January, 16th, 1884, at 3.30 p.m., Dr. Hebbert, Mr. Wills, Mr. Mitchell and I examined the case at the St. George's Infirmary.

Section Cadaveris.—Body extremely emaciated. No bed-sores, nor any external wound. Scar over left loin, as described during life, also over abdomen (first operation). Head was opened by tractor and long saw; brain and membranes healthy; thoracic viscera healthy. On opening abdomen, the intestines looked healthy, but were quite empty; slight omental adhesions on the left side. The liver was large, and studded over with white cancerous looking masses, varying in size from a pea to a walnut, soft, and yielding on section a white juice. The lumbar glands were much enlarged from the same cancerous looking deposit, but no marked involvement of surrounding structures. The left kidney was gone, and a cicatricial patch, more or less reddened by organised lymph, filled its place. The suprarenal capsule was intact, though surrounded by some enlarged glands.

I may here show you, in spirit, the kidney removed during life; and, over it, in the same glass, the sound left suprarenal capsule, surrounded by cancerous glands, removed after death. The right kidney, with the suprarenal capsule, was healthy, and weighed 10½ ounces, average weight of a male kidney being about 5½ ounces. The thoracic duct was small and empty; and no diseased glands were seen above the diaphragm. I next made a side view of the pelvis, and found the base of the bladder and rectum invaded by a new growth; which had ulcerated into the rectum about two inches from the anus, on the left side, had generally involved the left interior of the base of the bladder, and had spread upwards along the left ureter. This encephaloid growth completely obstructed the left ureter, for five inches up from the ureteric outfall; and exactly at the left ureteric opening, only covered by some thin film of cancerous stuff, was found an oxalate of lime calculus, as large as a hazel nut, conical at each end, bossed over with many nodules in the centre, superficial, but smooth as glass at each terminal cone.

I here exhibit the calculus; which is, in my judgment, the *pons et origo mali*. At the upper end of the left ureter, where the ligature was placed on the day of operation, there existed a puckered cicatrix; but the opening, though narrow, was not completely closed.

The new growth was carefully examined for me by my colleague, Dr. Heneage Gibbs; the liver-structure was compressed by cirrhosis, and sections of the new growths showed large nucleated cells with nucleoli. The two slides now beneath the microscope are good examples of encephaloid cancer.

Having laid before you the clinical facts, let me say a few words on the method pursued for endeavouring to arrive at a correct diagnosis. In addition to his physical signs, there was the history of unilateral lumbar distress for three years, and the previous transit of a calculus *per urethram* in 1833. Careful examination *per rectum* digitally gave imperfect information; but, in any such future case, I should again avail myself of a combined examination; namely, manipulating a full-sized sound in the bladder, and the forefinger in the rectum. I find that on the dead body, the ureteric outfalls can be faithfully subjected to touch by such operative treatment; but in F.'s case this means of diagnosis failed by reason of the new growth surrounding the stone. The utility of ureteric compression *per rectum* was demonstrated in this case; and I venture to draw surgical attention to the additional value of the lever, as one aid to diagnosis; by which I mean, had the right kidney line not acted, when the left ureter was blocked, strong evidence would be afforded of the worthlessness of the right kidney; and therefore any operative measures on the left would have been negatived. This point has also been noted by Dr. Robert F. Weir, and published in the *Medical Record*, New York, April 7th, 1883, but such an application of the rectal lever had been demonstrated by myself in 1874.

It is also possible, of course, to compress either ureter against the true pelvic wall on its own side, *per rectum*; but not so reliably as by the use of the lever applied at the point where the ureter is passing over the common iliac artery on the psoas magnus.

As to the operations performed on this patient. In the first, an exploratory one, the peritoneal sac was opened; and this was really more accidental than intentional, my object being to tap the cyst at a point where doubts might have been cleared up with reference to the intestine. The information gained would have been equally the same, had it not been opened in this case.

