It is, perhaps, impossible now to collect adequate data to fix the probable frequency with which such accidents formerly happened. We may, perhaps, fairly infer, however, that they were not very rare; for, when I was attending specially to this question in the first six or eight years of anæsthesia in surgery, the following cases occurred in Edinburgh and its neighbourhood.

CASE VI.—Shortly before the introduction of anæsthetics into surgical practice, in 1846, my late friend, Dr. John Argyll Robertson, Lecturer on Surgery, was asked to see a case of strangulated inguinal hernia in the practice of Dr. Thomson. The gentleman was removed from bed and placed upon a table to facilitate the required operation. Dr. Robertson, before proceeding to use his scalpel, was employed in removing the hairs from the groin with a razor when the patient suddenly complained of faintness, gasped, and died.

CASE VII.—After discovering the anæsthetic effects of chloroform, on November 1847 I tested it in a case of tooth-pulling, but required to wait eight days before I had an opportunity of using it, in the hospital or elsewhere, in any surgical operations. A few days, however, after its discovery, a hernia, which had been strangulated for a few hours, was brought into the Infirmary, and Professor Miller thought it a case demanding operative interference, and one in which chloroform should be tried; but I could not be found in time for the purpose of giving it, and the patient was operated on without any anæsthetic, Professor Miller had only proceeded the length of dividing the skin, when the patient fainted, and died with the operation unfinished. If the chloroform had happened to be used, and this fatal syncope had occurred while the patient was under its action, the whole career of the new anæsthetic would have been at once arrested.

CASE VIII.—Within a year or two afterwards, I saw at my own house a child with a large abscess in the neck, and I wrote Dr. Pattison, the medical attendant, to the effect that I thought it was sufficiently advanced to be opened. Next day, when the collection of pus was about to be opened, the mother suggested that the child should first have some chloroform administered to it. Dr. Pattison had none with him; he explained that the walls of the abscess were so thin as not to give much pain; and put his lancet into the purulent swelling. The child immediately fainted and died, without any hæmorrhage or any other complication to account for the fatal syncope.

CASE IX.—In a case belonging to Dr. Gilchrist of Leith, I saw a surgeon try to treat a sacculated aneurism at the root of the neck by a small quantity of hæmostatic injection. As the operation involved no cutting, no chloroform was used. The patient's respiration speedily became stertorous, and he died in a few minutes.

CASE X.—In 1853, Dr. Richard Mackenzie was called to see a patient who had shortly before fallen and fractured the radius. After examining the patient, Dr. Mackenzie felt his pocket for his chloroform bottle, but found that he had it not with him. Anxious not to lose time by sending for it, he forthwith adjusted the displaced ends of the bone, and applied splints and a bandage. A few minutes after leaving the house, Dr. Mackenzie was suddenly recalled, and found his patient dead.

If, in the preceding cases, chloroform had happened to be employed, the fatal results would naturally, by most minds, have been attributed to the anæsthetic, and not to the operation, or to the condition of the mind or body connected with the operation. Such cases teach us, at least, that caution is required in our reasoning and inferences, seeing that death may occur, and has occurred, in operations without chloroform, and with phenomena quite similar to those ascribed to the action of chloroform. Most of the stronger drugs in the *Pharmacopœia*, as opium, elaterium, antimony, mercury, etc., are, proportionally to the number of cases in which they are used in full doses, as fatal as or more fatal than chloroform, but they are not so sudden, and hence not so infinitely appalling in their dangerous and fatal effects. The number, for example, of lives lost yearly by the poisonous effects of opium is much greater than that lost by chloroform.* At our different drug manufactories in Edinburgh, we have upwards of two million doses of chloroform manufactured annually, and much is also made elsewhere; yet how rarely does a fatal result follow its use! Is there any other common or potent drug, which could be given in full doses in two millions of instances yearly, with greater impunity?

