You see that in both instances we had to combat disorder of long standing under many unfavourable circumstances, and that success was obtained in each, not by excogitating some new and peculiar remedy, some antidoloric oil or drops, but by the steady pursuance of a rational method, involving simply the use of old well approved remedies. In both cases, improvement came very slowly; some weeks elapsed before any was apparent; but the ultimate results were fairly satisfactory. Now I want you to lay this well to heart in your future course. You will surely meet with many similar cases; and you will be often puzzled and wearied by them, and tempted to give them up in despair; and, if you allow this to appear, the patient's confidence in you will necessarily be shaken. But be prepared for all this discouragement *ab initio*. Let your patients or their friends know that progress, especially at first, will be very slow, and probably interrupted by numerous relapses; but that, nevertheless, the wished-for result is attainable, if they second your perseverance with patience. Remember that diseased action is much like a railway-train in motion; it cannot be brought to a stand-still all at once, though you apply the breaks and shut off the steam. The momentum acquired cannot be safely neutralised *instantly*, and time is essential to set up counter-actions of a restorative character. To those who with fashionable scepticism may be inclined to suggest that Time is the healer in such cases, and not Art, I reply that all my experience leads me to think that the longer space elapses without the intervention of Art, the longer also must be the period during which remedies must be employed. A sciatica of fourteen days' and one of fourteen weeks' standing are vastly different things. Trousseau embodied the same truth in his aphorism—*longue maladie, longue traitement*. In urging upon you perseverance, I may appeal to the estimates formed by foreigners of our national character, from which I trust you do not intend to degenerate. Napoleon sent this message from the field of Waterloo: "I have beaten the English, but they won't go." A Swiss canon, recounting the attempts made at scaling the Matterhorn, writes: "Les Anglais ne reculent jamais, c'est leur caractère." In both these instances, pluck and tenacity of purpose carried the day; and so they often will, under God's blessing, in the strifes which you have to wage against disease and death.

HYDATIDS OF THE LIVER.*

By EDWARD LONG FOX, M.D., F.R.C.P.,

Physician to the Bristol Royal Infirmary.

At the end of May 1869, a girl, aged 14, was brought as an out-patient to the Bristol Infirmary, and was admitted for a short time as an in-patient, and treated for some months afterwards at home.

The mother gave the following account of her. In July 1866, she had an attack of shingles; and whilst she was under treatment for this, an enlargement of the right side was observed by her medical attendant. No further notice, however, was taken of the swelling until Christmas 1868, when it increased very much, interfered with respiration, and was sometimes the seat of acute pain. In March 1869, she was admitted into the Westminster Hospital, under Dr. Fincham, and hydatids of the liver were diagnosed. She remained there for about six weeks, being measured several times a week, but taking no medicine. It is an interesting point of the case that, during her sojourn in the Westminster Hospital, she craved very much for pork, and was clandestinely supplied by her mother with pork and ham.

In May 1869, her parents removed to Clifton, and thus she fell under my notice.

On admission, she presented the following appearance. She was a fairly nourished girl, short, but rather stout. The upper parts of the abdomen and lower parts of the thorax were occupied by a tumour, quite dull on percussion, smooth, and slightly resilient, extending from the fourth rib on each side downwards to the extent of seven inches, causing a considerable bulging of the right side, especially posteriorly. The tumour in front extended seventeen inches horizontally across the body. The right side of the thorax was about two inches and a half larger than the left. The heart was pushed somewhat upwards, the apex beating about the level of the fourth rib. Respiration was rather rapid, especially if she hurried, or walked upstairs, or lifted anything. Digestion was fair. The urine was healthy. She was now menstruating for the first time. The temperature was slightly raised, probably in consequence of slight peritonitis over the tumour. She liked to eat her meat almost raw. Her mother suffered from tænia solium, and did so for the first time when pregnant with this child.

She was under treatment about six months, and month by month gradually decreased in size, until at last no trace of the tumour could

be detected, the diaphragm returning to its proper position. Her medicine all through was iodide of potassium, either alone or in combination with mild tonics. She came to see me a year afterwards, in perfect health.

