tried bromides in vain, and permanganate of potash had no effect on the amount of the discharge. Her descriptions of the severity and nature of her head-symptoms were very vivid, and led me to think that if no relief were procured, epilepsy would ensue. A very curious symptom also occurred, which impressed me much, namely, that her hair, which was short, dark, and curly, became within a few months quite grey. Although her appearance was not that of a person suffering from fulness of blood, I felt that the case was very urgent, and accordingly subjected her to the stem treatment, with the result that the next period was copious and prolonged. Her head was completely relieved; and at the present, two years afterwards, she is in good health.

I could give numerous instances of the success of this mode of treatment, but I have also met with some failures. Still it is the best and most certain means there is of bringing on absent menstruation, or of increasing the flow where it is present but deficient in amount. Any kind of stem may be used. I have found Wynn Williams's very efficient, and it has the great advantage of not being easily expelled from the uterus, which sometimes occurs with Greenhalgh's rubber stem. I have also used Chambers's stem with advantage, but it is liable to "prick," and I prefer the other two. I have also had made what may be called an artificial polypus, to remain entirely *in utero*.

The treatment of amenorrhœa by means of stems is briefly referred to both by Dr. Barnes and by Dr. Edis in their excellent works on *Diseases of Women*, but the allusion is contained in two or three lines only. There is also a reference to it in a paper by Dr. Routh, in the fifteenth volume of the *Transactions of the Obstetrical Society of London*, but the case given is one of amenorrhœa from obstruction, and requiring the use of the hysterotome. Treatment of amenorrhœa by dilatation of the cervix has been used in America by Dr. Carstens, of the Detroit Medical Society; and as before the use of a Greenhalgh's or Williams's stem it is generally or often necessary to dilate slightly, this dilatation may to some extent assist in producing the result. For several years I thought this mechanical treatment was original, as the well known galvanic stem acts in a different way altogether, and is considered especially suitable for cases of infantile or undeveloped uterus. I am satisfied, however, that the possibility of treating successfully cases of amenorrhœa and scanty menstruation in the way described is almost unknown to the majority of the profession.

LACERATION OF THE CERVIX UTERI, AND ITS RELATION TO MALIGNANT DISEASE.¹

By W. D. SPANTON, F.R.C.S. Ed.,
Surgeon to the North Staffordshire Infirmary.

THE importance of this condition has been made more manifest since recent observations have shown that it may be the precursor, if not actually the cause, of a large number of uterine ailments. Dr. Thomas enumerates no less than twelve of these as resulting from laceration of the cervix, and among them he places epithelioma. Other authors state the same thing, while some go so far as to declare that a large proportion of the cases of cancer we meet with in that region result from a damaged cervix.

Whether this be accepted as a broad rule or not, the case I am about to mention is an illustration that cancer is sometimes the outcome of a torn cervix; and the frequency of such sequence can be estimated only by long and careful observation of a large number of cases.

The usual effects of a laceration or fissure of the cervix are sufficiently well known, and are most commonly seen in the persistent subinvolution of the uterus, which leads to retroflexion with its attendant discomforts, and to functional menstrual disturbance. In a case which came under my care not long ago, persistent and alarming menorrhagia occurred to such an extent as to place the patient's life in imminent danger. The patient was a married woman, about 36 years of age, whom I saw in consultation with Dr. Partington, in June last. She was then, and had been for six months, suffering from severe but not constant hæmorrhage, passing large coagula with great pain. She had four children, the last one having been born ten years before.

The uterus was large and retroflexed, the cervix deeply lacerated posteriorly, and the anterior lip large, indurated and everted. Various forms of treatment were adopted, including a pessary, but without any benefit, and I then advised Emmet's operation for the cure of the laceration and the removal of the hypertrophied anterior lip. This was done on June 21st, and from that time rapid progress took place. The silver wire sutures were all removed by the tenth day; good

union took place, and the same pessary which before had been useless, was quite effectual in maintaining the proper position of the uterus. Shortly afterwards all hæmorrhage ceased, and the patient is now menstruating regularly, and is perfectly well and active. This instance serves to show how impossible it is to cure the patient suffering from the effects of this condition until the cause of it has been remedied. The signs indeed which we commonly recognise in cases such as this are after all but the results of an anterior condition—the laceration—which must be remedied before any success can be attained in the treatment.