* In 1840, out of every 1,000,000 living in England and Wales, 24 were poisoned by opium, and 22 by other medicines improperly given to children below the age of five years. (See *Seventh Annual Report of the Registrar-General*, p. 82.) In England and Wales, in the five years from 1863 to 1867, there were poisoned by preparations of opium, 632 individuals; by salts of lead, 242; by over-doses of medicine, 52; by strychnine, 41; etc. There were drowned during the same period while bathing, 707 persons; while sliding or skating, 126; burnt to death by clothes taking fire, 2194; killed by falls in walking, 104; suffocated by bed-clothes, 2332 children; suffocated by over-laying, 682; died from navel hæmorrhage, 372; etc. (See *Thirteenth Report of the Registrar-General*, pp. 176-8.)

AN ORATION

DELIVERED BEFORE

THE HUNTERIAN SOCIETY,

February 9th, 1870.*

By THOMAS BRYANT, F.R.C.S.,

Assistant-Surgeon to Guy's Hospital.

I NOW propose to quote a few extracts concerning drugs and their uses.

Quinine.—On March 17th, 1824, Dr. W. Babington, senior, asked to what extent members had used quinine. He said that it would be a desideratum of importance, should it be found to fulfil the expectations excited respecting it.

Morphia.—On March 6th, 1833, the same physician directed the attention of the Society to a new product of opium—morphia. He had used it in about twenty cases, with a good result. In the discussion that followed, Mr. Beale related a case of a patient who, during three years, took four ounces of laudanum daily. A second case was likewise detailed, in which a man took ten to sixteen ounces daily; this gentleman afterwards gave it up. Dr. Uwins gave a case of a gentleman who was an opium-eater, who took nine grains of morphia (the acetate) daily, without any interference with his intellect, which opium caused. He was a literary man.

Prussic Acid.—At the same meeting, Dr. Babington, senior, said that prussic acid was a drug of the effects of which he had heard but not known. His son, Dr. Benjamin Guy Babington, had killed a dog with two drachms of it in fifty seconds. On the following meeting, March 20th, a case of poisoning by the acid was related by Dr. Whiting. It was that of a man in the Borough, who took a large quantity of the acid; and, after taking it, he walked from behind the counter to the outside of his shop-door. After death, two drachms were found in his stomach.

These three extracts are interesting as fixing the dates when quinine, morphia, and prussic acid were being introduced into the practice of medicine. How would the physician of the present day get on without them?

The Stethoscope.—One more extract must be given ere I close this series: it has reference to the stethoscope. In 1823, Dr. Babington, senior, said, in reference to the stethoscope, that he was not aware that much was gained by external examination of the chest in pulmonary disease; although in heart-affections it was good.

No wonder that, in those days, chest-affections were little understood; that on February 19th, 1823, a long discussion took place as to the hydatid origin of tubercle; and that in 1824, Dr. Babington, senior, related a case in which eight or ten grains of sulphate of copper had been given as an emetic, every other morning, in phthisis. He added, however, that no permanent advantage resulted.

I think, Sir, you will probably admit with most of us who are now present, that the clinical observations which I have brought before you are too good and valuable to be hidden any longer in our records. Some are valuable in themselves; and many are worthy of publication, as containing the early germs of principles of practice which are now general. In 1831 we find the treatment of aneurism by pressure employed by Mr. Key. In 1832, the much vaunted metallic sutures were used by the same surgeon in a case of cleft palate; and I may state that in 1846, when I was a student at Guy's, Mr. Morgan had them in common use. Mr. Key's cases of hernia are worthy of attentive study; and it would be well if the practice adopted in 1836 were now universal—leaving the sloughing bowel in the sac untouched, and dividing only the stricture. The case of Sir W. Blizard's, given in 1834, in which a fractured thigh-bone was united in a patient 108 years of age, is of double interest; for it proved that the surgeon in those days had not only good faith in the power of nature's processes by attempting the case, but in the possibility of a successful issue to the attempt. It would be well if this practice were now generally followed, particularly in thigh-injuries. Mr. Luke's case of fracture of the spine relieved by extension is of special value, for the practice employed is not yet admitted into general use; and the quoted opinion of Sir A. Cooper respecting trephining has not yet received a definite answer.