Besides her recovery, the interesting points in the case are: first, the position of the growth of the hydatid cyst, pushing up against the diaphragm and the ribs, instead of the more yielding walls of the abdomen; and secondly, that recovery took place apparently by the death of the echinococci, from the absorption of iodide of potassium, as it is certain that they were not passed by the stomach, bowels, or bronchial tubes.

Had the patient been a male, the sex in which the diaphragm plays an important part in respiration, the difficulty of breathing would probably have been much more marked.

Frerichs, in advocating surgical measures in cases of this kind, remarks that certain medicines have been employed, which are thought to pass from the blood into the cysts, and to kill their inhabitants. Baumes believed that calomel was endowed with this property; Laennec common salt; and Hawkins iodide of potassium, but as yet (he says) no case is known, in which any such plan of treatment has succeeded.

No doubt, iodide of potassium is often given without success; but I claim this case as an example of absorption of this drug into the cyst. Of course, it may be said that this was an instance of spontaneous death of the parasites, wholly unconnected with the medicines employed. We have in the Infirmary Museum a beautiful specimen of an hydatid cyst of the liver into which a bile-duct discharged itself, and so caused the death of the parasite, and spontaneous cure. But when the disease has advanced as far as in the case before us, spontaneous shrivelling up of the sac is, I believe, unknown. Nor is the other most usual form of cure more common in large hydatid tumours; viz., that in which the acephalocysts are destroyed by the secretion of a thick putty-like material within the sac, a species of caseation.

The iodide of potassium has been used by physicians in this country for many years in these cases. Dr. George Budd mentions it in one of the early editions of his book on the liver, but not with any approval.

CASES OF ALLEGED DISPLACEMENT OF THE UTERUS: WITH REMARKS.*

By C. J. GIBB, M.D.,

Consulting Surgeon to the Newcastle Infirmary.

MR. PRESIDENT,—I would not have promised to lay before you the present cases, had I not felt ashamed to see in the circular calling the January meeting, that, with the exception of Dr. Philipson's valuable Report, no member had a pathological specimen, or even a paper, to communicate to the meeting. It happened that two of the following cases had consulted me that morning; and, the subject being one of great interest, although somewhat out of my line, I thought you would, under the circumstances, excuse my attempting to draw the attention of the Society to it. Three of the five cases have come under my notice during the last month.

CASE I.—A married woman, aged 25, who had had her third child two years previously, consulted me as to the propriety of submitting to the performance of two operations—to set straight, as she said, her twisted womb. She complained of pain under the left ribs, of flatulence, nervous palpitation, and general depression of spirits. She had had all the symptoms at intervals, even before her marriage, and had enjoyed very fair health since her last confinement, until her old symptoms relapsed a few weeks ago. She then consulted a surgeon in her town, whom I know to be emulous of uterine renown. Her complaint proved obstinate in his hands; and a few days before she visited me, he startled her by proposing to perform two operations for the cure of her twisted womb. The word "operation" being rather formidable in her eyes, she came to Newcastle for further advice. I examined her very carefully, and, from her foul tongue, flatulent and distended stomach, pain under the left ribs, and other symptoms, found her suffering from aggravated dyspepsia, dependent very much upon chronic gastritis. Of womb-disorder or displacement there was not a trace. The uterine sound passed up a healthy uterus, in its proper axis, and there was no uterine or ovarian tenderness, nor a trace of any leucorrhœa or of any sexual disorder.

CASE II.—Two years ago, a married gentleman consulted me for chancre. A few weeks afterwards he brought his wife, suffering from a large sloughing chancre on the swollen mouth of the uterus. She

* Read before the Bath and Bristol Branch.

