

pointed out,<sup>7</sup> may sometimes deceive the physician, who may mistake them for the disease itself. Such, again, are certain forms of progressive muscular atrophy, which were formerly regarded as primary affections of the muscles themselves, but whose origin really lies in certain morbid alterations of the great motor cells of the anterior cornua, or grey matter of the spinal cord. M. Charcot says that "the power of producing, under certain morbid conditions, lesions of nutrition in the peripheral parts of the body, or in the viscera, is not an attribute of the brain or spinal cord alone. These centres share the privilege with the nerves which radiate from them, and it is to be observed that the consecutive affections which are produced by trophic lesions, and developed in the most widely different regions of the nervous system, present most remarkable analogies in spite of some specific differences. Hence, when the physician's attention has been directed to such affections, it is often a matter of extreme difficulty to determine what portion of the nervous system was originally affected, and what is the true cause of the trophical lesion."

(To be concluded.)

## TWELVE CASES IN WHICH DILATATION OF THE CERVIX UTERI WAS ACCOMPLISHED BY CONTINUOUS ELASTIC PRESSURE.

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I HAVE had such unsatisfactory results with all kinds of tents in dilating the cervix uteri that I have long desired to get something which would accomplish this more safely, more speedily, and with less pain. Having been struck with the ease with which an inverted uterus can be returned by continuous elastic pressure, I applied this method for the purpose of dilating the cervix; and my results have been so completely satisfactory that I hasten to narrate my experience of the first twelve cases in which I have used it.

CASE 1.—E. W—, aged twenty-seven, had a miscarriage in December, and has been losing more or less ever since. Cervix closed; fundus large. No. 2 dilator was applied at 6 P.M.; No. 3 at 10 P.M.; and next morning at 9.30 I could introduce my finger easily, and removed what seemed to be the whole of a placenta of about the third month.

CASE 2.—Mrs. H—, aged thirty-eight. Fundus large; cervix small; profuse menorrhagia. Clearly a case of multiple myoma. A trial of No. 1 dilator resulted in partial dilatation after six hours' application. Twelve hours' application of No. 2 produced no effect. I therefore notched the cervix on each side to the depth of a quarter of an inch, and directed the house-surgeon to insert No. 2 once a day for a few minutes. On the third day I applied No. 3 at 7 P.M.; at 10 P.M. No. 4 was placed by the house-surgeon; and at 9 next morning the whole canal was so fully dilated that the finger could reach the fundus.

CASE 3.—E. H—, aged twenty-eight. Fundus large and completely retroflexed; profuse menorrhagia. The retroflexion made it at first impossible to use the dilators, and I therefore divided the cervix freely on each side by the hysterotome, and placed one of Marion Sims' cleft stems in the cavity. This was worn for about a fortnight. Dilatation was begun about 3 P.M. by No. 3; this was replaced by No. 4 about 10 P.M.; and at 10 next morning the canal was fully dilated, so that I could discover and open the capsule of a small myoma in the fundus, which was afterwards expelled by the uterine contractions.

CASE 4.—Mrs. F—, aged thirty-nine. Profuse metrorrhagia, probably from retained fragments of a placenta belonging to a miscarriage which occurred seven months ago. No. 2 dilator was applied at 5 P.M.; No. 3 by the house-surgeon at 10 P.M.; and when I visited the hospital next day about 6 P.M. the canal was fully dilated, and I removed the placental debris.

CASE 5.—Mrs. W—, aged thirty-eight, had a miscarriage six weeks ago, and has been losing ever since. Fundus large and cervix closed. Applied No. 2 dilator at 11 A.M.; No. 3 at 7 P.M.; and at 11 P.M. removed a small placenta.

CASE 6.—E. H— has suffered from a continual discharge with severe menorrhagia for more than a year. The apex of a polypus can be discovered presenting through the os. I applied No. 3 dilator at 10 P.M.; and next morning about 9.30 removed a long narrow polypus, the pedicle of which was close to the fundus.

CASE 7.—Mrs. S—, aged forty-six, has never been pregnant; suffers from continual discharge and irregular floodings. Fundus slightly enlarged; cervix partly open. Applied No. 3 at 7 P.M.; and next morning at 8 could introduce my finger the whole length of the canal. It proved to be a case of endometric epithelioma.

CASE 8.—Miss F. H—, aged thirty-four, has suffered from metrorrhagia for two years. Has a myoma in the posterior wall. Thinking it might be possible to enucleate it, I applied the dilators. In this case also it was necessary to notch the cervix before they effected their purpose; but after this was done, twelve hours' pressure with Nos. 2 and 3 enabled me to discover that the tumour could not be removed by the cervix.

CASE 9.—Mrs. W—, aged thirty-seven, has very profuse periods. The fundus is large and retroflexed; the cervix closed. By fifteen hours' pressure with Nos. 2 and 3 I was enabled to introduce my finger, and discovered that it was merely a case of subinvolution. She has now passed two periods since the dilatation with very much less loss, and the retroflexion is practically cured.

CASE 10.—Mrs. H—, aged twenty-seven, has been losing continuously since her confinement four months ago, and her condition has resisted all therapeutic measures. Twenty hours' dilatation with Nos. 1, 2, and 3 enabled me to remove a small fragment of placenta, not larger than a bean, and since then (nearly a month) there has been no loss at all.

CASE 11.—Mrs. M—, aged thirty-two, believes she is pregnant about the fourth month, but for six weeks has been losing almost daily. Fundus as large as if she were three months pregnant; cervix slightly open. Eight hours' dilatation with Nos. 3 and 4 enabled me to empty the uterus of an ovum, the placenta of which was situated just within the cervix in the posterior wall of the uterus.

CASE 12.—Mrs. H—, aged thirty-seven, has been losing at very frequent intervals for seven months, and is never free from an offensive watery discharge. The fundus is large and extremely anteverted; the cervix quite closed. Eighteen hours' pressure with Nos. 2 and 3 enabled me to remove a rotten foetus and placenta, of probably the third month. This ovum must have been retained in the uterus for at least four months after its death, for the last normal period was in December, and I removed the ovum on the 1st of August.

Besides these cases I may refer to a case of retained foetus removed by my colleague, Dr. Savage, after twenty hours' dilatation with Nos. 1, 2, 3, and 4; and, since the above was written, the dilators have been used by myself and my friends in more than twelve other cases with uniform success.

In all of these cases the results were perfectly satisfactory. The advantages of the plan are that it is absolutely free from smell and septic risks, in these matters contrasting most favourably with the use of sponge tents. It is also almost free from pain, and here it has a most incontestable advantage over the use of sea-tangle tents. It is likewise superior to either of these methods of dilating the cervix in that the plugs, being of vulcanite, can be used indefinitely, and that therefore their use is far less costly. I may also say that I have never obtained from sponge, tangle, or tupelo tent the complete dilatation of the whole canal which these plugs produce.

The dilators are best arranged in a set of four sizes made to screw on to a common stem. They are sold to any pattern by Messrs. Mappin and Co., New-street, Birmingham. The only precaution necessary in their employment is to use extremely gentle pressure. I have had a bent stem made for exceptional cases of flexion, but in the great majority of instances the straight stem answers every purpose.

Birmingham.

SCHOLARSHIPS.—At the London Hospital Medical College Mr. Adolphus J. Richardson, B.A., has obtained the Entrance Science Scholarship of £60, and Mr. T. Ozzard that of £40; and Messrs. George A. L. Bowling and Stephen F. Smith have obtained the Buxton Scholarships, value £30 and £20 respectively.

<sup>7</sup> On Diseases of the Nervous System, p. 6.