other, or in which, with a bad family history, there is strong suspicion as regards both, without certainty in either. It is clear that the surgeon can, during the operation, always make himself fairly certain as regards one. He can cut across the induration in the breast first removed, and inspect it, before proceeding with the other. There are, however, cases in which the surgeon cannot form a positive opinion until the microscope is used. All who have had much to do with breast-cases will, I think, admit that there are many cases in which the diagnosis is to the last a doubtful matter. It is only those who wait who never make mistakes. All of experience will also, I expect, be willing to admit that, even after diagnosis has been made certain, prognosis remains difficult, and that sometimes cases which have seemed most unhelpful prove the best.

I have seen a certain number of cases of cancer in both breasts, but usually at a stage in which operation seemed out of the question. In two or three, the propriety of a double operation has been discussed, but finally negatived. I have never actually resorted to it until the other day, in the case which I am about to record.

Miss G., a lady aged 46, was sent to me by Mr. Keele of Highbury, in April. She was of spare habit, but in good health, and her history was that three aunts had died of cancer. She came on account of a lump in the left breast, and did not know that there was anything amiss with the other. I found some knotted lumps in the middle of the gland, concerning the nature of which it was impossible to feel certain. There were several of them, but one was larger and harder than the rest. On examining the other breast, according to rule, I found exactly the same state of things in it, though less advanced. There was no gland-disease in either axilla. The mammae were wasted, but they had formerly been large ones, and they still covered large areas. There was enough of suspicion about the conditions to make me feel sure that, had only one breast been affected, I should have advised its removal, especially with such a bad family history; and, on thinking the matter over, I could not see any reason why, if one were taken, the other should not be also. I therefore determined to excise one, and examine it, and, if the conditions found were what I suspected, to remove the other also.

At the time of operation, before proceeding, I punctured one of the largest lumps, feeling a suspicion that it might prove to be a cyst. No fluid was obtained. After excising the gland, we found that it contained numerous small cysts, from the size of a pea to that of a hazel-nut, which contained a greenish glairy fluid. In addition to them, there were, however, several solid knots of new growth, which looked like scirrhus. This decided me to remove the other gland, and, on examination of it, precisely similar conditions were discovered. I had been very particular to remove on both sides every portion of gland-tissue, and the wounds were necessarily very large. The incisions from the two sides very nearly met on the sternum. The skin left was exceedingly thin.

The operation had been conducted, as usual, with Lister's full precautions. I only dressed the wounds twice afterwards, and on the eighth day took leave of my patient, healing being quite complete. On account of the thinness of the skin, I removed the drainage-tubes on the second day, and after that did not look at the wounds till the sixth. There had never been a single drop of discharge. Thus it may be said that the patient did not feel the shock of the double operation at all more than if it had been a single one, and that she recovered as well as she could possibly have done.

I will leave for the present the discussion of the precise nature of the solid growths in these breasts. They have been carefully examined, and, although in all probability cancer, they will require minute description. It will suffice for my present purpose to repeat that, by the unassisted eye, it was impossible to distinguish them from scirrhus. It was this fact which was held to justify the removal of the other gland, and would have justified it, independently of the verdict of the microscope. At some future time, when the facts as to recurrence or exemption are before us, it will be of interest to recur to the question as to their precise histological characters.

It may, I think, be held to be sound surgery to remove both breasts whenever suspicious conditions exist in both in an early stage. By adopting such a rule, we should probably save a certain number from ever becoming the subjects of declared cancer. I am not sure that we might not suitably extend that rule, and hold that, whenever the local conditions are favourable for operation if the disease be on one side only, the fact that it is on both ought not to deter us. Probably the double operation is only by very little more dangerous than the single one; and under modern plans of dressing there are but very few cases in which the patient is not, to some extent, a gainer by the removal of a cancerous breast. Whether one or both glands are concerned, our practice should, I think, be to operate when in doubt.

No means should be omitted to clear up the diagnosis; but if, after all such have carefully been used, doubt remains, then we allow our patients to run needless risks if we encourage waiting. Amongst these means, there is none more frequently valuable in correcting erroneous impressions than the exploring trocar. The cases which it clears up are not, however, those which puzzle us most. Nor in all cases does the difficulty vanish even when fluid has been obtained. For there are not a few cases in which cancer exists, either in conjunction with numerous small cysts, or in which it follows on such formations. It is in this class of cases especially, of which the above is one, that double operations may be called for.