* Read before the Newcastle Medical Society.

was kept in ignorance of its syphilitic character, and underwent a three months' course of treatment before she quite recovered, the disease proving unusually severe, and destroying part of the os. She was a feeble anæmic subject, and, during the succeeding year, called upon me on three or four occasions, complaining of slight leucorrhœal discharge, fullness in the womb, and general debility. Her symptoms were very slight, but she had a nervous dread of a relapse of the ulceration. A zinc injection, cold douches, and tonics internally, always quickly braced up and cured the local and general symptoms of debility; and I lost sight of her for some months. Meeting her casually one day, I asked her how she was. She then informed me that, shortly after her last visit to me, some of her friends had persuaded her to consult a celebrated womb-doctor, who examined her by the speculum in the same manner as I had been accustomed to do, and told her that "her womb was upside down"; that she had had three painful operations performed by him upon her, to place the womb straight, and was at that time wearing a pessary to keep the organ in its proper place. I was of course in deep disgrace. I had examined this lady with the speculum up to a fortnight before she consulted the specialist, and, feeling curious as to how far the cicatrised chancre had occluded the os and cavity of the uterus, had frequently passed up the uterine sound, so that I could not have failed to detect any displacement of the womb, had such existed. She was, besides, the mother of a numerous family, and had never suffered from any uterine disorder until she contracted the chancre; and, as I am frequently in the habit of using the speculum in my consulting-rooms, as often as half-a-dozen or more times a day on some occasions, I do not see how I could have made the mistake of overlooking a womb turned upside down.

CASE III.—A lady, aged 31, only married four months, consulted me, having missed three menstrual periods. I found that she had been ill two years before, during four or five weeks, with symptoms of dysentery, having passed bloody mucus from the rectum for several days. She had never experienced any illness before that attack or since. She was frequently examined *per vaginam*, during the attack of dysentery, by her medical attendant—a famous uterine physician—and was told by him that the weight and the painful bearing-down symptoms were caused by retroversion of her womb, and that if she married she would most probably never bear children. I found, on examination, that she was pregnant; that the uterus was in its right place; and that, to all appearance, there had never been the least previous displacement. She expressed her astonishment that she should so quickly have fallen pregnant after she had been so authoritatively told she would most probably never be so. She was a most intelligent lady; and, as a result of my inquiries into the symptoms of her former complaint, I was surprised at the amount of knowledge of the various forms of uterine displacement which she possessed: indeed, I found that, although unmarried at the time of her former illness, she had been regularly coached up in uterine pathology, and was more especially learned in displacements. I have no hesitation in affirming that she had never had retroversion of the womb, but a simple attack of chronic dysentery.

CASE IV.—A married lady, aged 34, living in a neighbouring town, called upon me six months after the birth of her first child, suffering from slight catarrh and general debility, along with some of the usual nervous symptoms that accompany anæmia. She made at that time no complaint of her womb, and I of course made no examination of it. I prescribed some chalybeate tonics, and she quickly recovered. Three months afterwards, a purulent vaginal discharge appeared, with weight in the uterine region. She consulted a surgeon in her town, who used the speculum, and declared that her womb was out of its place, and had been so ever since her confinement. He forthwith pursued the usual treatment in such cases. At the end of two months, however, she became covered with a skin-eruption, and got ulcerated throat and vulva. Not recovering, she became alarmed, and consulted me again. I found that she had secondary chancres, sore throat, and eruptions, but not the least trace of any displacement of the womb, past or present. In relating her case to me, she expressed in strong terms her astonishment that I should have neglected to examine her womb on the former occasion, and thus have overlooked the displacement; and, although she became convinced that her present sexual ailment was venereal, she firmly believed that her womb had been also displaced, and that the specialist had put it right.

To the female mind, displacement of the womb is so natural and ready an explanation of the ills that follow child-bearing, and so easily do they credit the assertion that one or two applications of the uterine sound or pessary has put it straight again, that any attempt to prove there has been no displacement is generally vain.

