CASE OF A FIBRO-CYSTIC SUBPERITONEAL TUMOUR OF THE UTERUS, CURED BY THE ACTUAL CAUTERY.

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Miss D., aged 32, consulted me on October 26th, 1877, complaining of severe pain in the back, prolapse of the rectum, costiveness, and great agony during and after defecation. There was also great irritability of the bladder. The catamenia were regular, and not very excessive. On examining *per vaginam*, a hard rounded mass, somewhat larger than a cricket-ball, could be felt, firmly attached to the lower and posterior part of the uterus, filling Douglas's space, and pressing upon the rectum. The os uteri appeared normal, but somewhat patulous. The uterine cavity was half an inch above its normal length. The patient was ordered to take bromide of ammonium and chloride of ammonium three times daily, and Indian hemp every evening. After continuing these remedies for about four weeks without any relief to her sufferings, she entreated me to remove the tumour. I explained to her that no cutting operation would be justifiable. This opinion was based on the position of the tumour, and its close connection with the uterus. I then informed her that I had for some time past contemplated, in a suitable case, when medical treatment had failed to give relief, attempting the removal of such a tumour by another method; one, however, that was by no means without very considerable risk. She replied that she did not care what I did to her; that she would rather die than continue as she was, her sufferings being intolerable. I then explained to her, that what I proposed doing was to pass a red-hot iron into the tumour through the vagina, to which proposal she readily consented. I was fully cognisant of the good results following the treatment adopted by Drs. Greenhalgh, Routh, Meadows, myself, and probably others, by cauterising intra-uterine or submucous fibroids. I was also well aware that pedicles and other portions of the peritoneum in ovarian operations had been frequently severed by the actual cautery, without any injurious results.

On November 22nd, the bowels having been thoroughly cleared, chloroform was administered by my son, Mr. Trevor Wynn Williams of Brixton. The patient being under its influence, I introduced a large-sized speculum; and after ascertaining, by means of the sound used as a probe, the most prominent part of the tumour, I passed a red-hot pointed wire of the thickness of a crow's quill into the tumour; then withdrew it, and passed along the same tract another red-hot wire of the size of a swan's quill. On withdrawing this, about half an ounce of clear transparent yellow fluid followed, which at first sight had much the appearance of urine; but, whilst I was examining the bladder for fear some accident might have occurred, the liquid, cooling immediately, coagulated; which, together with the examination, fully satisfied me that it was the contents of a cyst situated in the centre of the tumour. The speculum was then withdrawn, and a morphia suppository introduced into the rectum.

When I visited her on the following day, little or no constitutional disturbance had manifested itself, and she had passed a very tolerable night. The nurse was ordered to syringe out the vagina three or four times a day with a weak solution of iodine, to prevent any septic poisoning; and to insert another morphia suppository, if required. With the exception of some trouble with the bowels, owing to the prolapse, which was very great, she went on without anything worthy of note occurring until the 29th, seven days after the wires had been introduced; when, on my visiting the patient, the nurse informed me that, after syringing, several large pieces of slough had passed; but, much to my annoyance, she had not preserved them. On making an examination *per vaginam* for the first time since the cauterising, I found the tumour much reduced in size and softened, and was able to pass my finger into the hole where the cautery had been inserted in the upper part of the vagina, adhesion having taken place all round it. The prolapse of the gut was still so large and painful, that I contemplated removing a portion with the cautery; but in the meantime opiate fomentations were kept constantly applied, and confection of senna taken occasionally, until the morning of December 7th, when I received a telegram requesting me to visit the patient immediately, as she was taken suddenly worse. On my arrival, I learned that, on the previous evening, my patient had been frightened by hearing her servant fall down stairs; and that, shortly afterwards, hæmorrhage had set in, and continued till the bedclothes were perfectly saturated. I was glad to find, however, on examination, that the hæmorrhage did not proceed

from the wound, but from the uterus itself. The vagina was at once plugged with pledgets of cotton-wool saturated with one part of the strong solution of perchloride of iron in two parts of water; a scruple of gallic acid, dissolved in warm water, was ordered to be taken every three hours; warm milk, with a little brandy, being administered frequently. After remaining with the patient some time, I was glad to find that the hæmorrhage had ceased; and it did not recur. I removed the plugs on the second day. I was now, owing to the relaxed state of the parts, able to replace the prolapsed bowel, placing a T-bandage with a firm pledget of wool over the anus. The bowel did not again become prolapsed. From this time, nothing untoward occurred. The wound continued to discharge for some time, the vagina being frequently washed out with the iodine lotion. With generous diet and tonic medicines, she soon regained her strength. Some weeks afterwards, on making an examination *per vaginam et rectum*, I could discover nothing more than a small nodule where the tumour had been attached to the uterus, a little above the junction of the body with the cervix; and this in course of time became still smaller, and has continued so ever since. In fact, I do not think a stranger would discover even this slight elevation on examination. She is now in the enjoyment, I may safely say, of perfect health, menstruating regularly, requiring only an occasional mild aperient.

CASES OF LITHOTRITY AFTER BIGELOW'S METHOD.

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I DESIRE to record four additional cases where I have practised Bigelow's operation for the removal of stone, subject to such modifications as the special features of each instance required. In three, the results were in every respect satisfactory; one was followed by a fatal termination, for which the operation was in no way responsible; it was undertaken to relieve sudden and acute paroxysms of pain, produced by the presence of a stone within the bladder, which nothing in the way of medicine, save the administration of an anæsthetic, served to alleviate. In fact, it was, out of necessity, done during the height of a vesical inflammation, which it was found impossible to assuage. It might be said, 'Would not lithotomy have given the patient a better chance?' I think not. The operation was unattended with difficulty, and, as far as could be judged from what came away in the washings, was effected without any structural damage. The course of events appeared in no way altered by the removal of the stone; and death came, as it probably would have done had no operation been performed. In cases such as these, the inflammatory action is not confined to the walls of the bladder, but extends to the subjacent textures, which are often extensively infiltrated with exudation material. In this patient, as I have said before, I should only have been too glad to postpone the removal of the cause of the inflammation. The unbearable character of the pain left no alternative but an operation. I cannot help expressing regret that a proceeding so well devised as Bigelow's should be saddled with a result for which it was in no way responsible. In order, however, that the profession may be able to form a correct estimate of all proceedings of a new and original kind, it is incumbent that cases terminating unsuccessfully should have equal prominence given to them as those where the results are such as we could always desire.

CASE I.—A. C., a gentleman aged 42, whom I saw in consultation with the late Mr. Long in August 1879, had previously been suffering from the passage of renal calculi; but, more recently, there were signs that one or more had remained in the bladder. I crushed an uric acid stone, half an inch in diameter, and removed the fragments by Bigelow's aspirator. Chloroform was administered by Mr. Long. On the third day after the operation, the patient left for the country. A notice of the case has been delayed, as I thought, from his symptoms, that there might possibly be a recurrence. I saw him on February 17th, 1881, when he reported himself as having remained perfectly well.

CASE II.—W. H., a gentleman aged 69, was seen by me in September 1880, at Seacombe, in consultation with Mr. Byerley and Dr. Craigmile. I found a large phosphatic stone, rather more than two inches in diameter. It was with some difficulty that I could get the stone into the grasp of my lithotrite, so as to allow of the fixing of the screw. I removed the stone at two sittings by Bigelow's method. Considering the age of the patient, and his somewhat feeble powers, and having regard to the nature of the stone, I preferred two shorter sittings rather than a prolonged one. On a third occasion, I introduced the lithotrite for the purpose of removing a small shell of stone