A more important question arises when we come to consider whether and how far the injury I have referred to conduces to the formation of cancer in that region.

A married woman, aged 39, came as an out-patient of the North Staffordshire Infirmary in May last. She was suffering from great uterine discomfort rather than pain, bearing down, and the usual train of symptoms associated with endocervicitis. There was no uterine displacement, no enlargement, but only a deep single fissure through the uterine cervix, both labia being ectropic. There was no indication whatever of anything in the shape of malignant disease.

After finding ordinary treatment of no avail, I advised the performance of Emmet's operation to be performed, and for that purpose the patient was admitted into the Infirmary in July, 1886. After a few days' rest in bed I made an examination, and found a condition resembling that figured in Thomas's work, a deep fissure dividing the posterior lip into two unequal parts, one being slightly more thickened than the other, and having the appearance usually found accompanying erosion of the entrance to the cervical canal. There was some glairy leucorrhœal discharge, with sense of weight and general pelvic discomfort on moving about. For various reasons the operation was postponed until about five weeks afterwards; and when I came to examine the parts for that purpose, I was astonished to find a large mass occupying one half of the cervix, which was clearly malignant in character. So instead of doing, as I had proposed, trachelorrhaphy, I was compelled to remove this cancerous mass with the *écraseur*. The patient soon recovered from the effects of the operation, but, I am sorry to add, is now confined to bed at home with rapidly progressing epithelioma.

We have, therefore, in this instance a clear illustration of the possibility of cancerous growth supervening on simple hyperplasia of a damaged cervix, and, once begun, running a rapid malignant course; and this is the point to which I wish to draw attention. I am quite sure it is one which deserves careful consideration, and should lead us to remedy as speedily as possible every case of laceration or fissure of the cervix which gives rise to symptoms which do not at once yield to the ordinary local remedies.

I have now operated in many of these cases, and have never yet had occasion to regret having done so, nor have I seen, so far, any ill results from the operation itself.

CUCAINE IN LABOUR AND GYNÆCOLOGICAL CASES

By GEORGE H. ROQUÉ DABBS, M.D., SHANKLIN.

As long ago as February, 1885, I wrote a short note to the JOURNAL, stating that I had used cucaïne (a 12 per cent. solution) as a local anodyne to the os and cervix in primiparous cases, and that the application was, so far as I then could say, with my limited experience of its use, worth a trial at other hands. Since that date I have steadily gone on using it, and to simplify my present observations I will tabulate them thus:

1. I obtained equally good results from a 6 per cent. solution as from a 12 per cent. solution (of the hydro-chlorate), but in dry labours I now always use a 4 per cent. solution of the alkaloid itself in castor-oil. Into the thin, parchment-like os I put a cucaïne-saturated plug of cotton-wool, which I renew (or rather replace with a fresh plug) about every half-hour, until fair dilatation has taken place.

2. In cases in which the labour progresses so slowly that some assistance is needed, and yet the cucaïne need not as yet be deposited in favour of chloroform, the form in which I have found ergot of most benefit has been as a hypodermic combination of sclerotic acid, gr. $\frac{1}{4}$, and bimeconate of morphine, gr. $\frac{1}{8}$. By means of Burroughs's tabloids I have been thus able to secure a certain degree more of uterine action, and with the bimeconate of morphine combined with the sclerotic acid and the internal application of the cucaïne, have now seen many cases of almost absolutely painless dilatation of the os.

3. But of all uses for cucaïne in connection with first labours, I have obtained the most gratifying results from the application of a

¹ Read before the Staffordshire Branch.