which immediately came into contact with the stone. By the usual lateral incision, I made an opening into the bladder, and urine escaped freely. Upon passing my finger into its cavity, I could not feel the stone. After many attempts, both with the forceps and scoop, I was about to give up any further search, when, in withdrawing my finger for the last time, I felt the stones (for there were more than one) embedded in a cyst in the front lobe of the prostate gland. The bulging in the perinæum was at once accounted for. I immediately opened the cyst and turned out five stones weighing three-fourths of an ounce; and I now have the satisfaction of showing them to you. I had not the least idea, before operating, but that the stone was within the bladder; others felt it as well as myself. Had I been aware of its exact position, there would have been no necessity to open the bladder at all, as an incision through the median line of the perinæum would have enabled me to at once remove the stones without so much risk or difficulty as that which attends the operation by the lateral method. I invariably retain the staff until after the extraction of the stone; and in this instance it certainly did me great service. I read a paper "On the advantage of retaining the staff in the bladder until after the extraction of the stone in lithotomy", before the meeting of this Branch at Lincoln in 1862, which was published in the BRITISH MEDICAL JOURNAL for 1864, vol. ii, page 490. To this paper I respectfully beg to draw your attention. This case was clearly one of prostatic calculi; and the operation which I have just indicated would have been amply sufficient.

The next case is that of Mr. John Major, aged 66, a respectable farmer. He had suffered from irritation about the bladder for the past twelve years; and, two years previously to my seeing him, he had been under Mr. Poland's care, at Guy's Hospital, who had endeavoured to crush the stone, but failed to lay hold of it. He first consulted me in June 1867; and, after a tedious and lengthened examination, I succeeded in detecting a stone. Several surgeons examined him, and only a few found the stone. Mr. Major resided fourteen miles from me. I went over to his house and operated upon him in the usual way, in the presence of his ordinary medical attendant and several other surgeons from the neighbourhood. Chloroform was administered in this case as well as in Sirkett's. I had a deep perinæum to contend with; and, after I had made an opening into the bladder, I had considerable difficulty in reaching and exploring its cavity with my forefinger. I found but a small portion of the stone projecting into the bladder; the rest was deeply imbedded in the substance of the bladder, and I failed to get hold of or disturb it from its impacted position. After a consultation with my surgical friends present, I determined to relinquish my endeavours to extract it. I ordered the patient to bed, and gave an opiate. He passed a good night, and the next day was comfortable and free from pain, and the urine escaped freely from the wound. He continued to improve daily; at the end of the week, the urine passed freely through the penis, and the wound in the perinæum healed rapidly up. One remarkable feature in the case was, that the man's symptoms were much relieved by the operation, and he considered that it "had done him good." The man suffered no inconvenience whatever, and did not succumb to his malady until May 1868, nearly twelve months after the operation. I regret very much that I was not present at the *post mortem* examination, which was made by Mr. Lane, his surgeon in attendance, under very hurried and unfavourable circumstances.

In answer to a letter which I addressed to that gentleman respecting the *post mortem* examination, he states: "The reason you have not been informed of the results of the *post mortem* examination of the late Mr. Major is, that I have not been able to send a proper statement. Mr. Major died on the 29th of May. Leave was given the next morning to search for the stone if I could do it that day; therefore I appointed 4 P.M.; but, being engaged with a midwifery case, I did not get to the house till past seven in the evening; and, so far was I from taking the calculus away, I had not a chance, for the son and brother-in-law were with me the whole of the time. The son said he should keep the stone, and the bladder they desired me to return into the body, for I had removed it altogether, intending to send it to you. When I opened the body, I found the bladder deep in the pelvis, containing a little urine, and firmly adherent to the pelvic portion of the colon, so that I had a difficulty in dissecting it away. The stone occupied the middle third of the posterior part of the bladder, in a complete bag, only a small portion presenting. The mucous membrane was thickened, as also the muscular portion, the bladder being much contracted, showing evidence of great irritation." I am pleased to say that the son, upon my applying to him, forwarded the stone, so that I might show it to you this day. It weighs four ounces two drachms. Upon examining it, you will at once see the small portion which presented within the cavity of the bladder, and which made it difficult to touch with a sound.