The first Laryngoscope.—I must now refer to the year 1829; for it should ever be regarded as a red-lettered one in the history of our So-

* Concluded from page 177 of last number.

ciety. Our records tell me that, on March 8th, Dr. B. G. Babington brought forward what he called his glottiscope, which all admit now to have been the first laryngoscope, and thus gave an impulse to a wave of science that has since borne much good fruit to our profession.

Lithotripsy.—In the same year, Mr. Key read a paper on Lithotripsy, with a case, and thus introduced to the notice of the British surgeon one of the greatest surgical improvements of the present century in the treatment of a serious affection. In the following year, Baron Heurteloup attended the Society, and gave an account of this operation.

Pneumonia.—In 1834, Dr. Hodgkin read a paper on the question whether the parenchyma of the lungs, or the lining membrane of their cells, is the seat of pneumonia. Dr. Hodgkin believed that it was the latter. I would remind the Society that it was nine years later that Dr. Addison published his paper on the same subject in the *Guy's Hospital Reports*, which laid the basis of a lung-pathology which is now generally accepted by the profession.

Reflex Irritation on Secretion.—On November 30th, 1831, a case was related which did great credit to the observer. It was one of neuralgia from disease of the teeth; but the circumstance alluded to as being extraordinary was that of the tongue having the half corresponding to the affected nerves strongly furred, whilst the other half was clean. The observation was a good one, and is now generally accepted as usual. It foreshadowed the recognition of the well-known physiological fact that the nerves have a powerful influence in secretion; but, in those days, physiology was in its infancy. The man who observed it was worthy of honour; he is no less so now. I will introduce him to your notice as the translator into English, and commentator, of the one book which marked the date of the commencement of the modern science of pathology—Morgagni's treatise on the *Seats and Causes of Disease, as investigated by Anatomy*. He is still one of us, and long may he be so. He was the founder of this Society. He is now our much respected Treasurer, Dr. William Cooke.

Trichina Spiralis.—I will now touch upon another point of some interest, and in this Mr. Key was again the exhibitor. It was on April 4th, 1832, that Mr. Key exhibited to the Society a portion of muscle taken from a man who had cancer of the penis. Numerous small oval bodies were found interspersed with the muscular fibres in all the voluntary muscles. He considered them as small hydatids. They were doubtless the trichina spiralis, upon the discovery of which so much has recently been written. But Dr. Cobbold has stated, and I have no wish to dispute it, that no doubt can be entertained that Hilton was the first to ascribe to these bodies an animal nature, and that Owen first described and named the flesh-worm. He first interpreted the true nematoid nature of the parasite. I must, however, add that Mr. Hilton's paper on the subject was read at the Medico-Chirurgical Society on January 22nd, 1833; and Owen's was published in 1835; whilst Mr. Key's observations to this Society, and the exhibition of the recent specimen, with his opinion, were made nine months before the earliest of these dates. It seems, however, highly probable that Mr. Key's and Mr. Hilton's observations were made from the same subject.

Orthopædic Surgery.—I must now pass on to another subject—that of orthopædic surgery; for I find that Dr. Little (the man of all others who introduced the practice into England) read a paper on April 12th, 1837, on Club-foot, and showed Stromeyer's apparatus. And thus began in England an improvement in surgery which ranks amongst the greatest—the last and greatest triumph being the subcutaneous section of malplaced ankylosed knee and hip-joints.

Ovariectomy.—Last, but not least, it is recorded that on November 30th, 1842, Mr. Walne read his first successful case of ovariectomy. Many followed this; but his success led the way to a branch of surgery which has made more rapid progress than any other in our day; it has opened a field for surgery which has only recently been trodden, and that bids fair to become an arena for surgical skill and triumph of no little importance. Indeed, it is in this direction that I would venture to predicate that our art will rapidly progress; and I would hope that the removal of other diseased organs besides the ovary will have to be recorded in the *Transactions* of this Society during the next half-century.

