

ing, or exposure to cold. The fits of pain were always preceded by a stinging sensation at the side of the mouth, then a feeling as if a number of hot irons were being thrust into the tongue, followed by the most severe pain, from the symphysis to the ramus of the jaw on the right side, and thence to the temple, spreading both backwards and forwards. During the two years that the patient had been a nurse to the hospital every medicine which was likely to give relief had been tried; but as the pain increased in severity, at the patient's entreaties that something more should be done, it was decided to divide the dental nerve. This was done on Sept. 1st. An incision was made along the anterior margin of the masseter muscle, another at right angles to this along the body of the jaw, and the triangular flap of skin raised; the bone was then trephined with an instrument three-quarters of an inch in diameter, and the dental nerve and artery were thus exposed in their canal. About half an inch of the nerve was then removed. Troublesome hæmorrhage took place from the dental artery, but was arrested by the application of a red-hot wire. The edges of the wound were then accurately brought together by means of silver wire, a small opening being left at the apex of the angular incision for the escape of pus. Carbolic oil (1 in 30) was then applied.—8 P.M.: Feels very comfortable. Has had no return of the pain; been slightly sick once. Pulse 120; temperature 102° 3'.

Sept. 2nd.—Slept fairly. No pain, but occasional headache. Complains of thirst. Pulse good; no sickness. The wound not dressed.

3rd.—Progressing favourably. No return of pain, but she complains of slight aching in the face. Bowels moved slightly. The wound was dressed with carbolic oil, and looks well, there being only a little watery discharge from the opening, whilst the ends of the incision are quite healed.

4th.—Slept well; complains of pain and stiffness just below the ear, this part being also red and hard; in other respects she is much improved, takes nourishment well, and feels in every way better. A bread poultice was ordered to be applied to the inflamed surface.

5th.—Last evening had severe twitching and stinging sensations, with pain just beneath the tongue and by the side of the jaw; this, however, did not spread over the face, as it had originally done, nor was the pain so intense.

6th.—Had rather a restless night, the twitching still continuing, but with less severity; wound discharging more; the redness and hardness beneath the ear decreased; general condition still in every way good.

7th.—Is much better; has had but a slight return of the twitching sensation; bowels rather confined; wound doing well.

From this time patient went on uninterruptedly getting well, until Sept. 14th, when she had a slight return of the pain. On Sept. 18th she left the hospital for change of air, the wound having nearly healed.

25th.—Patient feels quite well, much better than she has done for some time; has had no return of pain.

27th.—Patient discharged to duty.

The only treatment found necessary in this case was an occasional dose of castor oil; no anodyne was required. The wound was dressed with carbolic oil, with the addition, after a time, of a bread-and-water poultice; the nourishment consisted of milk, soup, beef-tea, pudding, and minced meat.

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.

SACCULAR DILATATION OF THE URETHRA; REMOVAL;
CURE.

(Under the care of Mr. LAWSON TAIT.)

MRS. B—, mother of a large family, had suffered for many years from a protrusion about the size of an egg from the vulva, which was excessively painful. She passed large quantities of fetid pus from the bladder. The protrusion looked like an ordinary cystocele, save that it was quite irreducible, was very hard, and when firmly pressed a large quantity of fetid ammoniacal pus escaped from the orifice of the urethra. If this pus got on the fingers it made them smart. The sound readily passed into the cavity of the protrusion from the urethra. It was clearly, therefore, not an

ordinary cystocele, but probably a sacculation of the urethra, and the only benefit likely to be obtained was by its removal. She was placed under ether, and the lower half of the protrusion was removed by a cut of the scissors, and this opened into a large cavity lined with thickened corrugated mucous membrane. It had an opening into the urethra large enough to admit a No. 9 or 10 catheter, the opening being situated in the lower wall of the urethra, and about half way between its orifice and the entrance to the bladder. The whole of the mucous lining of the sac was removed, and the vaginal mucous membrane was closed over the cavity by deep sutures. The wound healed rapidly and the cure is now complete.

Mr. Tait remarked that he had never met with a case like this, and he supposed that the sac must have been of congenital origin.

REMOVAL OF A LARGE SOFT FIBRO-MYOMA BY ABDOMINAL SECTION; DEATH.

(Under the care of Mr. LAWSON TAIT.)

Mrs. W—, aged forty-five (sent by Dr. Eshelby, of Stroud), had been aware of an increase in size for about four years, but chiefly within the last few months. Mr. Tait saw her first at the end of July, and found a large semi-fluctuating tumour reaching up to the xyphoid cartilage, lying chiefly to the left side, but with a well-defined secondary mass lying under the liver. There was a good deal of ascites. The tumour moved very freely. The uterus was high, and moved with the tumour, but not closely enough to make it certain that it was not ovarian. Mr. Tait expressed a doubtful opinion about the nature of the tumour, but advised an exploratory incision, and the removal of the tumour if it were possible. The incision was accordingly made on Sept. 11th, and, even when the tumour was bared, it was not till a needle had been passed into it that its non-cystic nature could be definitely ascertained. The tumour was free from adhesions, and had a fair pedicle. Mr. Tait therefore removed it and placed a clamp on the pedicle. The tumour was found to be a collection of extremely soft fibroids growing in the fundus uteri, which was of course removed with them. The patient went on well for thirty-six hours, but died of general peritonitis on the fourth day.

This is the second case of the kind that Mr. Tait has operated on, the first having recovered.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE ordinary meeting of this Society was held on the 26th inst., Sir James Paget, F.R.S., in the chair. A paper by Dr. Greenhalgh, advocating the use of the actual cautery for the enucleation and removal of certain uterine fibroids was read. The difficulties in the selection of suitable cases, and the subsequent risks arising out of the disintegration of the growths were the points chiefly dwelt upon by Drs. Meadows and Barnes, who spoke on the subject. This paper was followed by one by Mr. Spitta, late Demonstrator of Anatomy at St. George's Hospital, explanatory of a new working model of the larynx, and containing a confutation of current opinions as to the actions of the respective laryngeal muscles.

Dr. GREENHALGH, at the commencement of his paper "On the Use of the Actual Cautery in the Enucleation of Fibroid Tumours of the Uterus," alluded to the infrequent use of the actual cautery as compared with its application on the Continent, and passed on to enumerate the cases in which, for the last twelve years, he had used it with more or less success. These cases include chronic enlargements, with induration of the cervix uteri, due to inflammatory or fibroid diseases; epithelioma and cancer of the neck of the uterus where the organ is movable; some cases of vascular tumour of the meatus urinarius; slight cases of recto- and vesico-vaginal fistula; in incontinence of urine due to di-