the hospital with a loose dangling leg. But by-and-by ankylosis set in. It certainly cannot stand comparison with the other limb; but it contrasts favourably with such distortions as these (referring to some models of distorted limbs); and, as a proof of its vigour, the youth recently walked twelve miles to see the Derby run."

Such cases as these do indeed carry further the domain of excision; and others equally striking were brought forward, by which Mr. Fergusson showed with convincing force that many of the objections to excision, drawn from the defective condition of the limb sometimes left, might be obviated, if only the patient has the patience to submit to, and the constitutional strength to survive, the great length of confinement and repeated calls on his powers that a second or third repetition of the operation involves.

Having pointed out so much that was interesting, original, and valuable, in what Mr. Fergusson said on this subject, it may be allowed to us to regret that he omitted one very important part of the subject; viz., the indications for the operation. He himself allowed, in a passage above quoted, that the great mortality of his own operations may perhaps have been caused by a too indiscriminate selection of cases; and there can be little question that, if the mortality is to be brought down to or below the level of amputation, it must be by a more just idea of the powers of the operation; yet Mr. Fergusson spoke of it throughout as if its domain were coextensive with that of the more radical operation. Thus he spoke of Dr. Williamson's case of excision of the ulna with the elbow-joint, and of cases in which he had himself removed sequestra from the femur and excised the knee, in terms which would lead an uninitiated hearer to think that a large quantity of the shaft of the bone might be removed with good prospect of success. Is this so? If so, it is contrary to general opinion, and should be proved by cases. The instances of extraction of sequestra are not to the point, since the very formation of a sequestrum implies the cessation of active disease in the part, and the symptoms may be expected to subside after its removal. Dr. Williamson's case was, I find, not the removal of a sequestrum, as I previously imagined, but the *bonâ fide* excision of the shaft of the ulna, including new bone and sequestrum. But for what purpose this was done remains doubtful to those who read Dr. Williamson's account of it; while there is no doubt that the arm remained useless. Therefore, this case also is not to the point, as illustrating what amount of bone can be successfully removed in an excision. It has usually been held that, in caries, the disease must be limited to the epiphyses in children, and to the articular surfaces and their immediate neighbourhood in the adult, if the operation is to succeed; that, in necrosis, the operation of excision is not usually necessary, but that, if it be so, the existence of sequestra presents no objection to it, provided those sequestra be removable; that much disease of the soft parts forms an objection, though not a fatal one; that cases of acute disease and patients in weak health are unfitted for the operation; that, in cases of injury, it is seldom advisable; and, finally, that it is peculiarly, if not exclusively, fitted for late childhood and youth, since in early childhood most of the limited affections of the joint are curable without operation, and in later life the patient has not usually the power to bear the confinement and protracted suppuration, and the possibly greater shock. If these notions are correct, they would much limit the application of excision; and, although a tolerably wide field would still be left for it, yet the operation would be far from the universal substitute for amputation that a hearer of Mr. Fergusson might think it.

If, however, such notions are inaccurate, we regret much that Mr. Fergusson's ample experience was not used in correcting them.

On the whole, no one could doubt that these two lectures form a most valuable contribution to the literature of excision of the knee, and chiefly as showing how much may be done by patience and repeated operations in curing limbs which would otherwise be condemned to amputation. Whether the prospects of success in such treatment balance the risk and long period of confinement which it involves, is a point which must be left to be decided by more extended experience.

Lettsomian Lectures

ON

MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY

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LECTURE III. (*Concluded.*)

THE TREATMENT OF FIBROUS TUMOURS.

