. Henry Bennet the profession are chiefly indebted in this country for the many valuable uses, and perhaps, through misapprehension on the part of practitioners who endeavour to imitate his practice, for many of the abuses of the nitrate of silver. He says (*On Inflammation of the Uterus*, p. 393): "The solid nitrate of silver, or a strong solution, should be applied every three, four, or five days to the inflamed mucous membrane covering the cervix." This treatment is recommended for many weeks until the ulceration heals. Again, he states (*ibid.*, p. 417): "Sometimes,

indeed, the os becomes smaller than in the healthy state", "but I have never seen it obliterated by these severe cauterisations", viz., by potassa fusa, etc., "for the natural secretions of the regions above always gradually reopen the os, etc." West ridicules somewhat and opposes the treatment of Bennet. Bernutz (*Diseases of Women*, translated by Dr. Meadows, p. 140) says: "I cannot too strongly protest against the intemperate use of caustics to the cervix uteri", and mentions one case where "obliteration of the cervix resulted"; and in another "contraction of the cervico-vaginal orifice"; and in a third, of the "cervico-uterine orifice". These cases, as shown by him, lead on to more serious consequences. Yet in the *Obstetrical Journal*, February 1877, a case is given from the "*Archives de Tocologie*" (September 1876), reported by a countryman of his own, Dr. Chambaud, where for uterine hæmorrhage at the third month of pregnancy, after leeching, and because of a muco-purulent discharge from the os, cauterisation with nitrate of silver, by means of Lallemand's *porte-caustique*, of the os and cervix was continued for fourteen weeks. Complete occlusion followed, and although seen in consultation by M. Depaul, it could not be overcome either by the finger or sound. When labour came on, fourteen hours of pains recurring every two minutes made no impression, and it was only after incision that the uterus was emptied. The child died, and the mother ultimately recovered after an attack of metritis. Wonderful to relate, Dr. Chambaud thinks that had he cauterised more persistently than he did, no occlusion would have taken place. Thomas (*Diseases of Women*, p. 587), affirms that strong caustics are a prolific cause of contraction of the cervical canal, and Rigby (*On Female Diseases*, p. 114) speaks of the "dishonest application of caustic to the os uteri at intervals so short as to render it impossible for the effects of the first application to have healed before the second was made".

Here I may state that repeated cauterisation is not necessary to produce healing, for the severe ulceration produced by potassa fusa on the lips of the uterus will heal in from four to six weeks without any subsequent cauterisation whatever. It is only necessary to direct the patient to use the vaginal douche daily, either warm water, carbolised water, sulpho-carbolate of zinc, or whatever astringent in solution that may be deemed suitable. The occasional passage of the sound during the healing process will obviate any tendency to atresia.

The treatment may be summarised thus. 1. For painful cicatrices, divide the cervix freely; if that fail, remove them by excision. 2. For recent atresia, use rapid dilatation; for atresia of old standing, free division with the scissors and uterotome; simple medicated dressing afterwards, if there be endometritis. 3. The sound should be passed a week before each menstrual period for three or four months to prevent reclosure.

CASES IN AURAL SURGERY.

By G. P. FIELD, M.R.C.S.,
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CASE I. Impacted Cerumen having the appearance of an Ulcerated Membrana Tympani.—The Rev. A. W. came to me August 28th. He had previously consulted a well known surgeon, who had diagnosed cerumen, and used the syringe, but had only succeeded in removing a portion of the wax. The surface of that which remained assumed a peculiar honeycomb appearance, which had led the surgeon to consider that the patient had entirely lost the whole tympanic membrane of the right ear and nearly all that of the left. By carefully syringing (in the manner I have elsewhere described), I soon removed the accumulation from both ears. I found the tympanic membranes quite healthy, and his hearing was completely restored. I have seen many other cases of impacted wax, and also cotton-wool, assuming a great variety of appearances, calculated more or less to mislead the surgeon; so that I am not surprised at the mistake that was made in this case.

CASE II. Extensive Sloughing Ulceration of Ear (Syphilitic).—E. N., aged 42, a carpenter, came to me at the hospital December 1876. He had a hectic appearance, quick pulse, and other symptoms of severe constitutional disturbance. Two-thirds of the auricle of the left ear had sloughed away, leaving a large round hole, in which, however, the external auditory meatus could not be distinguished. There was a large quantity of very offensive discharge, and he described the pain as very severe. This serious state of disease had commenced, he said, three months previously, from pricking his ear with a pin; and since that time he had been treated with different tonics, and a great variety of lotions and ointments, without any relief; in fact, the ulceration was progressing all the time. From the condition and history of the disease, I diagnosed a syphilitic taint, and prescribed five grains of iodide