Such is the brief history of two cases of lithotomy which were beset

with much difficulty, and were very embarrassing and annoying to me at the time. It was as gratifying to me, as it will be to you to hear, that both cases made a rapid recovery from the effects of the operation. Sirkett completely recovered, and is quite well at the present time. Mr. Major sustained not the slightest injury from the operation, and the necessary length of time which was occupied in attempting to get at the stone. I do not know a circumstance more to be deplored, or one more humiliating to the operator, than that of being obliged, after having cut into the bladder, to relinquish the case without removing the stone. Rumour, with her many tongues, is apt to run rampant on such occasions, and to attribute the failure to any but the right cause. No allowance is charitably made by this multilingual reviler for any abnormal condition that might be met with. It is enough that the patient had a stone, and that an operation was done for its removal without obtaining it. Thus rumour spreads this fact far and wide, much to the detriment of the noble art and science of surgery; and with shame do I confess it, that it gains, rather than diminishes, through the medium of ill-natured and competing professional outsiders.

ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.*

By C. H. F. ROUTH, M.D.,

Senior Physician to the Samaritan Free Hospital for Diseases of Women and Children; Consulting Physician for Diseases of Women to the West London Hospital for Diseases of the Chest; etc.

It is fresh in my recollection, when a student, how we received and discussed cases of uterine cancer. A few leading questions were asked; the finger was passed into the vagina, and as hastily withdrawn. "We can do nothing for you," were generally the few words addressed to the patient; "you have cancer." And she was at once consigned to hopeless misery, and assured of death. I have lived to see considerable modification of this opinion. Hope is not always now excluded; and I am glad to find that others have also written on the subject in more hopeful terms. I now state it as my belief, not only that epithelioma of the uterus is often quite curable, but that other varieties of uterine cancer may be arrested, and their ulcerations in many cases cured.

In affirmation of this opinion, I may refer to some of the facts made out in the present day, and so enunciate certain articles of my belief. The time allotted to this paper positively forbids anything like discussion of the several points, although I should be glad elsewhere to take them up.

1. I do not believe cancer to be *always* and *primarily* a blood-disease. It is often so, no doubt; but more often it may be due to secondary poisoning of the system from a local cause, or the co-operation of another cause, to whose presence, as well as to that of the first, the development of cancer is due.

2. When we say that cancer is a blood-disease, we do not necessarily conclude that local measures are useless. To do this is to lay too much stress on blood-poison. Let me illustrate this by two diseases—scrofula, and syphilis, secondary or tertiary. The blood-origin of these diseases in no way impedes local measures; nay, often these local measures are essential to the cure of the blood-disease.

3. Hereditary taint is made much too important. Would any man hesitate to treat gout or rheumatism, and be doubtful as to probable success, because it was hereditary? And so with cancer. It may exist in the blood primarily; and yet the local sore, if not treated, will only increase the malady. It may exist as an hereditary taint; but this should not necessarily lead us to doubt its possible extirpation from the constitution. A man, perhaps with strong hereditary taint, has lived years before the cancer-poison has developed itself. Clearly, a new phase has come upon him then, which did not exist before. Had it not occurred, the cancer had not shown itself. As clearly, therefore, if we can find out what this new phase is, and so correct it, we necessarily get rid of the cancer. This is a point which, I think, is generally overlooked. And yet examples are not wanting to prove that the removal of this peculiar phase, which gives impetus to cancer, is occasionally a natural process: for instance, where cancerous breasts have sloughed away, or distinctly cancerous tumours have, under inflammatory seizures elsewhere, lost their cancerous character. But, unfortunately, we are too apt to dwell rather on the malignant character which benignant tumours sometimes acquire, because here the evidence is conclusive; and too unwilling to recognise an opposite change, because accustomed for so many years to regard cancer as incurable.

* Read in the Midwifery Section at the Annual Meeting of the British Medical Association in Leeds, July 1869.