If it be asked whether, in cases of double disease, it is better to remove the two breasts by a single or by separate operations, I would venture, without hesitation, to recommend a single one, as probably involving both less risk and less inconvenience to the patient.

OPERATION FOR THE CURE OF STERILITY IN CASES OF CONICAL CERVIX WITH FLEXION OF THE CERVIX UTERI.

By GRAILY HEWITT, M.D., F.R.C.P.,

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ONE of the rather common causes of sterility in women is the presence of what is termed "conical" cervix. This term expresses, however, only imperfectly the real explanation of the difficulty. More generally the vaginal portion of the cervix is elongated, as well as conical, and the whole of the cervical canal is also, in the majority of cases, much curved. These are the cases *par excellence* which have been termed by Emmet "flexion of the cervix." In such cases, the uterus appears to have gone through a series of changes subsequently to arrival at puberty, namely, (1) imperfect nutrition; (2) softness and want of tone; (3) gradual acquirement of anteflexed shape, mainly as a consequence of the imperfect nutrition and softness of the uterus; and (4) a further and exaggerated condition of flexion of the cervix of the uterus. Resting on the floor of the vagina, the vaginal part of the cervix becomes, as it were, doubled up, so that the os uteri looks upwards and forwards. The condition of the uterus thus associated with conical cervix constitutes one very difficult to deal with, especially if, as sometimes happens, the uterus, as a whole, be tilted backwards, constituting retroversion, conjoined with extreme anteflexion.

Thus, the vaginal cervix is not only too long, but it is sharply curved, and the combination appears to be a great obstacle to conception.

Two principal methods have been heretofore recommended, namely, (1) amputation of a portion of the cervix; and (2) opening out the cavity of the cervix by a median incision through its posterior wall, as recommended by Emmet and Sims. Another method of treatment would be the use of an intra-uterine stem.

A short time since, a patient, with a very decidedly curved and elongated cervix, was sent to me by Dr. Kerans, of Northwich. The patient was very anxious to have a family, and suffered much from disturbance of micturition, and difficulty and pain in walking, due to the anteflexed uterus. She had been married four years. She was treated by means of a cradle-pessary, modified to suit the case, with success as regards general comfort, but the sterility remained. Last year, I performed an operation on this patient, which I now describe, and which seems to me worthy of further trial in such cases. My object was to straighten, as well as shorten, the cervical canal as regards its vaginal portion.

Having drawn down the cervix, I removed from its posterior aspect, in the median line, a portion of mucous membrane, nearly an inch in length vertically and half an inch wide, and, having done this, stitched the upper and lower margins together; the effect of the procedure being to shorten the vaginal cervix on its posterior aspect, to draw the os uteri backwards, and thus straighten the vaginal cervix and increase its patency. When the stitches, three in number, were tightened, the vaginal cervix was made to look downwards, instead of upwards. The figures annexed will render this explanation more intelligible. Fig. 1 gives a lateral view of the uterus and cervix before the operation, and shows the part from which the mucous membrane was removed; also (*a a*) the position of the sutures. Fig. 2 shows the condition after tightening the sutures. The sutures were removed after a few days. The operation was done at the beginning of the

year 1884, and the patient informed me recently that she expected her confinement in the beginning of May.

Fig. 1.

I consider the above a better procedure than amputation of the vaginal portion, because it leaves the os uteri in a natural state; and I think it preferable to Emmet's operation, because it leaves the cervical canal intact. The uterus, as a whole, is less mutilated by this procedure; and, presumably, its functions may be supposed to be

Fig. 2.

better exercised when the cervical canal and the os uteri externum are preserved. It may be remarked that the use of the stem is less likely to be attended with benefit in these particular cases; for the vaginal portion is too long, and something must be done to shorten it, although the use of a stem might be useful, in order to further improve the patency of the cervical canal, after the vaginal portion has been shortened by the procedure above described. In the case related, however, the operation alone appeared to produce satisfactory results.