With this, sir, I terminate my series of extracts from our *Transactions*, and I trust that the quotations have proved neither wearisome nor devoid of interest.* For my own part, I have put them together with great pleasure and profit; and the task has given to me a lesson of no mean value. It has increased in no slight degree the respect which I formerly entertained for the professional actors of the past; and, in saying this, I must add that for most of those of whom I have been speaking my veneration was very high; "for the deeds themselves, though mute, speak loud the doers." But it has made me value still more the acuteness of their observations, and the wonderful skill and boldness which

they displayed in using the means they had at hand. Indeed, sir, it is on this point that I would venture to draw a contrast between the men of the past and the present.

The men of the past trusted to observation, and to little else; they read the symptoms of a case rapidly, reasoned upon them closely, and acted decisively. They had little or no science to help them. Pathology was in its infancy; the stethoscope was not in general use; the microscope was only a toy; organic chemistry was not yet applied to disease; in fact, the science of our profession, with all its aids in investigation, as we now think of it, was unknown. Our forefathers consequently had to trust to the observations they made by their own unaided senses, and to reason out the nature of the case before them, uninfluenced by any pathological views or scientific theories. It is true that, in doing this, they of necessity made great blunders, and were led into what to us appear strange forms of practice; but, as clinical observers, they hold a high position, and well deserve, as they have ever received, our honest admiration.

With us of the present period, I would not dare to say that, as clinical observers, we rank in any way second to our predecessors. But we have become so intensely scientific; we value so highly pathological knowledge, physiological knowledge, and chemical knowledge; we build up so many theories upon the well observed facts that our advanced means of investigation give us—that we are perhaps too apt to think out our cases in a purely scientific point of view, in a morbid, pathological aspect; to see in what way the clinical facts we observe can be made to dovetail in with the scientific theory of the disease we have before us, and thus make our clinical data support our theory of disease, rather than use our scientific knowledge to interpret rightly the clinical facts which our observation has given to us. For is it not true that we are too often disposed to doubt the accuracy of the observer if a clinical symptom be given which seems inconsistent with the theory of the case we are considering, rather than question the truth of the theory? With advanced students, and more particularly with well-read men, the common observation that such a symptom cannot be present if the case be one of such a nature, too clearly indicates their confidence in the theory of the affection they are considering, and their want of confidence in the observation of clinical phenomena. Let us, therefore, beware of carrying this student's feeling into our manhood's practice. Let us by all means cleave to the science of our profession, and use every means we can find for investigating disease in the living, and searching out its nature after death; but, above all, let us cleave to clinical observation. Let it always be the first duty of the surgeon or physician to mark the symptoms of a case, and to beware of all sources of fallacy in reading them aright; but, when we have the facts before us, let us accept them as a whole, and feel their force, and not blink them. If they fail to fall in with the scientific aspects of the case we are trying to interpret, let us question the theory which we have formed rather than the clinical data upon which all theory should be based.

In educating the student, the value of clinical phenomena cannot be too highly magnified, and, in the practice of our profession, it cannot be too highly appreciated. As teachers, it is doubtless our duty to generalise, to think of principles, and to enforce them; but, as practitioners, it is no less our duty to remember precedents and to follow them. And yet I would not have you think, for one moment, that I wish to depreciate the science of our profession; for what is it but to the science that we are indebted for the great progress which we have made during this Society's foundation? To an advanced physiology, what improvements in practice cannot be traced; and to whom is physiology more indebted than to the distinguished honorary member of this Society, who has graced this meeting by his presence? To the seats and causes of disease, as investigated by anatomy, is unquestionably due the rapid progress of what we now call pathology. Without organic chemistry as a handmaid to pathology, should we ever have heard of Bright's disease? with morbid anatomy, but without clinical observation, would Addison's disease have had a name? Pure pathology may claim "Hodgkin's disease" as its own; but it was clinical observation that gave the thought life and made it a reality. It was mechanical science that gave us the stethoscope, the glottiscope, and the ophthalmoscope; and to what triplets can I point that have been of greater benefit to their generation? and what was it but science that gave us chloroform? As an anæsthetic, its value has been fully acknowledged by both the lay and professional public; all admit that no greater boon has been conferred on suffering mankind since its fall. But it is not to chloroform as an anæsthetic that I would now wish to draw your attention, but rather to what I would call its secondary benefits; particularly to its value as an aid to diagnosis, both to the physician and surgeon, and to its influence in opening up new fields for surgical art. I believe

* Several of the preceding extracts were quoted by Dr. Fotherby in his admirable oration delivered last year.