With regard to the second operation, I must give preference to the posterior lumbar wound; as ample space can be had in that quarter for the removal of any kidney, and cleanliness and free drainage are naturally promoted by the dependent wound.

Both wounds (first and second operations) healed perfectly well, without any dressings whatever, excepting such as were necessary for keeping the patient dry, clean, and comfortable. I am inclined to

give the calculus impacted at the left ureteric outfall the credit of being the starting point of the encephaloid cancer, by reason of its definite localisation; and to explain the complete freedom from cancerous infiltration above the diaphragm by the anatomical facts, that the lumbar glands receive the lymphatics from the ureter, and the liver those from the rectum through the portal circulation. Be this as it may, it is worthy of note that the lumbar glands and liver seemed to act as the collecting filters. I cannot too highly praise the conduct of the nurses who had the charge of this troublesome man; nor can I omit to record my high appreciation of the skill and cultured care freely given to our patient by Mr. Charles Humphreys, Senior House-Surgeon to the Hospital.

ON SOME CASES OF AMPUTATION OF THE CERVIX UTERI.¹

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IN a paper, read at the last meeting of the former Dublin Obstetrical Society, I called attention, for the first time in this country, to the value of tracheloraphy in many uterine complaints, which had long been improperly treated until it was shown by Dr. Emmet, of New York, that they resulted from lacerations of the cervix uteri, and were generally curable by the repair of this injury. I now desire to offer some clinical evidence of what I also then briefly stated—namely, that tracheloraphy is not applicable, however, in all cases of this kind; that, under even favourable circumstances, it occasionally fails; and that, under such circumstances, we may, at least in many instances, best treat the long train of symptoms consequent on this injury by the amputation of the lacerated cervix.

This opinion is not in accordance with Dr. Emmet's. But, though none can more fully recognise the authority of that distinguished gynaecologist, especially on an operation which he has made peculiarly his own, yet I certainly cannot agree with him that amputation of the cervix, except for malignant disease, is necessary malpractice. The removal of the neck of the uterus for hypertrophy, or for abnormal elongation, is also deprecated by Dr. Emmet, who is equally opposed to the application of the cautery or caustics to heal ulceration on surfaces that may possibly be brought into a healthy condition and united by his operation. "If," in Dr. Emmet's words, "this so-called ulceration, or this elongated cervix, should prove to be merely a laceration, the sides of which can be brought together and united, so that the integrity of the parts will be as perfect as if the accident had never occurred, then to resort to ablation is malpractice." This proposition is self-evident. But in that little "if" lies the entire question; and, highly as I value tracheloraphy, and successful as I have generally found it in appropriate cases, I must repeat that, in certain cases of extensive stellate lacerations of long standing, with considerable loss of substance, and accompanied with chronic inflammatory conditions of the adjacent structures, or cellulitis, as well as with hypertrophy or hyperplasia of the injured cervix, caused by inflammatory exudations rather than by any development of the normal cervical connective tissue, tracheloraphy is inapplicable and useless. In such a case, we can only cure an otherwise incurable patient by the amputation of the mutilated and diseased cervix. Moreover, this operation, according to my experience, is fully justifiable in some cases of non-traumatic hyperplasia and chronic parenchymatous cervicitis, especially in patients who are predisposed to malignant disease, as well as in some few instances of cancer of the cervix, either as a possibly curative measure in its earliest stages, or to relieve suffering, if not to prolong life, in the latter stage of the same disease. In those cases of laceration in which I have removed the cervix, the patients have not since become pregnant. But there may be other reasons to account for this; and, on the other hand, there can be no doubt that this operation is, nevertheless, called for in some cases of sterility, resulting from the mechanical obstacle to impregnation offered by a greatly hypertrophied, elongated, and conical cervix uteri.