CASE V.—I was consulted by a married woman, aged 24, for pain, bearing-down, feeling of fullness in the uterine region, with faintings, debility, and the numerous other symptoms that denote uterine irrita-

tion and inflammation. She had been confined a year before of her first child. Puerperal inflammation followed, in so severe a form that her medical attendant sought the assistance of one of our most eminent local physicians. The puerperal attack was succeeded by abiding symptoms of uterine disorder similar to those for which she consulted me. After some months she removed to London, where she consulted an eminent uterine specialist. He pronounced her to have displacement of the womb; and, after a prolonged rest and treatment, she felt considerably relieved and returned home. She was, however, still unable to bear the embrace of her husband, on account of the pain; and two or three weeks before she consulted me, the old symptoms had returned in all their intensity. On examination, I found the uterus enlarged from chronic metritis to nearly twice its ordinary size, the neck unfolded, and the os of scarlet redness; the uterus being almost as globular as an orange, excessively painful to touch, and discharging from its interior large quantities of catarrhal mucus, almost as clear and consistent as the white of an egg. The raw red opening of the os was covered with purulent matter, and the uterine sound passed up readily in the proper axis, showing the case to be one of inflammation unconnected altogether with displacement.

In this case, the London physician, after putting the womb right with the sound, had introduced a pessary, to keep the womb straight, as she termed it; but it caused such intense pain and irritation after it had been there a day, that she had to remove it altogether. She spoke to me in the most disparaging terms of her local medical attendant and physicians for having so grossly overlooked the displacement of her womb, that I could not help feeling highly indignant that their reputation should suffer such unmerited injury from the reckless statement of the specialist whose crotchety mind could probably see little else but displacements to correct in the most ordinary diseases of the organ.

REMARKS.—When reviewing such cases as I have selected, and recalling the experience of my past life, the idea has often forcibly struck me that, in uterine complaints as in general pathology, there exists a tendency to the prevalence of what may be called a fashion in disease. In my younger days, when long resident in this Infirmary, although there was a considerable amount of uterine practice, under the treatment of the most experienced men of the district, I do not remember that uterine displacements were considered to be the ills that most afflicted women. I still recognise in the Institution some of the ancient, and now no longer used, pessaries with which we used to struggle against bad cases of prolapsus. Ulcerations of the womb came decidedly into note some years afterwards, but now there is nothing but displacements talked of by many specialists, although it is true that all are not affected with the fashionable mania.

I think that I have fairly proved that many of such alleged cases have, to say the least, been wrongly diagnosed as such. The injury to the patient, as well as to the ordinary practitioner, that such hasty statements inflict, requires no description from me; for, if I may believe what I hear, there are but few of us who have not experienced considerable vexation from such cases.

Turning, however, from the spurious to the consideration of the real cases of flexion of the uterus, excluding of course common prolapsus, I was much struck with a discussion on this subject in the midwifery department of the late meeting of the British Medical Association, provoked by a paper of Dr. Henry Bennet. His opinion was, that the great majority of real displacements were simply the results of inflammation or other diseases of the pelvic contents, and that, generally speaking, they did not require special mechanical treatment, as they were but the result of disease which needed removal by other curative means, whilst purely mechanical treatment most frequently aggravated the original malady. I think that most unprejudiced practitioners conversant with uterine diseases will readily endorse this opinion; and the last case which I have related shows how injurious a pessary may prove in cases of painfully enlarged womb. It requires a clear unprejudiced mind to appreciate such cases, so as to avoid rushing at one only of the effects of a disease, and, in the too often vain attempt to put it straight, aggravating or permanently injuring the unfortunate patient.

As there can be no doubt that comparatively few men, after the wear and tear of life, can boast of a faultless body in all its parts, so likewise is there frequently great variation in the normal or acquired form or position of the very mobile internal sexual organs of women, without any morbid symptoms resulting therefrom. Indeed, I have heard some excellent practical accoucheurs say that crooked wombs are very common in those who make no complaint whatever. My own experience would incline me, as a rule, to avoid mechanical treatment, except in those acute forms of displacement sometimes following confinement, or such as are attended with prolapsus. In them there can be, I am sure, no dispute as to the great relief frequently experienced by judicious mechanical treatment and contrivances. If we are to believe the state-