* Professor Owen.

that, in these two points of view, due justice has not been dealt to the anæsthetics as a whole; for, of course, when I name chloroform, I take it as the type of its class.

I propose, therefore, to devote the few minutes I have at my disposal to bring out more clearly these two lines of thought. I can, however, do this but very briefly; your own thoughts will fill in the outline I shall give. I have no hesitation, however, in making the assertion that chloroform as an aid to diagnosis stands second to no means which we have at our disposal. To the physician who has a difficult case of abdominal tumour to diagnose, what facilities it gives him for its thorough investigation. Suspected tumours become phantoms; movable kidneys fly away; and indefinite conditions become clear and intelligible. With how much greater certainty a physician can think over a doubtful case, decide upon its nature, deliver his opinion, and treat the case when he has adopted this means of investigation. In hysterical subjects, it renders a thorough abdominal examination a possibility, when no such previously existed; and in what class of cases, may I ask, is it more necessary to make a positive diagnosis than in this? In my own practice, it enabled me on one occasion to make out a pregnancy when an ovarian tumour had been diagnosed by men whose authority was undoubted, and in a patient whose position in life rendered the suspicion of pregnancy almost a libel. Indeed, the ovarian nature of the disease was looked upon as so decided, that my aid was sought solely for the operation. In this case, an examination of the abdomen was impossible, from hysterical sensibility; but, under chloroform, all difficulties disappeared. To the physician-accoucheur, may I not also assert it to be equally valuable for diagnostic purposes? To answer this fully is out of my province; but I have known a case of cystic disease of the uterus, which was about to be operated upon as an ovarian tumour, made out by the use of the uterine sound, with the patient under chloroform, when an examination by the same instrument made before had failed to yield any such evidence. In the surgical diseases of children is it possible to over-estimate its value. With what gentleness can difficult examinations be now made of injured limbs; and with what certainty can we now apply our treatment! In sounding for stone, what facilities it affords! In general surgery, what new fields has it not opened? Where would ovariectomy have now been, may I ask, had not chloroform been in use? Would it have been an established operation in surgery? Could it have been so successful? The answers to these questions, I think, are plain; they must be in the negative. It is true the operation had been performed before its introduction, and by a member of this Society; it had been successful in a few cases, but it had almost fallen out of practice. It revival was due, without doubt, to chloroform, and its present established position to its general use. No operation requires more gentleness and nicety; and how could these essential points of practice be applied to a patient writhing under the agonies of an abdominal section. To all abdominal surgery, the same observations are applicable, although they may not tell, perhaps, with the same force.

Let us refer, now, to another class of cases; to that large one known as belonging to plastic surgery. How many cases of vesico- or recto-vaginal fistula were successfully treated by operation before chloroform was introduced? At Guy's Hospital I can find no such record. The physician-accoucheurs used to cauterise the margins of the fistula, it is true, but, I fear, with poor success; for I have never heard of a case of any size being so cured. At the present day, these cases are now to be cured by operation with as much certainty as any other class. They have, in truth, been moved from the incurable to the curable affections. And yet these instances of plastic surgery are only a portion of those which I might enumerate.

In the treatment of deformities about the mouth, nose, and eye; in the division of cicatrices after burns; in the treatment of ruptured perinæum, with all its complications—what innumerable cases might be quoted now, against the few of former times! For have I not already noted that, in the year 1825, Dr. Conquest reported that three or four cases of ruptured perinæum were on record, in which sutures had been successful; and that in 1832, Mr. Key, with all his experience, had seen one case of ruptured perinæum? At the present day, a hospital surgeon's experience must have been very limited, who could make such an assertion. Indeed, it may be given now as a recognised fact, that the operation is an established and successful one.