Within the last five years, having, for the foregoing reasons, amputated the cervix in a considerable number of cases, I may observe, and my colleague, Dr. Kennedy, who kindly and skilfully assisted me in nearly all these cases, both in the hospital and in private practice, confirms the statement, that, up to the present, we have had no experience of any of the disastrous consequences which some writers insist on ascribing to this operation. I shall now only briefly refer to

¹ Communicated, and Specimens exhibited, at the Academy of Medicine, Ireland, May 1884.

two or three of these cases, though, did time admit, I could cite many others of the same kind.

Last February, I removed the cervix uteri from a patient in hospital, on whom I had previously twice tried tracheloraphy for an extensive stellate laceration. Having failed then, owing to the multiple form of the rent, the great loss of substance, retraction, and cicatricial induration of the parts, which it was impossible to verify so as to bring together, she was sent home for some months. On her return, the pelvic symptoms having become more urgent, we found it necessary to remove the entire cervix, as high up as we could safely apply the *écraseur*. The parts were allowed to granulate, the permeability of the os being carefully maintained; and, though her recovery was somewhat slow, it was complete; nor, since leaving the hospital, has she had any uterine trouble. In another case in my practice, the cervix was removed under similar circumstances, and with a similar result.

A third case, the first where I amputated the cervix, occurred some years ago. In this instance, the operation was rendered necessary by extensive areolar hyperplasia, with deep foul ulceration of the everted edges of a multiple cervical laceration, which could not be brought together and united; occurring in a patient having a family-history of malignant disease, and who was completely broken down by chronic pelvic inflammation. After the operation, recovery was comparatively rapid, as well as perfect, at least so far as the subsidence of pelvic discomfort and the regainment of robust general health. At the same time, I must add that, although still a young person, and one who previously had her children in quick succession, she has not, so far, become pregnant since the operation.

THERAPEUTIC MEMORANDA.

PORTABLE ANTISEPTICS.

PROFESSOR LISTER has recently recommended, as a portable antiseptic, a saturated solution of corrosive sublimate in glycerine; a fluid drachm of this solution being sufficient to convert about four pints of water into one in a hundred solution. The glycerine solution, doubtless, occupies a comparatively small bulk, and is readily mixed with water; but it is not very convenient to manipulate in measuring small quantities, and, if the bottle containing it should be broken, or become uncorked while being carried with other things, the result is unpleasant.

A much more handy way of carrying the corrosive sublimate is to prepare powders, each containing ten grains of the salt and chloride of ammonium. One of these mixtures will dissolve in a little water in a few seconds; and, on diluting up to a pint, a solution is obtained of the strength of one in nine hundred and sixty. A few of these powders, wrapped round with gutta-percha tissue to avoid deliquescence, can readily be carried in the pocket-case.

The well-known fact, that ammonium chloride aids the solution of corrosive sublimate in water, renders the above suggestion so obvious that it has, doubtless, occurred to many; and it has probably already appeared in print. In view, however, of the very great advantage to all surgeons, in country practice, of having so ready a means of preparing an antiseptic solution, it may be pardoned if attention is drawn to the matter.

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OBSTETRIC MEMORANDA.

A CASE OF PLACENTA PRÆVIA, WITH LITTLE HÆMORRHAGE.

At 3 A.M. on September 10th, I was called to a patient, aged 42, said to have been taken unexpectedly in labour at the seventh month. There had been sharp hæmorrhage just before my arrival, and a little, at times, for two or three days previously. The patient was pale and anæmic. She had borne two children, and, after an interval of nine years, had had a third, fourteen months ago. The former labours had been normal. The placenta was presenting; it lay almost on the perineum. There were strong pains; the waters were unbroken; a little blood was oozing. Pulse 75, weak, but regular. The head could be felt in the left iliac region, and the back was apparently anterior. Two pains occurred after my arrival; and the waters broke with such a gush as to soak the carpet a yard away. Three or four inches of cord protruded from the vagina; no pulsation was felt. Knee presentation was now made out. For half an hour after the waters broke, there were no pains or hæmorrhage. I kept the palm of my left hand firmly over the fundus, and gently pressed it in the direction of the axis. The patient was very prone to fainting attacks, and seemed feeble, so I