ments of some patients, a twist of the specialist's sound has sometimes rectified a long overlooked twist of the womb. Such tales recall to my memory the boasted achievements of the magician's wand, or the magic touch of the bone-setter's art. I cannot say that this speedy rectification of uterine twists accords with my experience, even when the sound and pessary have been used under the guidance of the respected leaders of the obstetric art. The world has been accustomed to see and to smile at the blindness which often prevents a specialist from finding any other ailment in a consultant than in his favourite organ. Let us hope that it may have been only this form of amiable blindness which afflicted the gentlemen connected with the cases which I have enumerated. In conclusion, there is one thing which I think a specialist should do in such cases: having mentioned the word displacement, he ought also to be particular to explain that, although the ordinary medical attendant may not have said there was displacement, yet that he must have been aware of its existence, as the displacement is generally only one of the symptoms of the disease of the womb afflicting the patient. In disease of the hip-joint, with resulting dislocation on to the ilium, a consulting-surgeon would never dismiss the patient under the idea that his ordinary medical attendant had overlooked the dislocation, and that it was simply a case of dislocation of the hip-joint.

ON THE TREATMENT OF STRICTURE OF THE URETHRA.

By W. F. TEEVAN, B.A., F.R.C.S.,
Surgeon to the West London Hospital, etc.

As the report of the paper which I read before the Medical Society was but an abstract, I am happy to supply any information that Mr. Swain may desire. That gentleman states that the French flexible instruments are "very perishable, and, after a few usings, become dangerous." I presume his remarks apply to the English-made instruments, which, like most imitations, are bad. I have tried the French bougies and catheters made and sold in England, and have found them to bear out Mr. Swain's statements regarding them. For many years I have daily used the French instruments, which I import direct from M. Lasserre, 5, Avenue Victoria, Paris; and I can hardly say too much in their praise. They are most durable, and never crack or break. The only care they require is to be kept well oiled, in a warm room. Mr. Swain complains that "in old, long, gristly strictures, they double up and refuse to pass onwards." At the discussion at the Clinical Society, a similar complaint was made by a surgeon regarding these instruments; and I cannot do better than give Mr. Maunders' answer: "With skill and care, the incident referred to would be obviated." If any attempt be made to force onwards the very slender filiform bougies, they will double up; but if they be insinuated with extreme delicacy, and withdrawn a quarter of an inch for every half-inch of progress made, they will rarely fail to penetrate the most desperate strictures. In some cases of hard gristly strictures, I use metallic bougies of the same shape as the elastic *bougie olivaire*; but, whether I employ metal or elastic bougies, I dilate the patient's urethra up to No. 30 French gauge, considering that No. 25 ought to be the minimum to aspire to. I would here observe that No. 12 English is equal to about No. 20 of the French gauge. Sometimes the narrowness of the meatus externus interferes with dilatation: I accordingly freeze the part and slightly incise it, which procedure affords ample room for the passage onwards of the largest instrument.

Mr. Swain says he "cannot understand how external urethrotomy can be advocated in preference to any other plan of curing stricture." I only perform that operation when, after repeated trials, I fail to pass the smallest instrument. I have consequently to divide the stricture, and work my way into the bladder *without any guide*. This operation is not Syme's, which requires a staff to be passed through the stricture for a guide; but the old French operation evolved from "*la boutonnière*". For those limited cases of stricture which can only be dilated to a certain point, or, if dilated, speedily contract again, I recommend the "subcutaneous division" originated by Dr. Henry Dick, to whose writings and those of M. Auguste Mercier I am much indebted, and would refer the readers of the JOURNAL for information.

All statistics published regarding forcible rupture are nearly useless, as they omit to state what was the condition of the urethra immediately before the operation and three years afterwards.