Again: in the operations on bones and joints, how many of the improvements in our practice are there that may not be put down to the use of chloroform?—operations for necrosis in particular. How rare these were, and how unsatisfactory they must have been, before its introduction! I can recall a few which I saw in my student's days with no pleasant feelings. How common they are now, and how successful! Taking Guy's as the type of the metropolitan hospitals, an operation for necrosis can always be found for operating-days—the operation is

so frequent, and so satisfactory. In the removal of bone from joints, in the excision of joints, is it not fair to believe that a great part of the success which now attends the practice is to be attributed to the use of an anæsthetic? How many hands and feet, which would formerly have been sacrificed, are now saved by the removal of diseased bone, it is difficult to estimate. Would Sir W. Fergusson have framed the phrase "conservative surgery", and could it have been adopted, before the introduction of chloroform?

In the treatment of aneurisms, are not like improvements to be recorded? Has not chloroform rendered possible the cure of aneurism of the abdominal aorta by pressure? and in the same way improved the treatment of less severe examples? Has it not also rendered the practice of torsion of arteries for the arrest of hæmorrhage a practical success, thus simplifying surgery? How many cases of strangulated hernia are now reduced, which in former times would have been submitted to strange treatment and to a delayed operation? How simple it has comparatively rendered the reduction of recent dislocations! Where are now the pulleys, the ropes, and the other frightful mechanical appliances, that were used of old for the reduction of dislocations of the hip, shoulder, and other joints? Are they not decaying in the lumber-rooms of our hospitals? and has not the use of chloroform made the reduction of dislocations by manipulation a reality? Within the last few weeks, I reduced a dislocation of the elbow-joint backwards, complicated with fracture of the radius, with ease, by manipulation, which would probably have been left unreduced before the introduction of the anæsthetic.

Let us contrast for one moment the operation of perineal section for stricture as it was and as it is now performed. Do we not all remember it as one of the most unsatisfactory and unsuccessful of surgical operations? Do not we now know it to be one of the most satisfactory and successful?

Indeed, sir, I might continue the contrast between the prechloroform and the present age, and fill up the time for another lecture; but I think I have said enough to show that to the introduction of chloroform many of our best improvements in surgical practice are to be attributed. To the surgeon it does away with all excuse, if any ever existed, for hurry in an operation. He can take his steps in it with deliberation, and make it a certainty. We never see now, happily, a theatre full of spectators watching the operation watch in hand; and I trust there are few, if any, surgeons who at the present day sacrifice safety and certainty in their operations for expedition and display.

The use of chloroform has rendered the practice of surgery safer, surer, and more scientific. It has removed difficulties from the practice of our art which before were insurmountable, and has rendered possible innumerable things that could not in former times have been entertained.

It is well that we should remember this when considering the surgery of the past or prechloroform period, and be thankful for the numerous advantages which we enjoy for the practice of our profession over those who have preceded us. It will make us more charitable in the interpretation of their acts, and more humble in estimating our own.

With these remarks, I may well close this lecture. I have brought forward, I trust, Sir, enough to prove that, during this Society's existence, we have made vast progress in the science as well as art of our profession, and have pointed out the ways through which these improvements have taken place. I have dwelt upon the vast powers of observation our predecessors displayed with their limited scientific helps, and hinted at the fear that we, in this scientific era, may lose some of this power we have inherited, by thinking too much of the science of disease and too little of its clinical phenomena. Let us beware lest we become great scientifics, but not great clinical physicians. Let us look forward to the day when such a sarcasm can never be said, as one of our leading thinkers has lately uttered, in the following lines:

"Nor bring to see me cease to live,
Some doctor full of phrase and fame,
To shake his sapient head, and give
The ill he cannot cure a name."