gave her two teaspoonfuls of gin in water. As this did not bring on pains, I used gentle traction on the cord, which at once brought on a pain. I kept one hand on the fundus until the child was delivered. At the last moment the placenta, which had actually protruded from the vagina, receded, and the left leg presented. This was followed by the breech, the right leg being doubled up over the abdomen. The pelvis was of full dimensions in every direction, and the child, of course, small. The pains were not strong, and were far between; but, as the child was undoubtedly dead, and there was no hæmorrhage, I did not interfere further. There was no further difficulty. The hæmorrhage externally, from the time of my arrival, throughout, was quite insignificant, and there were no indications of internal bleeding. The day after the labour, there were one or two clots passed, but no more than are frequently passed after a perfectly normal labour. There were no bad *post partum* symptoms, and the convalescence has been quite as rapid as usual.

In this case, nature had apparently effected the separation of the placenta, without any alarming hæmorrhage, before my arrival. The subsequent course of the case presented no difficulties justifying interference, so that this may be classed as a case in which a placental presentation terminated favourably (to the mother) by natural processes.

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SURGICAL MEMORANDA.

BULLET-WOUND OF THE CEREBRAL HEMISPHERES, WITH HEMIPLEGIA: COMPLETE RECOVERY.

THE inhabitants of Uruguay living an out-door healthy life, exposed to none of the debilitating influences too often concomitant with a high state of civilisation, have a wonderful resisting power to injury and disease. Their diet is almost solely animal, and of that an abundance; existence is peaceful, and requires little struggling for. The climate being healthy, there only remains hereditary imperfections of constitution to counteract the natural advantages that tend to promote recovery from injury.

The following is an example of wonderful recuperative power, together with remarkable toleration of the presence of a foreign body in the cranium.

A girl, aged 13, of healthy parents, and never having suffered from any illness, was playing with another girl, who in the course of the game fired off a revolver at her at about a yard's distance. The ball passed through the mastoid process of the right temporal bone, and took a course inwards through the convolutions of the brain, with a slight downward direction. She fell down unconscious on receipt of the injury.

I saw her one hour afterwards. She had recovered complete consciousness, and conversed rationally. The pulse was 108, not very weak; no excitement. She vomited once. There was internal strabismus of the left eye, and complete loss of power over left leg and arm, but not loss of sensation. There was considerable hæmorrhage from the seat of injury, which was situated just behind the right ear, but no protrusion of brain-substance externally, but it could be distinguished at the bottom of the wound, after stopping the blood-flow. Whether cerebro-spinal fluid escaped or no, I cannot say, as I did not distinguish it. She was lying on her left side, and, on introducing a bullet-probe into the wound, by its own weight it dropped down along the course of the ball until it was buried to the depth of six inches in the interior of the skull, and the end was in contact with some hard substance, as I thought, the internal surface of the opposite parietes of the skull, but possibly the bullet. The treatment I adopted was to fill up the orifice of the wound with iodoform, and over this pads of cotton-wool and lint. Cold water bandages were applied to the head, and a few doses of bromide of potassium were given to keep the nervous system from possible irritation.

The original dressing was left for several days, and when it came off the wound was closed; there was not more than a few drops of pus ever found, nor was there any inflammatory action in the surrounding pericranial tissue. She was in bed one week, on soup and milk diet with fruit; after that, she got up. There was never any fever or nervous disturbances beyond the simple fact of the hemiplegia. In one month she gained the use of her leg, and, a few weeks after, of her arm. She is now perfectly well, and has not shown a sign of the injury since, though eighteen months have passed since the ball entered the head. The weapon which caused the injury was an old fashioned pin-fire revolver, throwing a ball of very small calibre.

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