

motionless. There was also great intolerance of light, and continued pain in the eyeball.

Mr. Walton said that, with his experience in these distressing cases, he was fully assured that the chronic irritation of the left eye was the cause of the disturbance of the right. Another fact on which he had fully satisfied himself, was the inutility of drugs, topically or internally, to arrest the destruction of the recently affected eye, there being nothing effectual, so far as he knew, but the adoption of the farriers' theory. The correctness of these views are now fully recognised by many who have witnessed his practice. He finds that the reduction of the eye, by which we mean the excision of a part and the loss of more or less of the vitreous humour, is sufficient to cause cessation of the chronic inflammation, and thereby to effect all that is requisite. In cases of staphyloma, where the irritation set up is due to mere mechanical action of the eyelids, or the distended eyeball, it is not essential, he teaches, to remove more of the ocular tunics than will effect the reduction to the desired size; and where the cornea only has been lost, and a staphyloma corneæ the result, he removes merely the diseased part, and endeavours to retain the vitreous humour, should it be healthy, the surface of which quickly cicatrises over, his theory being, that the less the eyeball is diminished, the less the deformity, and the better the stump for an artificial eye, should a person desire to wear one. When there is staphyloma scleroticæ, the removal of just enough of the distended sclerotic coat, to ensure evacuation of the disorganised vitreous humour, is all that is required. In the present case, he determined to cut off about the anterior fourth of the globe of the eye. The eyelids were retracted, with the little spring retractor that he almost always uses for this and other operations, the part to be removed transfixed and held securely by a common cataract needle, and the operation completed with a small scalpel. There was not any trace of the lens or its capsule. The vitreous humour was changed in consistence, perhaps also in some manner not recognisable, the greater part of which therefore escaped. A compress was at once applied, and no blood was lost. Without this necessary caution there may be much bleeding, especially when a staphylomatous eye is reduced, but with it there need not be any. A pledget of cotton wool makes the best compress, and is most readily retained with a bandage. It may happen that the collapsed tunics fill with blood; but this really matters nothing, as the clot is partly absorbed, and breaks down and passes away in discharge. But the pouring out of blood, even within the tunics, may almost always be prevented by the timely application of the compress.

We have often heard it asked, whence comes the bleeding? The usual answer is, from the central artery of the retina; but Mr. Walton thinks differently. He supposes it to arise from the diseased and distended vessels of the choroid, which give way directly that the pressure to which their coats are accustomed is removed. Such bleeding, he says, never takes place when a healthy eye is operated on, that is, when there is no disease beyond cataract; but it will frequently ensue when the eyeball exhibits evidence of disorganisation, and always when distended. Moreover, in the latter cases it is not requisite to cut away any portions of the scleroticæ or of the cornea to cause it; simple evacuation of the liquefied vitreous body by a puncture may be followed by copious hæmorrhage. We have heard him allude, in support of his theory, to severe bleeding after the extraction of cataracts from eyes that plainly showed, from the discoloration and vascularity of the scleroticæ, that there was general disease of the eyeball, cases in which the operation for extraction was inadmissible. An opiate was given, and the patient sent to bed. Not any constitutional effect followed, and the girl took her meals as usual. On the third day, the compress was removed, and the strips of plaster changed, and she returned home. At her next visit, that day week on which the operation was done, the plasters were taken off and the eye left free. Already the cut surface was covered with a greyish-white film. She was very closely questioned, and declared that there was no longer pain in the right eye, and that the intolerance of light was less. The next note taken dates fourteen days later. She had commenced some employment, but the sight was somewhat weak; the eye was still preternaturally vascular. Two months after this there was not any trace of the late disease, except in remains of slight opacity of the upper part of the cornea, but less than there had been. The pupil acted fairly well. The stump of the left was much reduced.

Original Communications.

CANCEROUS UTERINE TUMOUR: SUCCESSFUL REMOVAL BY THE ÉCRASEUR.

By JOHN F. NICHOLSON, F.R.C.S., Stratford Green.

A HEALTHY married woman, of spare habit and sallow complexion, aged 46, the mother of six living children, the youngest nine years old, applied to me for relief from repeated floodings, which had blanched her system, and reduced her to a state of extreme prostration. The catamenia had appeared regularly up to the last three months, since which time she had flooded at least once a fortnight, and been drenched in each interim with a copious discharge of blood and mucus, which was horribly offensive. She was not aware of any uterine disease, and had allowed connexion with her husband up to within a fortnight of my first visit. Defæcation was attended with some difficulty, but not so micturition. She suffered severe dragging and bearing down pains in the back and pelvis, which she compared to labour pains. Her family were all healthy, and there was no apparent constitutional taint.

On examination *per vaginam*, I found, within an inch of the vulva, a large warty irregular growth filling this passage: numerous smaller granular portions were hanging from it, giving it a sort of cauliflower conformation. It was firm and fleshy, but not so dense as a fibrous polypus. The os uteri could not be made out, and was supposed to be incorporated in the tumour. The most delicate examination was attended with profuse bleeding, and followed by severe expulsive bearing down pains and faintness. The inguinal glands were not enlarged; the abdomen was flat and flaccid; and the uterus could not be felt enlarged above the pelvis.