4. The recent opinions propounded by Messrs. Moore and Campbell De Morgan require no extension from me. Recurrence is not necessarily an argument for non-interference; as in examples of cystic sarcoma, recurrent fibroid and fatty tumours, although evidence of blood-disease. Both rather point to the necessity of early operation, before the blood is secondarily and again more entirely poisoned by the tumour itself. The recurrent fibroid, as it occurs sometimes, in an especial manner exemplifies the same law. The *tumeur pelvienne* of Huguier, *de la fosse iliaque* of Nélaton, are in point. Chassaignac's case is a remarkable one, where the *écraseur* was first used, followed by the red-hot iron; and yet the tumour recurred in fifteen days. It was only when Vienna paste was used, and the tumour was thus acted on more deeply, that permanent cure followed.

5. Another point requires noting here; it is the complete apparent restoration to health which sometimes occurs, even though it may be only temporary; and this in many cases where a cancerous growth has been removed or destroyed. It is often so remarkable as to deceive both medical man and patient; but the months, sometimes years, of comfort thereby given, I think, fully justify interference, even should the disease unfortunately recur at a later period. Perhaps this is more decidedly the case with cancer of the uterus, than when it affects most other parts of the body. If we except the mouth and nose, and their immediate neighbourhood, the condition of a woman affected with cancer of the womb is sad indeed. The position makes the stench doubly cumulative. The wet discharges constantly occurring in and about the part are intensely distressing. If married, her position as a wife is lost. If single, her ideas of modesty are cruelly wounded. In both cases, the malady is one of unparalleled misery.

In the case of uterine cancer, however, two circumstances make this local seizure more amenable to treatment. The progress of uterine cancer, as a rule, is not very rapid; and, if the examinations of females (now become habitual in England) call for regret, they certainly enable us to see cancer-cases much earlier than formerly; and so the cases are found more remediable.

As to the use of remedies: as hopeful circumstances in connexion with some of these, I assume as a fact that some remedies act on special tissues and parts; e.g., iodine on glandular enlargements, colchicum on gouty concretions. Moreover, some caustics "destroy some living portions, while they spare others"; as carbolic acid or arsenic, as shown by the French Commission on Cancroid Diseases. And, according to Dr. Beale, the virus of a contagious disease differs remarkably in its vital properties and powers from healthy tissue. In processes of absorption, new growths, such as callus between broken bones, dissolve first; and, when once a fibroid has begun to disintegrate and die, it will do so rapidly, nor otherwise affect contiguous tissue, except toxæmically.

There is no doubt, also, that some remedies, like arsenic, mercury, gold, phosphoric acid, sulphur, often bring about a change of character in diseased tissue, which is conducive to restoration to health.

And, lastly, cancer is, at least indubitably in the more advanced stages, and generally even in the early stages, a disease of debility, characterised by want of blood-corpuses—a condition precisely where iron seems indicated as a remedial agent.

In the employment of caustics, however, in an internal cavity highly capable of absorption, it is quite obvious that to apply a caustic which is intensely poisonous is not prudent. For this reason, the arsenical pastes of Canquoin, of Dr. Marsden, and others, lauded from the times of the early jesuitical importations from South America, are inadmissible. Owing to the smell of cancer, also, it is especially desirable that the remedy employed should be antiseptic; hence iodine, carbolic acid, bromine, seem especially indicated. It is also desirable that it should be volatile, so as to attack more readily the distant diseased parts. The same remedies are here indicated as fulfilling the same indications. Hereafter, phosphorus and fluorine may be added to the category.

When, however, a mass is very large, the destruction of layer after layer becomes a long process, and is too tedious to be continued. Here the red-hot iron, or the *écraseur*, should precede the employment of these other remedies, by the use of which the extreme radiations of the local disease may be reached.

