system, which must be corrected if satisfactory and permanent results are to be obtained. It is, then, by a careful study of the labours of continental physicians, by borrowing from them all that is excellent in their system, while retaining all that is admirable in our own, that the English school of dermatology has reached its present high position, and that such satisfactory results are now obtained.

But while all this may be true, and while we have in Britain men of the highest eminence as our instructors—such as Erasmus Wilson and Jonathan Hutchinson, and others who are pressing forwards to the front rank, such as our energetic and able secretaries, Mr. Malcolm Morris and Dr. Walter Smith, and many others whom it would be invidious to name—it must be admitted that, even now, there are few branches of medicine which are, on the whole, less understood by the great mass of the profession than diseases of the skin. We look, therefore, to the authorities of our great hospitals to provide the means for the efficient instruction of our students, so that in time this reproach may be removed.

I observe that, at present, there is an attempt being made to have a special examination instituted for students on ophthalmology, distinct from that on surgery; and, on the same principle, it may be argued that there should likewise be a special examination on dermatology, distinct from that on medicine; but I sincerely trust that it will result in failure. By all means let them, within certain reasonable limits, be examined on ophthalmology and on dermatology, but let it be as parts of the examinations on surgery and medicine respectively, from which they should never be dissociated. Having had much experience as an examiner on medicine, I may be allowed to express the opinion that the tendency now seems to be unduly to multiply the subjects of examination; and I am very far mistaken if the time is not at hand when the tide will turn, and when there will be an outcry for the diminution of the subjects, and a corresponding desire that the student should give evidence rather that he is well grounded in the principles of his profession—that he should know well, rather than that he should know much.

Gentlemen,—It would ill become me further to occupy your time, which can be so much more profitably spent in listening to and in discussing the papers enumerated in the billet, and which are of a most interesting and varied character. I trust that in the discussion, which is to be introduced by Mr. Jonathan Hutchinson, it will be made clear whether, in the opinion of the members, lupus vulgaris is a manifestation of the strumous diathesis, and to what extent, if any, it is influenced by antistrumous remedies; what relationship, if any, exists between it and lupus erythematosus; whether the latter is ever curable by internal medicines, and, if so, by which; and whether the more recent methods of local treatment—such as the use of Paquelin's thermo-cautery, Volkmann's scoops, and scarification—are preferable to caustics and other remedies whose utility has been proved by long experience.

It would be interesting and profitable, I think, if time permit, to have discussions on the nature of alopecia areata, and of the impetigo contagiosa of Tilbury Fox; also, of that disease, or group of diseases, generally classed under the name of eczema, and which attacks the hairy portions of the face. Is it always a simple eczema impetiginodes, or can its parentage be sometimes traced to struma, to syphilis, or to some other diathesis, and how should it be treated locally and constitutionally? For it must be admitted that it is often a most troublesome and obstinate affection, and requires all the light which can be thrown upon it by the most experienced practitioners.

Before sitting down, allow me to say how grateful I feel for the honour which has been done me by asking me to preside over your deliberations, and how happy I shall be if I can in any way contribute to the success of this first Dermatological Subsection of the British Medical Association.

HOLSWORTHY RURAL DISTRICT.—Last year was a decidedly, and it is to be hoped exceptionally, unhealthy one in this district, the death-rate amounting to 21.85 per 1,000, and the number of deaths exceeding that of 1877 by 46. Considering the extensive, sparsely peopled, moorland, and elevated character of the Holsworthy District, this rate is by far too high, and betokens laxity on the part of the sanitary authority. Of the total number of 206 deaths, 34 were from zymotic diseases, the most prevalent disease being whooping-cough (22 deaths). Pulmonary diseases, always a scourge in the district, caused 40 deaths, or a fifth of the total mortality. Seventy were children under five years of age, whilst thirty-seven persons were over seventy-five at the time of their death, and one was registered as being over one hundred. Many sanitary defects are reported as existing in the district. The water-supply especially is very bad, being derived from shallow surface-wells exposed to sewage-pollution. Overcrowding is also a serious evil. Mr. Ash's tabular statements deserve a word of praise.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE,

*At the Annual Meeting of the British Medical Association,
in Cork, August 1879.*

By GEORGE H. KIDD, M.D.,

Master of the Coombe Lying-in Hospital, Dublin;
President of the Section.