What is then the conclusion to which the present analysis brings us? Gastrotomy for fibroid tumours should not be performed, except—1, in cases of extrauterine tumours; 2, in those cases where the tumour is high up in the false pelvis; and 3, not only must the *whole diseased uterine mass be removed, but also the ovaries.*

A last question remains for inquiry. What circumstances should lead us to interfere in cases of fibroid tumours at all? These conditions, I believe, may be included under four heads—

1. Where, by their rapid growth, they are threatening to interfere with vital functions.
2. Where, by their size, they are threatening to arrest micturition and defæcation especially.
3. Where, by their size and pressure upwards, they are interfering greatly with respiration and the cardiac circulation.
4. Where hæmorrhage is excessive, and threatening to exhaust the patient by its quantity and frequent recurrence.

1. Some tumours will remain dormant for years. I have known of one which made no progress for nineteen years; but this was in an old woman. In advanced age, these tumours are not likely to make great progress. The period of uterine activity is always, as we have before seen, more or less concerned in their development. If all sense of comfort is lost, if this annoyance be on the increase, and if it appear probable that the development will go on, then there may be a reason for interference. The patient is then in better health than she will be; and, surgically speaking, is in a better condition to be operated upon than she can be at a future time.

2. If the functions of defæcation and micturition are interfered with, the suspension of both these functions, especially micturition, must ere long lead to fatal disease. We may, by injections regularly continued, assist defæcation. We cannot, if the

pressure be exerted on the ureters, enable the patient to make water. The ureters will dilate, and the kidneys ere long will be irremediably injured. The tape-like condition of the motions will indicate that the rectum is pressed upon. The constant desire to micturate, great backache high up, the alkaline and thickened condition of the urine, and generally its albuminous character and high specific gravity, will indicate that the bladder or ureters are pressed upon; add to which, the patient herself has a very urinous odour about her. There may be, in addition, some symptoms of poisoning by urea, a tendency to narcotism, and slight convulsive affections. The constant desire to micturate, and the small quantity of urine which can be drawn off by the catheter, give a greater colouring to such a suspicion; and this is certainly a case which warrants interference. It is also more likely to succeed, as in these cases the tumour is low down, and more get-at-able *per vaginam*.

In these two varieties, it is clear the operation should be by that passage.

In lieu of an operation, it has been suggested that it is advisable to push up the tumour by main force into the false pelvis, and so relieve the pressure on the vital organs; and Dr. Oldham has stated to me that he has effected this on several occasions with the best result. This is high and unexceptional authority. I wait, however, to see these cases published; as, in the absence of this information, we must all necessarily be incompetent to state to which *modus operandi* the preference has been given. In several cases where I have attempted to do so, I have failed, and could not have succeeded, except by the use of force which I should have feared to employ. In other cases, I have heard that peritonitis and death have resulted. Where there are adhesions, I should suppose the measure hazardous. If these do not exist, and there be impaction only, then the measure certainly ought to be tried first. If, however, the tumour be a cause of menorrhagia, this symptom is not likely to supersede other local measures to arrest those losses; and we have put our patient in that position, when to operate on the tumour becomes less easy. These, I think, are considerations to be borne in mind before we push up a tumour. On the other hand, there is this advantage from this course, if we succeed in pushing the tumour high up above the pelvis; if it then continues to enlarge, and if it thereby interferes with respiration and circulation, it is high up, and in the condition most favourable for extirpation. It is only where the compression on the bladder and rectum calls for immediate action, that we should act thus; and then, I fear, adhesions would already have been extensively formed.

3. Where the tumour, by pressure upwards, interferes with the free action of respiration and the heart, in these instances—at least, in all those I have seen—the tumour is situated above the true pelvis. In most cases, it is fibrocystic; and in several cannot be felt even through the vagina. Here we have the same indications which call for operation in ovarian dropsy, and they must be fulfilled in the same manner. Interference with these tumours *per vaginam* is more doubtful, because it is so difficult to reach them from below. Except with the double sound pelvimeter, diagnosis as to position in the wall is impossible. These are cases, therefore, in which it may be allowable to think of gastrotomy. Here also

we may expect to find the uterus and ovaries pulled up from the lower pelvis into the upper, and therefore more easily got away, because there would be less risk of wounding large vessels.