Let us observe accurately the phenomena of disease during life as well as after death, and reason closely upon the facts these observations give. Let us remember that thoughts do not make facts; and let us, by way of assistance in our studies, spend some of our time with the leading medical minds of the past. We may then hope that, when another fifty years of this Society's existence have passed, your orator will be able to show from your transactions that an equal, if not greater, progress has been made in the practice of our art, as well as in its science, than I have been able to show. And if, in the comparison between the then present and past generations, the same contrast may be drawn as I have feebly sketched in this lecture, let us express a hope that we who are now the active members of this Society will

come out of the examination half as well as have our earliest members. Let us so work that it may be said of us what we can say of them—that we availed ourselves to the utmost of the sources of knowledge we inherited from those who had gone before: that we laboured honestly at the work we had in hand, and did it well: that we added largely to the sum total of achieved results—to the capital of our profession. For, let us remember that, as we have lived under circumstances more favourable for progress than our predecessors, it is incumbent upon us to transmit to those who come after an enlarged and more expanded knowledge of the practice and principles of the profession which we follow.

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.

In illustration of the points already referred to, I have recorded thirteen cases, the last two only in brief.

Of the six cases of fibro-carcinoma, only one recovered. In two (Cases I and III), there was great temporary benefit. In Case I, inordinate sexual excess, followed by typhoid fever, recalled the disease into existence; in the other, excessive sorrow. The patient who recovered was tainted with syphilis.

Three of the cases (VI, VII, and XIII) were examples of soft cancer. In one, very little good was done. The other was greatly relieved, and, I think, would have recovered, had she consented to continue the treatment.

Two cases of epithelioma were cured (VIII and IX); the first by iodine.

In one case of scirrhus, the ulceration was cured; but the poor lady ultimately died, I believe, insane.

CASE I. *Fibro-carcinoma of Uterus; Removal by Ecraseur and Bromine; Apparent Cure; Unusual Excitement, followed by Typhoid Fever; Redevelopment of Disease; Rapid Extension to surrounding Parts; Death.*—Mrs. L., aged 50, a kept lady, a fair well-favoured woman, who had had one child sixteen years previously, was in 1866 under the care of Mr. Robinson of Devonshire Street. For the last two years she had had, at her monthly periods, occasionally considerable loss of blood, which she attributed to change of life. This was not accompanied with pain, but with severe sickness, lasting two or three days, and greatly exhausting her. Latterly, this discharge had occurred more frequently, lasting longer, but subsiding under rest and astringents. She had also had a good deal of lumbar pain, and was losing flesh. On June 18th, the hæmorrhage was very severe, and lasted, off and on, for several days. On September 18th, Mr. Robinson was sent for, owing to a recurrence of the hæmorrhage. The blood was arterial in colour. On examination, the superior os was found enlarged; but the examination gave no pain. On the 28th, Mr. Robinson requested me to see her in consultation. I found a large heavy uterus, but perfectly moveable, and free from pain during the examination. The superior os was large, about the size of a walnut, irregular, bleeding on touch. The sound penetrated to the usual length. She had full doses of tincture of perchloride of iron till her health was somewhat improved; and astringent injections locally. On October 11th, in conjunction with Mr. Robinson, I proceeded to remove the tumour (which appeared to be a fibroid mass) by the *ecraseur*. It was hard, and, on examination under the microscope, showed fibres and the ordinary cells, but no caudate cells. There was no bleeding after the operation. About a week afterwards, bromine was applied, and repeated two or three times. All discharge ceased. The parts cicatrised, and became covered with mucous membrane. Arsenic first, and iron afterwards, were the principal remedies employed internally.

In April 1867, the hæmorrhage began to recur. On the 25th, I examined her again. The os appeared healthy; the uterus was freely moveable; but the passing of the sound was followed by copious bleeding. This was found to be due to a softish state of the mucous membrane, extending about an inch up the cavity. Presuming that this was an extension of the disease upwards, I introduced sea-tangle, covered with cotton dipped in bromine. This proved successful; and in a few days, especially after using tannin lotion, she became very much better. The catamenia now recurred at regular intervals, but were not profuse. In September, she was visited by an old lover; and, so far as we could learn, gave herself up inordinately to his embraces for several days.

She now was seized with a kind of pseudo-rheumatic fever, followed by typhoid fever, from which she recovered, but very slowly. Towards the end of November, she went to Brighton for two or three weeks, but returned not much improved in health, with almost constant pain in the uterus and loins, with slight discharge at intervals, but with frequent nausea and vomiting. On examination, the uterus was found full of semifluid, and vegetating carcinomatous growths. The rectum became soon involved with the vagina. She died exhausted on September 5th, 1868. No *post mortem* examination was allowed.