And here, necessarily, I must touch upon the question of injection of a diseased mass. Three acids have been used for this purpose—*citric*, *acetic*, and *carbolic*. All appear, microscopically, to have a solvent effect upon the cancerous cells, as shown by Dr. Barclay and others. Dr. Barclay believes that the power of each increases in the order in which I have named them. But injection to any great depth is inadmissible, if not impossible, in the uterus. The tissue of the organ is much too solid; it cannot be easily traversed by the pipe of the syringe; nor can the injection be easily forced into the close tissue. Small portions near the surface

may, however, be so affected. My experience does not allow me to speak yet with sufficient precision as to citric and carbolic acids, when injected into the tissue of the uterus; but all my trials with the injection of acetic acid into the uterus have either proved futile or done harm. Indeed, so far as my experience goes, I should say that it had the tendency to convert chronic into acute cancer. These remarks, however, I wish to apply only to the uterus. If I use injections at all, I am satisfied to use bromine, but only as a caustic. This plan, first devised by my colleague Dr. Wynn Williams, has some advantages. My experience, however, is more restricted here than his; while the pain produced is sometimes so terrific that, except to a very limited degree, I prefer not to use it.

In a paper published in the *Transactions of the Obstetrical Society*, I related two cases treated by bromine, in each of which uterine cancer, involving in both cases the cavity (its lower half) of the uterus was, to all appearances, cured. The disease in the one case had progressed to such an extent that, when the patient came into the hospital, she was so loathsome from the smell, that the patients could not bear to approach her; indeed, she had been sent to the hospital to die. There was an immense epithelial growth filling up the upper part of the vagina. In the other case, the disease was more localised. Both left the hospital, as I have said, apparently cured; and both were able to resume their duties. One returned after a year. The disease had broken out again, and involved the vagina. But for the whole of that year she appeared to have been in great comfort; and it was merely the recurrence of some bleeding which brought her to me. The other I saw eight months afterwards, and she was perfectly well; and I have not heard that in her the disease has since recurred.

The object of the present communication is to show how far the plan of treatment has been successful, or the reverse. I may premise by saying that, if a more extended experience *has in a measure disappointed me*, still I am confident that it is a plan of treatment which holds out many advantages. The comfort ensured to a patient, even short of cure, is far too great to admit of my abandoning it; and I think that it will prove, if not successful in all cases, still successful in several, but at the same time requiring constant repetition and very close watching.

Further experience in the treatment of such cases justifies me, I think, in drawing the following deductions.

1. In all cases of epithelioma, where the uterus is still moveable, the cancer is curable.

2. In cases where partial adhesions have taken place, but where the vagina and rectum are still intact, there is still hope of cure.

3. In cases of fibro-carcinoma—a term which I will restrict to cases of fibroid disease assuming cancerous characters—or where the fibroid characters predominate, hope of ultimate cure is not to be so surely entertained.

4. The same remark is applicable in cases where the rectum or vagina is involved, and especially glands in the neighbourhood.

5. Such cases may be greatly benefited, and life made comparatively comfortable for months, occasionally years, short of cure.

Mode of Application.—If the growth be large, I usually destroy it either by the red-hot iron, or remove it first by the *écraseur*. The apparatus in the first case is that of Jobert de Lamballe; in the latter, the *écraseur* of Dr. Hicks, with single or compound wire chain.

Of the caustics used, I prefer bromine. Let me, however, premise by stating that I aspire to no originality in the employment of bromine as a caustic in cancer. It was Landolfi's agent in the treatment of this disease, although he used it as a chloride. In fact, a full report of his method was made in 1855 to the Academy of Medicine in Paris. Speaking of the agent used, the reporters remark: "There are two chlorides; one of a yellow dark golden colour, very fluid and very transparent even in large quantities, and fuming in the air. The other is very dark, rolling, very heavy, and only transparent in small quantities, and fuming very much on exposure. This last appears to be more like bromine, in which it is certainly much richer. The difference in the characters of these two chlorides is due to the presence of water in the first, whilst the second is anhydrous. Landolfi used this last." My first knowledge, however, of its practical value in cancer, was derived from my colleague Dr. Wynn Williams, who informed me that he had used it in solution with glycerine in a case of cancer of the face and neck. In this case, it appeared to cure the parts to which it was applied, which skinned over, though the disease extended to neighbouring parts, and the man ultimately died. I used it, however, without the glycerine. This last substance, I found, greatly weakened its power; so I used it dissolved in spirit, and only as a caustic to the uterus. I did so in the same manner which I have followed ever since—moulding a cup of gutta percha to the diseased part; lining it then with cotton-wadding, and applying this, saturated with a solution of

bromine, directly to the part; keeping it in its place by pads of cotton dipped in a saturated solution of carbonate of soda, which absorbed, and converted into bromide of sodium, any excess of bromine set free. Where the cavity of the uterus was involved, I placed within it a piece of wood covered with cotton dipped in the bromine solution, kept *in situ* by cotton as before, saturated with carbonate of soda. This was kept in twenty-four hours, and then removed. Vaginal injections of bromine (one minim to an ounce), or of carbolic acid (1 part to 40), were used till the slough came away. The solution used as a caustic was of the strength of 1 part to 5.