On March 14th, 1857, I removed this tumour by the *écraseur*, whilst the patient was under the influence of chloroform. Messrs. Coote and Anderson kindly assisted me. The patient was laid upon her back, as for lithotomy; the legs held back by an assistant. The tumour was turned out of the vagina by the fingers, which was accomplished with some difficulty. The os uteri could not be found; but a pink healthy tissue was exposed immediately above the base of the growth, which, being narrower at this point, conveyed the impression, on a first glance, that it was the pedicle of the tumour, but, on a more careful examination, was believed to be the cervix uteri. The chain of the *écraseur* was applied directly below this healthy looking structure, where the morbid growth apparently took its rise. As soon as the chain was tightened, all bleeding ceased, which had continued pretty freely during the necessary manipulation. Thirty seconds were allowed between each turn of the screw; and the tumour fell into my hand perfectly separated. The line of division measured four inches by two and a half; it was drawn in or puckered, owing to the tissues being squeezed together.

The tumour was evidently cancerous, being made up of nucleated cells, arranged in irregularly formed and loosely connected fibres, with numerous granules and capillary vessels. Its surface was ragged, warty, and much disorganised. Its growth had been very rapid, having given no indication of its presence save alarming hæmorrhage, until it had attained the size of the female fist. On examining the divided surface of the tumour, the os uteri was seen in its centre: fully two-thirds of it had been included in the grasp of the *écraseur*, and separated as part of the mass. Near its posterior edge, a smooth shining concave membranous surface was observed, which was first mistaken for the cavity of a cyst, but, on closer inspection, turned out to be a portion of the peritoneum. This had been drawn down when the tumour was everted and encircled by the chain. It was not seen at first, as its edges were squeezed together and confounded with the other tissues. When these were spread out with the forceps, it was brought fully into view, being above an inch in diameter, and was found, by the naked eye as well as by the microscope, to be peritoneal membrane, corresponding to that portion which descends from the under surface of the uterus on to the vagina.

A slight oozing of pale coloured blood continued when she was removed to bed, but nothing to occasion any anxiety. Vomiting and faintness, with a decided rigor, occurred about six hours after the operation, which brandy and water relieved. Opiates and salines were given, and a liberal diet, avoiding wine and stimulants. She has not had an unfavourable symp-

tom since. The bowels were well cleared out by an enema on the morning of the operation, and they have acted without aperients since. A scalded bran poultice, with a little turpentine, was applied over the abdomen, which completely removed the soreness and tenderness which she complained of the day following the operation. No other external applications were used. An abundant muco-purulent bloody discharge, very fetid, flowed for the first fortnight; but there is now very little, chiefly muco-purulent. She has used an injection of chloride of soda during the last week, with marked advantage.

On March 15th, whilst passing urine, a broad shreddy piece of disorganised tissue escaped: this was preceded by a good deal of pain. It had a well defined ring near its thinnest margin, and corresponded to the surface of the tumour, being doubtless the slough separated from the wound of the *écraseur*, and the ring answering to the severed peritoneal membrane. The recumbent posture was rigidly enforced till the 23rd, when she was moved on to a couch, but she could not sit up without a dragging pain in the pelvis. Her appetite is good, and her general health has been wonderfully improved by quinine and sulphate of iron.

REMARKS. This case proves the value of the *écraseur* in the removal of uterine tumours, or even a part of the uterus itself. Had the old plan of ligature been adopted, the morbid mass could not have separated without the risk of pyæmia; and the chance of a successful result must have been most visionary, when the great base of the tumour is taken into consideration, with the fact that the os uteri, as well as a portion of the peritoneum, would have been included in a ligature, however skilfully applied. There is a preparation in the museum of St. Bartholomew's Hospital, where a polypus, growing from the os uteri and completely embodying the latter in its pedicle, was tied by a ligature. The patient died before the ligature separated. The pedicle of this polypus has a narrow base, not exceeding an inch and a half in diameter, while the one removed by the *écraseur* had a base of four by two and a half inches. The danger of hæmorrhage from such an extensively divided surface, had excision by scalpel or scissors been practised, must have been considerable, as the tumour bled freely on the least handling, and the divided surface was seen well supplied with blood-vessels.