THE TREATMENT OF UTERINE TUMOURS BY DILATATION AND THE ÉCRASEUR.

MY first and most pleasing duty on taking this chair is to return thanks for the very high honour that has been conferred on me in electing me President of this important Section. On two former occasions, I had the pleasure of acting as Secretary, first in Dublin, when the system of Sections was instituted, and again at Leeds; and at the London meeting I had the honour of being Vice-President, when, owing to the serious, but happily temporary, illness of the distinguished man who had been selected for the Presidentship, Dr. Braxton Hicks, I had to take the chair and open the meeting; but now my honours have culminated in being myself President of the Section, a position no man could hold without a feeling of pride and gratified ambition; but also, I must say, speaking at least for myself, of not a little trepidation as to the mode in which its duties may be fulfilled.

It is usual for the President of the Section to open the proceedings either with a *résumé* of the work that has been recently done, or other subject of general interest, or with a report on some subject at which he has himself been working. On the present occasion, I propose to adopt this latter course, and to invite your attention to the consideration of the surgical treatment of some forms of uterine tumours; but, in doing so, I shall not touch on either the history or literature of the subject, which unfortunately the time at our disposal will not permit, but shall confine myself to some points arising out of my own experience.

It will, perhaps, be in the recollection of some now present, that, so long ago as 1868, at the meeting of the Association in Oxford, I described a peculiar method of dilating the uterus, and related a case in which I had been enabled by this means to remove a large number of intra-uterine polypi. In a paper subsequently published in the *Dublin Quarterly Journal of Medical Science* for February 1869, I gave a diagram illustrating this method of dilatation, and showing the polypi as found in the uterus at the time of the operation. Some copies of this diagram are now on the table. It will be observed that six pieces of sea-tangle, long enough to reach from beyond the os externum to the fundus, but not to touch it, have been introduced side by side, one after another, forming a bundle of parallel pieces; and it will be seen that these, as they absorb moisture and swell, must dilate not only the os externum, but the os internum and the cavity of the uterus itself at the one operation. Thus, if the os be sufficiently large to admit the necessary number of pieces at the first sitting, the whole process may be completed in twenty-four hours. If not sufficiently large, a few pieces must be introduced in the first instance, and removed at the end of twenty-four hours, when a larger number can be used, and dilatation thus effected to any required extent. Generally, even in the nulliparous uterus, the tissues are so relaxed by hæmorrhage that five or six pieces, each as large as a No. 6 catheter, can be introduced at the first sitting, and a dilatation procured sufficient for the introduction of the finger and exploration of the uterus, or the removal of small tumours. For the removal of larger tumours, however, a much greater degree of dilatation is required, and it may be necessary to introduce from twelve to eighteen pieces, which can generally be got in at the second sitting if six have been introduced at the first; but it is to be borne in mind that it is always advisable, when about to remove the tents, either for the introduction of others or for proceeding with the operation, to wash out the vagina with a solution of permanganate of potash, and after their removal to wash out the uterus itself with a similar solution before any further steps be taken; for, though sea-tangle does not give rise to the putrid and offensive discharges found when sponge is used, yet fluids accumulate which are irritating, and may, if not removed, prove injurious both to the operator and to the patient.