CASE II. *Fibro-carcinoma of Uterus, in an advanced and acute Stage; Entire Subsidence of Symptoms; Recurrence; Death.*—E. D., widow, aged 31, with two children, one living, was admitted under my care on March 24th, 1868. She had been generally healthy. She had been married fourteen years. About twelve months previously, she observed a constant discharge *per vaginam* of blood and mucus, worse at the periods; sometimes with clots. There had been a good deal of pain during the last nine months. She was admitted into a London hospital, where acetic acid injections were used; and since then the pain had become more severe. She had been formerly at other hospitals, but with no better result. Menstruation began at 14, and was regular all her life every four weeks, the period lasting four days. After the birth of her second child (eight years ago), she was very ill, and had leeches applied for inflammation. She had never had any offensive discharge, but had leucorrhœa for the last three years. On examination, the uterus was found fixed. A large tumour was felt within it, or in its walls. The os was irregular, bleeding on touch. The sound went in about an inch, and was there obstructed. On April 6th, as soon as menstruation was over (which was accompanied with great pain, so that morphia had frequently to be injected subcutaneously, and tincture of opium *per anum*), the anterior part of the uterus was injected with bromine (1 part in 10). The pain produced was excessive, and continued for several days. Subsequently, a foetid discharge supervened, which continued for some days, but was relieved by carbolic acid. The pain was, however, so great that she could neither eat nor drink; vomiting and great debility supervening. The greatest pain was over the left ovary. At last, a blister was applied at this point; this acted like a charm, and she was free from pain several days. On May 4th, there was slight dull, but no longer any lancinating, pain. Her appetite had returned; there was no sickness. The improvement continued; and, on the 14th, the mucous membrane over the cervix was growing, but still bled a little when touched in some parts. On the 16th, she was discharged, greatly better, in consequence of a case of erysipelas in the ward.

This patient so far recovered as to go down to Brighton, and continued free from pain, and with good appetite, feeling quite well. About a fortnight before leaving Brighton (she stayed there, I believe, two months), she caught a violent influenza cold; and fever set in, which caused all the local symptoms to return. She was subsequently admitted into the Middlesex Hospital, where she died, suffering most severely.

CASE III. *Fibro-carcinoma of several Years' Duration; Congestion, followed by Ulceration; later, Cellulitis; Menorrhagia; Bromine applied; Temporary Amelioration; Recurrence under great Mental Sorrow; Death.*—E. M., aged 42, married twenty-five years, had had six children, all healthy except the last, which was still-born. Ten years ago, she had ulceration, congestion, and retroversion of the uterus; and was treated for these affections by Dr. Greenhalgh, and cured. Subsequently to this attack, she had the still-born child. Such slight uterine ailments as she had after this were readily cured, until about five years ago, when she caught a violent cold, and matter formed in the "leaders of the womb", and she suffered intense agony. She recovered, and progressed favourably till May 1868, when hæmorrhage came on with the periods; but there was no bad smell. When the menorrhagia desisted, she had copious leucorrhœa. In August, she saw Dr. Greenhalgh, who caused her to be admitted into the Samaritan Hospital on October 6th.

Examination.—The uterus consisted of a large mass occupying the whole of the lower pelvis. It was globular, larger on the right side. The os was patent and ragged, about the size of a shilling-piece. These parts were of bony hardness, and bled on the slightest touch. The uterus could not be called fixed; but it was not mobile, although it could be pushed up somewhat slightly into the abdomen.

October 8th. The sound was passed with great difficulty, and was followed by copious bleeding. To allay this, a piece of sea-tangle, surrounded by cotton, was inserted. The removal of this the next day was followed by great bleeding. The parts having been well wiped, a cup of gutta-percha, containing cotton soaked with the bromine-solution, was applied to the os. It gave rise to great pain and burning. On the 10th, the cup was removed. The parts were found to have

* Continued from page 180 of last number.