The *écraseur*, therefore, seems to have met all the exigencies of this case, combining as it does the advantages of ligature and excision, while it does not occasion the dangers of pyæmia, which are referrible to, and almost invariably attendant upon, ligature. At the same time, it obviates the risk of hæmorrhage by the peculiarity of its slow action bruising the vessels, and thus inducing their occlusion by coagula. Most important structures were in the present case freely divided, and without those ill consequences which so often baffle our most cautious efforts in the removal of morbid growths. I would strongly recommend this valuable instrument to those unacquainted with its use, as being perfectly safe and easy of application, when used with caution and slowness. I am aware that a fatal case has been candidly reported in the ASSOCIATION JOURNAL, Nov. 15th, 1856, where hæmorrhage followed its application; but, in that instance, the patient was most unfavourable for any operation, being of a hæmorrhagic disposition; and, even if the fatal issue can be charged to the *écraseur*, it only proves the exception to the rule, as I know of no other recorded case. Even with chloroform and other remedies, in the most skilful hands, loss of life occasionally ensues, without raising an insuperable objection to their use. Every improvement in the principles of surgery, and the application of surgical instruments, has been met by the strongest prejudices. It is to be lamented that the most distinguished contributors to science have had the mortification of seeing the principles they have advocated, and the means and arts by which they have been practically carried out, too often treated with indifference, neglect, and evasion. That obstinate adherence to an established routine of practice, that medical conservatism of what has been sanctioned by habit, too often lapses into superstition, and views the improvements of a rising generation with all the prejudices and hostility of a bigot.

Fearing that a valuable mechanical contrivance may be lost to suffering humanity, and not fairly appreciated, I have been induced to bring this successful case before the profession, in the hope that it may be fairly tested by practical experience. I trust that records of the cases to which the *écraseur* is specially adapted, and the results of its application, will be laid before us, till its merits or demerits, if it possess any, be established to the conviction of all inquiring minds.

CASE OF SECONDARY MALIGNANT DISEASE AFFECTING THE ILEO-CÆCAL VALVE, AND OBSTRUCTING THE INTESTINE.

By CHARLES BROWNING, Esq.

[Read before the Harveian Society, March 19th, 1857.]

Mrs. R., aged 82 when she died, was born at Coopersail, near Epping, and was healthy during childhood, with the exception of occasional attacks of ague. At the age of 14, she was struck on the right breast, which soon became enlarged, painful, and hard. These conditions increased, and in the course of six years—viz., at 20—she was deemed the subject of confirmed cancer, and admitted into the Middlesex Hospital, where the mamma was removed, and she eventually recovered.

Her restoration, however, was not permanent; for it seems that, although she married in the course of two years, and became the mother of seven children, she was not exempt from the subsequent invasion of internal malignant disease, which was attended by a train of suffering for sixty years, seldom perhaps surpassed. Her offspring were sickly, and for the most part died young. Three survive, two of whom are subject to scrofulous affections.

In the year 1846, she came under my care, and has since been seldom long without requiring medical attendance. Always ailing, and much debilitated by the persistent disease, she frequently had most severe paroxysms of abdominal tenderness, a burning sensation along the alimentary canal, compared to a heated iron thrust through the bowels, with lancinating pains, shooting especially from the umbilicus to the anus, and feeling as if something were alive within, probably from irregular movements of the canal.

Usually dyspeptic, all her symptoms were aggravated by solid food, and reached their climax in about four hours, or shortly after tea, when she would throw herself back in her chair in the greatest agony, gasp for breath, and declare that she was dying. This state generally continued as many hours longer, yielding at length more or less to remedial measures. At intervals, the appetite was craving, and the bowels habitually constipated.

During an earlier period, it appears that local depletion, counterirritation, etc., were adopted with only temporary relief; nor perhaps could more be effected by our art; for it became afterwards apparent that the malady which had affected the breast had located itself in some part of the intestinal canal, and was now amenable neither to the scalpel nor to the influence of medicines. These latter, however, were valuable as palliatives; and benefit was derived at times from chalk mixture with tincture of opium; the emdermic application of laudanum, by means of flannel saturated with it, and placed upon the abdomen, and by small doses of castor oil, followed by warm soothing enemata. Seldom could any other than spoon diet be taken with impunity.

On the 16th February 1857, she was attacked by bronchitis, in a subacute form, and it was accompanied by the old abdominal pains; under the combined influence of which, exhausted nature quickly succumbed.

On opening the body, the only parts worthy of particular notice were the small intestines and the ileo-cæcal valve. The jejunum and ileum were here and there inflamed, and their mucous surfaces presented patches of ulceration. But the chief seat of disease was in the valve, which had lost its normal structure, and with that its proper action; that portion of the intestine from which the folds constituting the valve proceed was thickened and indurated, and the calibre of the bowel was so far diminished as necessarily to have permitted with difficulty the feces to pass. The valve itself presented a cribriform condition; and the adhesion which had taken place between its free edges left four apertures, each about the size of a large quill.

REMARKS. In reference to the early age at which the primary disease appeared, the question arises, whether it was a genuine case of scirrhus? I would reply, with respect to the mamma, that the fact of the patient having been received into a metropolitan hospital, operated upon, and the disease reported as cancer, may in after time be regarded as probable evidence of its malignant character at least. Nor does the age of the patient render such a conclusion irrational, since from the hereditary and blood nature of cancer (which I use as a generic term only), it is surely not assuming too much to suppose that the mamma, so prone to be the nidus of its specific cancer-cells, should, under the exciting influence of a blow, become the seat