4. Lastly, where hæmorrhage is excessive, and threatening to exhaust the patient by its quantity and frequent recurrence, it may be justifiable to interfere. But even here the mode of interference must be different, according to the nature of the patient's case.

If the exhaustion be very great, if the anæmia present be very marked, then the use of the knife is contraindicated. We must recollect an exsanguine state is precisely that which renders a patient not only more liable to absorption of putrid matters, if once formed, but to their ready formation. In a patient of weak vitality, a growth of intrinsic deficient vitality will be more likely to slough. The power of a patient, under such circumstances, to resist or recover from an attack of pyæmia, is almost *nil*. Astringent remedies and tonics must first be given to prepare the patient, before more active interference is carried out; and it is precisely in these cases that Dr. Savage's method of previous dilatation by a sponge-tent, and subsequent injection of the uterus, is called for. This, as in a case I previously recorded, will allow the patient to rally for the time; and it is especially at the recurring menstrual periods that she must be watched and cared for. If, however, the patient be in a comparatively healthy condition, once the bowels having been regulated, incision of the os, or of the tumour, may be practised. This preliminary preparation by a course of depurative remedies is particularly useful in all operations upon fibrous tumours. Peritonitis and cellular abscess often follow upon interfering with them. I do not know that the former, if within certain limits, is not of ultimate advantage. I think I have seen it beneficial in promoting disintegration of the tumour. When it occurs, it is best treated by opium and calomel in small doses, injections of laudanum *per anum*, and turpentine stupes. At least, such has been my experience.

It is needless, in addressing a society of medical men, to insist upon these minor points; still less to dwell upon the necessity of operating only upon those patients who have no other advanced organic diseases which are likely to hasten a fatal termination. Upon one point only I wish to make a reflection; and it is, that I hold it to be morally wrong to operate upon cases of fibrous tumours against our better judgment, merely because a patient or her friends are clamorous for the operation. I make this remark, because I have heard it brought forward as an excuse for reckless surgery. We must know better the position of our patient than she does or can know.

In conclusion, I cannot but again here insist upon Dr. Greenhalgh's rule, already several times alluded to—never to operate, in a case of suspected uterine fibroid, until you are certain that the disease is not within the cavity of the uterus. *The sound must have been introduced*. If the instrument cannot be passed in at first, and the os uteri can be reached, proceed as in a case of occluded os. Small punctures, gradually dilated by sponge-tents and extended in the direction of the os, will probably succeed. It is also well, if there is the slightest doubt of coexisting pregnancy, to give ergot before you

operate. It is better to cause a miscarriage than risk the death of a patient. If the os uteri be so high up that it cannot be reached, delay as long as practicable. When obliged, a small exploratory puncture, either *per vaginam* or through the abdominal parietes, is a useful preliminary. It may clear up the difficulties of the case.

With these remarks, gentlemen, I bring these lectures to a conclusion. I trust they have not wearied you; and that, upon the whole, the time thus occupied, has not been unprofitably spent. To me, the preparation for them has been somewhat severe, yet withal very interesting. In the indulgence and kindness with which you have heard me, I am more than repaid for my labour.

Transactions of Branches.

LANCASHIRE AND CHESHIRE BRANCH.

PRESIDENT'S ADDRESS.

By EDWARD D. DE VITRÉ, M.D., Lancaster.

[Delivered at Lancaster, June 29th, 1864.]

GENTLEMEN,—This appears to be a very fitting opportunity, in looking at the laws of the British Medical Association, to take a retrospective glance at what that Association has done; and I see by our second resolution, that the objects of the Society are: The promotion of medical science, and the maintenance of the honour and interests of the medical profession. Now, if we look at the objects the Society have in view; the means that have been taken to effect them; and the results that have been arrived at; I think that retrospective glance may not be without some advantage to the Association generally.