If there be a point in the pathology of stricture on which all surgeons are agreed, it is that the worst of all strictures is the traumatic—that produced by lacerating the mucous membrane; whereas a clean cut into the urethra, as in lithotomy, is not followed by any contrac-

tion. Now, if a stricture be split up, we are, by lacerating the mucous membrane, laying the seeds of a traumatic stricture, in addition to the organic one already existing. The cases related by Mr. Timothy Holmes and Mr. W. Stokes show that, if the urethra be examined a few hours after death following forcible rupture, the mucous membrane is found lacerated.

Mr. Swain states that the fatality following forcible rupture must be explained "by its having been used in cases where renal disease or some other unhappy complication rendered *any* treatment perilous." Now one of the great and inestimable advantages possessed by gradual dilatation, as carried out by the French flexible bougies, is, that the method is absolutely free from danger, no death ever having followed its use anywhere, so far as I can ascertain; whereas forcible rupture would seem to be attended with serious risks to life, and followed by other unfortunate sequences. I know of twenty-one deaths following forcible rupture in the hands of hospital surgeons, *plus* several more which have occurred at a certain hospital. One hospital surgeon, who had discontinued forcible rupture, told me that, in the last case in which he employed it, the patient was attacked with retention of urine; another hospital surgeon informed me, a few days ago, that in one day he had no less than three cases of bad recurrent strictures after forcible rupture by an eminent surgeon; and a third hospital surgeon showed me a calculus which had formed on the clot after forcible rupture, and said that he had cured by gradual dilatation with the olivary bougie a case which had been twice split within three months, the second operation being followed by such severe hæmorrhage that an instrument had to be tied in for twenty-four hours, which procedure was attended by abscess and fistula *in perineo*.

I have but little hope of surgeons agreeing as to which is the best method of treating stricture, until such time as they are all enabled to summon up sufficient moral courage to publish the unsuccessful results attending their operations.

CASES ILLUSTRATING THE OCCURRENCE OF ABNORMAL ERUPTIONS IN SMALL-POX.

By FREDERICK POLLARD, M.B.Lond.,
Resident Medical Officer to the St. Pancras and Northern Dispensary.

IN addition to its own specific rash, small-pox is occasionally attended by other eruptions, the occurrence of which may considerably increase the difficulties of diagnosis in the early stages; while in other instances they may have an important bearing on prognosis. These points are severally illustrated by the following two cases.

CASE I.—William M., aged 17, was first seen on the third day of illness. He had then a temperature of 106 deg., no eruption, severe frontal headache, and a thickly coated tongue. He had been sick, but had had no particular back-ache. He had been vaccinated in infancy, and showed two good cicatrices. Next day (the 4th) there was a copious crimson mottled eruption all over the face, body, and arms, occurring chiefly in round spots of the size of a threepenny-piece, in some parts discrete, but mostly running together in mottled patches. The spots were of the colour of measles-eruption, not at all elevated, and fading entirely on pressure. There were also a few slightly elevated papules about the face; temperature still 106 deg. The patient chiefly complained of headache and insomnia. I ordered a dose of chloral at bed-time. Next day (the 5th), the temperature had sunk to 100 deg. The crimson rash had entirely disappeared; the variolous papules on the face remaining, and being more elevated and shotty than on the previous day. The patient had slept a good deal, and the headache was better. He was ordered to the Hampstead Hospital, where he has progressed favourably, and is now convalescent.

CASE II.—Jessie T., aged 5, was first seen on the fourth day of illness. On the first and second days, the symptoms had been fever, sickness, and general pains; on the third, the purpurous eruption appeared. When seen (fourth day), she was found to have a temperature of 105 deg., pulse 184, respirations 84. There were a large number of purpurous spots from the size of a threepenny-piece downwards on the arms, body, and legs; they were round or oval, with distinct margins, and quite permanent on pressure. There were also two or three marks resembling bruises. In addition to this eruption, there were a few not very characteristic papules about the face; but the friends were not sure whether these appeared on the third or fourth day, as they had been overlooked, in consequence of the dark blue spots attracting more attention. The child was very restless, continually tossing about, and could not be got to answer questions. There was no evidence of hæmorrhage from any of the mucous membranes, nor of any thoracic mischief. Death occurred the same evening.