We have recently had a new kind of dilating material made known to us under the name of tupelo-tents that may, at the second sitting, be advantageously used instead of sea-tangle. This substance has been brought into notice by Dr. Sussdorff, of New York, in a paper published in the *New York Medical Record* of July 1877. The tents are formed from the root of the *Nyssa aquatica*, which grows in the swamps of the Southern States of America. As imported into this country, they are too short to be of much use for dilating the uterus; but Messrs. Fannin and Co., of Dublin, have procured them for me of the full length required. These tents swell more quickly, and in proportion to their size when dry to a greater degree, than does the sea-tangle; but the tangle can be more easily introduced in the first instance, and, from its slower and more gradual action, will probably be found less painful and safer for the patient than the other. As soon, however, as the process of dilatation has commenced, and the tissues have become softened and relaxed, the tupelo will complete it more quickly and thoroughly than the sea-tangle. If three tupelo-tents can be introduced at the second sitting, and along with them four or five pieces of No. 6 sea-tangle, the uterus will generally be found sufficiently dilated at the end of a further twenty-four hours to permit the removal of a tumour measuring from three to four inches in diameter.

The dilatation of narrow passages dates from the earliest ages of surgery, prepared sponge being the substance generally used for the purpose; but, till suggested by Sir James Simpson about thirty years ago, the exploration of the uterus by its means had not been attempted. Till then, as Sir James has stated, intra-uterine polypi "were generally considered as placed beyond the pale of any certain means of detection, or any possible means of operative removal". But now, following in his footsteps, and using the improved methods at our disposal, large tumours, such as even Sir James Simpson would not have thought of touching, have been made accessible, and brought within the domain of surgery. The dangers and inconveniences, however, attendant on the use of the sponge, have deterred many from attempting to dilate the uterus at all, or have led them to do it timidly and inefficiently; thus Dr. Emmett, in his recently published book, a work which would amply prove him, if we did not already know it, to be not only a bold but a most skilful and successful surgeon, though he describes a modification of the sponge-tent, and a special instrument for dilating the uterus, seems to scarcely use either for purposes of treatment, but for diagnosis only; and, indeed, specially recommends, in speaking of large tumours, that no attempt should be made for their removal till they appear at the os and begin to come down into the vagina. But we all know that, in the majority of cases, a woman's health is shattered and her life often placed in extreme jeopardy long before the tumour makes its appearance at the os, or begins to press on it. As a further example, I may mention that one of the specimens on the table was removed from the uterus of a lady who for some time was under the care of one of the most eminent gynaecologists and successful operators of the age, who, after spending a week in trying to dilate with sponge-tents, gave up the attempt, and recommended that the uterus should be extirpated, or the ovaries removed by Battey's operation; yet, after the use of two series of sea-tangles for forty-eight hours, the tumour, which was imbedded in the posterior wall of the uterus near the fundus, was safely removed by a combined process of enucleation and avulsion: an operation hazardous enough, but certainly much less so than the extirpation of either uterus or ovaries. In another case, which occurred about two years ago, the patient had been assured by one of the leading gynaecologists in the north of England that the tumour, the nature of which he had fully recognised, could not be removed by any possible means, yet, by the means now detailed, it was, in a space of forty-eight hours, brought within reach and removed; and the lady, who had lived several years in sterile marriage, has since given birth to a child. I have not the tumour here to exhibit, for she insisted on taking it home with her to show to her friends that such tumours could be removed.

Having dilated the uterus and made the tumour accessible, the next step is to remove it. In the paper on uterine polypi already alluded to, the mode of removing a polypus with an *écraseur* is described, and illustrated by a diagram; even large tumours, if prominent into the uterine cavity, may be removed in the same way. The uterus is first drawn down to the vulva, having been seized by a strong vulsellum; then the tumour is laid hold of either with a fine vulsellum or tenaculum, or with the "spiral instrument" described and figured in his book by Dr. McClintock, which is, indeed, nothing more nor less than a long corkscrew, and the loop of a wire *écraseur* is passed round its base. In my first paper, I recommended that this should be a soft iron wire; but I now find that, for large tumours, a finely tempered steel wire is the best, such as a piano-string, as it, though it may be compressed in passing through the os, opens again by its own elasticity when it gets into the