The first portion of that resolution to which I have referred—the promotion of medical science—is a very fruitful topic indeed, and presents a very large field for observations, of much greater length than I am sure the time and convenience of this meeting will permit me to indulge in. But the mission we have imposed upon ourselves is in itself a noble one—to improve, as members of a liberal profession, that profession to which we have the honour to belong, and it is for the best interests of humanity that we should turn our attention in that direction. The promoters of the British Medical Association very soon found it necessary, for the purpose of advancing the interests of the Association, that they should establish a journal in connection with the Association. That has now been conducted for many years with great ability and talent. It contains a vast amount of scientific intelligence, and many cases of very great importance and of great value to the profession; and, so far, it may be said to have conducted itself in such manner as not only to satisfy the Association itself, but to place the JOURNAL upon a footing with any other magazine in the United Kingdom. Therefore, the means we have used appear to have been extremely legitimate.

It is quite true that a large party of men—I am sorry to say, even of our own professional brethren—are apt to throw a little cold water upon the Association. Some object to it by asking "What has it done?" Some object, from a feeling of dislike, to joining any association of this character. Some may object and cavil—if you please to call it so—for reasons of their own. I would rather deal with these cavillers than with the others; because it appears to

me that they can be more easily met and answered. They seem to forget, they themselves being members of the profession, that medicine is not an exact science. Before medicine could be reduced to such a state as that, I am assured there will be no chance of this Association being given up. Now we ought not, I think (and probably it may be somewhat of a reflection, though not intended as such, upon the Association generally)—we ought not to confine the advantages of this Association solely to ourselves. I dare say many of you have read and are perfectly familiar with a very able paper—an address made by Mr. Jordan, of Birmingham, last year, in which he insists (and I perfectly concur with him) on the great value of educating the public generally in medical science. We well know that the public are the worst possible judges of a medical man's talent or ability. That is proverbial; and it must invariably be so while the public, if they express an opinion at all, are expressing it at second-hand and on a matter in which they are in total and entire ignorance. It is a very remarkable fact that, in every other branch of science that I know of, the public, taking them as a body, are pretty well and generally informed. But, as to the science of medicine, the public positively know nothing. Now we send our children to school; we advance them from school to college; and we launch them upon the world in different professions and pursuits; but we take care to give them the very best education we can procure for them in those schools and colleges at which they may have been, and we fill them with every kind of information that the schools can afford. But what would you think, for instance, of teaching a youth astronomy, instructing him in the laws and the science of the heavenly bodies, and leaving him in entire ignorance of the laws and science of his own body? There is nothing to prevent physiology from becoming a popular science, and the members of this Association, and of the profession at large, from themselves becoming teachers. What would be the effect generally of the public having as good a knowledge of physiology, for instance, as of the other sciences? It would have this double effect. It would no doubt stimulate the medical profession to higher excellence, and it would strike at the root of all quackery and charlatanism. If the public at large are incapable of judging of the medical men's qualifications for his profession, and undoubtedly they must invariably be so as matters are at present, how is it possible that we ourselves can find fault with them for selecting an uneducated medical man, or probably a man who is not a medical man at all, in place of him who is well qualified to perform his professional duties? Can we suppose for a single moment that those aristocratical debauchees who flocked to that arch-quack St. John to have mercury extracted from the napes of their necks—can we suppose that people belonging to the higher ranks of society, if they had any knowledge of medical science, would have gone to him for such a thing? Such could not possibly have been the case, and such would not be the case if the public were educated in physiological science, as I maintain they ought to be. I cannot suppose that we, as an association, are at all disposed to limit in any way the operations of our Association; and I recollect that Mr. Jordan states in his paper that it would in every way be worthy of the profession at large if they would endeavour to infuse a taste for physiological science among the public generally. Once let them obtain it, and, interesting as the laws of medicine are, it would in all probability become as popular a science with them as any other that could be introduced. But there is no taste for it, because there is no temptation. Now if we once set a man's mind inquiring, inquiry begets doubt,