I have elsewhere cautioned strongly as to the preparation of the bromine solution; but, having well-nigh lost my own sight since I gave this caution, I feel bound to repeat it.

The solution, if kept any time and exposed to the light, soon loses its colour and smell, and becomes decomposed, hydrobromic acid being formed. It should, therefore, be prepared within a few minutes before its use. The spirit should be used first, and the bromine then added, but kept at some distance from the operator, and applied gradually. An explosion will sometimes, and then almost always suddenly, occur. Woe be to eyes in proximity, or even clothes! Worse than this latter, when once the fumes have been thus volatilised, remaining in the room is well-nigh impossible for several minutes. In early days, I once had my patient under chloroform when this accident occurred. It was fully twenty minutes before—all windows being opened—we could remain in the room.

It is very important to guard the surrounding parts with plugs of wadding dipped in carbonate of soda. I have heard of one case where, from omission of this precaution, a hole was made in the bladder; but, short of this, the bromine has a tendency to extend, and it may produce serious injury to surrounding parts.

My present experience leads me to conclude that bromine has one advantage over carbolic acid, hydrofluoric acid, and iodine. The mucous membrane more often reappears over the eschar. Hydrofluoric acid scarcely acts so powerfully, even in the usual concentrated state in which it is sold. It always suffices to remove all mucous membrane; but it is even less easily limited than bromine, and the slough produced is very offensive.

One word as to internal remedies. The indications appear to me to be fourfold: 1. To purify the blood; 2. To improve its power of healthy development; 3. To allay pain; 4. To prevent local infection by absorption of foetid matters.

1. *To purify the blood.* In early days, I used chiefly arsenic; later, bromine. The first is, I think, often useful, if it can be borne. But cancer cases, as a rule, especially when the disease is advanced, are generally accompanied with a good deal of sickness, which I do not find to allow the use of arsenic. Given in an effervescent state, with the acid portion as arsenious acid, it is sometimes better borne. In other cases, five drops of the liquor potassæ arsenitis in a drachm of water may be taken with meals. The bromine I have given in large doses, as bromide of potassium or ammonium—half-drachm to a drachm three times a day. Mercurials and iodides I have not used: the former, because they tend, in the long run, to deteriorate the plasma of the blood; and the latter, because, in experience, I find (contrary to the general impression) that they produce congestion of the uterus.

2. *To improve the quality of the blood and its power of healthy development.* Quinine or analogous alkaloids, and iron especially, with good wholesome food, effect this. In a few cases, the use of iron has been attended with the most marked results. Case VIII is an example of this kind. I have given chiefly the sesquichloride or perchloride: the first, in half-drachm to drachm doses; the latter, fifteen to thirty minims. As in erysipelas, it seems, in some of these cases, to allay all irritation and accompanying inflammation, and so to produce, or at least assist in, the recovery. This plan I was led to employ from the reported experience of Mr. John Marshall of London.

3. *To allay pain.* This symptom I look upon as always ominous in cases of cancer. Its increase has always seemed to mark the progress of the disease; its diminution, its arrest. As internal remedies, I have given conium in full doses; nepenthe, in doses from 60 to 120 drops; and have used the subcutaneous injection of morphine or atropine—the first, in doses of one-fourth to one-third of a grain; the latter, one-ninetieth to one-sixtieth of a grain. The employment, however, of blisters seems to have sometimes a most marked effect. Case II was an example of the benefit of this plan. The pain appears to have been originally induced by acetic acid injections; but a single blister removed the pain effectually from the womb for several months.