cavity of the uterus, and is, therefore, more easily passed over the tumour, and it is, besides, firmer and stronger than the iron, and will bear a greater strain. In using an *écraseur*, one of two effects will be produced. If both ends of the wire be attached to the screw, then a purely crushing movement is produced. When the screw is worked, the wire constricts the tissues till it gradually crushes its way through. If one end of the wire be attached to the screw and the other fixed, then a cutting motion is obtained combined with the crushing. This combination of cutting and crushing enables us to divide tumours that would resist and break the strongest crushing instruments; but to obtain the combined action of cutting and crushing, the screw holding the wire must travel double the distance required in the crushing movement. With the ordinary *écraseur*, consequently, it is often necessary to stop in the middle of the operation, and readjust the wire before the operation can be completed. This might, perhaps, be obviated by using Weiss's *écraseur* which has a windlass to wind up the wire, but the instrument is very cumbersome, heavy, and inconvenient, and I believe it has never come into use. A Dublin student, Dr. Denham, son of Mr. Denham, Ex-Master of the Rotunda Hospital, has, however, invented a simple instrument by which either a crushing or a combined crushing and cutting action can be obtained; and by its use, what has hitherto been one of the greatest practical difficulties in cutting through the base of large sessile tumours will probably be quite overcome. The difficulty consisted in this, that, to encircle a tumour of, let us say, from three to four inches in diameter, the loop of wire must be more than from nine to twelve inches in length, and if only one end of it be attached to the screw so as to give the combined cutting and crushing movement, the *écraseur* must be so long as to be unwieldy in its proportions and weakened in its powers. Denham obviates the difficulty by making one end of the wire traverse the whole length of the screw, and enabling us, this being accomplished, to make the other end, by a very simple movement, take up the action and follow the same course. An inspection of the instrument which lies on the table will show at a glance how this is accomplished.

What has been said so far, as to the removal of the tumours after access to them has been obtained by dilating the uterus, refers to intra-uterine tumours—that is, those which have grown into the cavity of the uterus; but interstitial tumours, or those imbedded in the substance of the uterine wall, when they approach closely to the mucous membrane, often give rise to hæmorrhage, as serious and as injurious to life and health as that caused by intra-uterine tumours. The avulsion or enucleation of such tumours has long been practised; but, till Dr. Marion Sims and Dr. Gaillard Thomas described their mode of operating and devised instruments for the purpose, it seemed to me too dangerous to be attempted, except in extreme cases. Such tumours can now, however, be removed almost as safely as those which have grown into the uterine cavity; but, when they lie high up in the cavity of the uterus, full dilatation must first be effected, and for this purpose the method now described appears to me to be the safest and most efficient.

A series of observations on the shape of the uterus, when enlarged by the growth of a tumour in its cavity or in its walls, has induced me to suggest a few simple rules for the diagnosis of the relations and position of the tumour, which seem likely to enable us to know, before proceeding to dilate, the conditions that will probably be met with. The rules may be summed up as follows. When we have evidence of the existence of a tumour, and the cavity of the uterus is enlarged, if the uterus be uniform in shape, without any bulging out or unequal enlargement of any of its walls, the tumour will probably be found to be more or less pedunculated, growing from the fundus of the uterus and hanging down into its cavity. If the uterus be found unequal in its outline, bulged out at one side and straight at the other, and if, on introducing the sound, it pass along the convex or bulged-out side, then the tumour will be found to be growing from the wall opposite to where the bulging-out occurs, and projecting into the cavity. If this bulging-out be sudden and much marked, the tumour will probably be pedunculated; if the bulge be less marked and gradual, the tumour will probably be sessile, and projecting into the cavity from the wall opposite to the bulge, and may be so far interstitial as to have a thin layer of muscular fibre covering it over under the mucous membrane. If the uterus be bulged out in the same manner at one side, and the sound pass along the straight instead of the convex or bulged side, then the tumour will be found to be interstitial, and deeply seated in the uterine wall, closer probably to the peritoneal than the mucous surface. If further experience should confirm these rules, they will, I hope, afford us some aid towards deciding in what cases an operation should be urged, and in what it should be undertaken with more caution.

There are many other points in reference to uterine tumours on which I should be glad to offer some remarks; but time warns me that I should not trespass further on your patience. I have placed on the table a few specimens of tumours removed in the manner described.