DONATIONS.—The Mercers' Company have given £210 additional to the National Hospital for Consumption at Ventnor, and £157 10s. to the Metropolitan Convalescent Institution, £105 to the Walton and Kingston Homes, and £52 10s. to the Seaside Branch.—“LL.D., London,” has given £100 to St. Mary's Hospital, Manchester.—Miss de Costa has given £100 additional to the Sussex County Hospital, Brighton.—“A Friend” (per Mr. D. Clewin Griffith) has given £50 to the Middlesex Hospital.—Lord Colville has given £50 to the Great Northern Central Hospital.

OBSERVATIONS ON TWO CASES OF SUDDEN AND EXTREME LOSS OF HEARING, ON BOTH SIDES, OWING TO DISEASE OF THE NERVOUS STRUCTURES OF THE EAR; MATERIALLY IMPROVED AFTER THE HYPODERMIC USE OF PILOCARPINE.

By THOMAS BARR, M.D.,

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DISEASE of the nervous apparatus of the ear is usually so hopeless, and so little affected by remedies, that cases, such as the following, in which favourable results are obtained by treatment, seem worthy of being brought before the profession.

CASE I.—J. M., a ship-steward, aged 22, presented himself for treatment at the Glasgow Ear Hospital, on August 25th, 1884, suffering from almost total deafness. He was a man of pale and unhealthy aspect. Six months before, he contracted syphilis, followed by secondary symptoms; for which, however, he was successfully treated. He was also somewhat addicted to alcoholic indulgence. One of his sisters suffered from phthisis pulmonalis, but the other members of a pretty large family were quite healthy.

Inquiry elicited from him the following account of the origin and course of the disease. About six weeks previously, while crossing the Atlantic on the voyage out to Montreal, he was seized with great nausea, vomiting, and severe giddiness. Accustomed to sea-life, he knew that he was not liable in the least to sea-sickness. By the time the ship arrived at Montreal, the sickness had passed away, and the giddiness had become much less. On the afternoon of his arrival, however, while walking in one of the streets of Montreal, the weather being extremely hot, he was suddenly seized with giddiness so extreme that he staggered and fell to the ground, without losing consciousness. After a short time, he recovered sufficiently to make his way with assistance to the ship. He was put in bed, and the surgeon of the ship prescribed some form of pills.

Up till this time, his hearing was unaffected; and, indeed, at no time during his past life had there been to his knowledge any dulness or other disturbance of the hearing on either side. On the following morning, however, he awoke from sleep finding that his left ear was apparently totally deaf. As he lay with the right side of his head on the pillow, he could not hear what was said by a man speaking close beside him. But now a loud noise, like the rush of water, was constantly present in the deaf ear, as well as through the head. Towards night, the hearing of the opposite or right ear seemed also to be passing away, and next morning found him absolutely deaf on both sides, so that the loud shouting of his mates close to his head was by him quite unperceived. The extreme giddiness continued, and the loud rushing noise filled his head.

During the whole of the voyage back to Liverpool, he lay in bed in a condition of great giddiness, nausea, and total deafness. When he attempted to walk, his movements were like those of a drunken man; he kept in a straight line for a few steps, and then reeled from side to side. Up till his arrival in Liverpool, there had been little, if any, pain in his head; but, while in the steamer from Liverpool to Glasgow, he became affected with severe pain in the back of his head, and very especially in the region behind his ears.

In Glasgow, he was placed under the care of Dr. Halket, who shaved the head, and applied a cantharides plaster on the surface behind each ear. These were repeated two or three nights afterwards. There was also prescribed by Dr. Halket a mixture containing iodide of potassium chiefly, with good effect, “clearing the head and helping the stomach,” as the patient expressed it.

One morning, shortly after his arrival in Glasgow, when he awoke from sleep, he experienced a sensation of stiffness in one cheek; and on examination, with the aid of a mirror, he found his face drawn to the left side. The odd appearance which he presented, with shaven head and twisted face, constrained him, even in his sad condition, to smile; this facial movement rendered, of course, the twisted appearance still more striking. In attempting to drink tea or water, the liquid tended to trickle out of his mouth. This facial paralysis of the right side was of short duration, passing away in the course of the same evening.

About this stage of the illness, a consulting physician saw the patient, and expressed an unfavourable prognosis. His state, nevertheless, began to improve. Under treatment by iodide of potassium