4. *To prevent local infection by absorption of foetid matters.* As accoucheurs, we know readily that foetid lochia or decomposing tumours in the vagina very soon poison the system. Equally well do we know how soon all these symptoms will disappear under the use of local dis-

infectants. The change from apparent decrepitude, and from a face previously disfigured by cachectic colour, is well known to accoucheurs also as a frequent result in these cases from these simple remedies. Of these, carbolic acid, iodine, tannin, have been those which I have chiefly used; occasionally iron, in the form of perchloride or persulphate, where there was much bleeding. These disinfectants appear to have another effect; and this is *par excellence* the case with bromine. When used as weak injections (1 part in 480 for bromine, 1 part in 60 or 80 of water for carbolic acid), they appear to assist the healing process. Certain it is that, in many of these cases, the mucous membrane readily reappears, and the ulcerations are healed.

Another remedy I have used also to prevent absorption *a tergo*, and that is ergot. Where it can be borne, and there is not much pain, it seems to have the effect of contracting the organ, and thus leading to its absorption. The vitality of the diseased portion is diminished by compression of its vessels, and so it more readily dies. In like manner, strychnine is also useful, as contracting the uterine organ.

Lastly, one important element should be carefully looked to in the treatment of cancerous cases. Mental shocks and local excitement, and sources of cold and depressing disease, are to be religiously avoided. A disease perfectly quiescent in Case II was called into action by local measures of irritation in the first place, and in the second by cold. Case I was also rendered acute by venereal excesses, followed by typhoid fever.

[To be continued.]

CLINICAL MEMORANDA.

CASES OF PLACENTA PRÆVIA AND OF PUERPERAL CONVULSIONS.

By PERCY LESLIE, M.D., Birmingham.

[Abstract.]

CASE I.—Dr. Leslie was called on November 25th, at 9 P.M., to see Mrs. W. He found she had fainted, and had lost a quantity of blood. The hand was introduced, and the placenta separated all round as far as possible; part, however, was torn through, and the membranes ruptured. Only a foot could be brought down. A tape was tied round it. No further hæmorrhage occurred. The patient was left till 5 A.M., no uterine contractions occurring. Then strong pains expelled the body of the child, and the shoulders, etc., were afterwards extricated. No bad symptoms followed. Dr. Leslie calls attention to the long time the woman was left in comparative safety.

CASE II. *Puerperal Convulsions.*—Dr. Leslie was called to Mrs. P. on November 9th, at 5 P.M., who was eight months advanced in her first pregnancy. An hour later, he was called again, as convulsions had set in. They recurred every twenty minutes, and increased in violence. At 10 P.M., "a slop-basin" full of blood was taken from the right arm, with the effect of relieving congestion of the face and increasing the fulness of the pulse. On the morning of the 10th, the convulsions were still continuing. At 1 P.M., forceps were used, and a still-born child was extracted. The convulsions gradually diminished in force and frequency, but the patient remained unconscious. Bromide of potassium and hyoscyamus were ordered. On the 11th, a low delirium set in. There were no convulsions. On the 14th, consciousness began to return, and afterwards the patient gradually recovered.

The case is notable on account of the advent of convulsions before "pains" came on, and on account of the treatment by bleeding.

POPLITEAL ANEURISM TREATED BY FLEXION.

By FREDERICK WM. PARSONS, L.R.C.P. Lond., etc., Wimbeldon.

HENRY K., aged 29, applied to me on Dec. 10th of last year, complaining of a swelling in the right ham, which, he told me, he had first perceived five or six weeks before; since then, it had been daily increasing in size. He is a tall, healthy-looking man, a carpenter by trade, and a distinguished volunteer, of very temperate and steady habits. His father died at a good old age; and his mother is alive and hearty now. He himself had never suffered from any illness, but occasionally had epistaxis. I found a strongly pulsating and elastic tumour, about the size of a hen's egg, occupying the popliteal space, and rather bulging over the sides. There was a loud and distinct bruit. Upon compressing the femoral artery, the tumour became flaccid and all but disappeared; but, when the pressure was removed, the blood returned with great force. The leg was much swollen, being three inches and a half larger in circumference at the calf than the left. His general health was good; his pulse 76, full and bounding. Following Mr. Ernest Hart's plan, I