get a lotion for the "whites," but for which I declined to give a prescription without seeing the patient first. I then elicited that they were sometimes tinged and that she had a good deal of pain and some hæmorrhage on coitus. On examination about two inches within the vagina a cauliflower growth of about the size of three walnuts with a base of the size of a florin was met with. With a finger in the rectum and one in the vagina no trace of thickening could be felt around the clearly circumscribed base and the bowel-wall was freely moveable away from the base. Beyond the growth the vagina was perfectly healthy as was the cervix. Several glands in both groins were enlarged and tender. Owing to the total absence of any infiltration of the vagina I thought that the case was probably a papilloma and that the enlargement of the glands was simply due to the irritation of the growth and the secretion. I sent the patient to University College Hospital where Dr. G. F. Blacker removed the growth by a circular incision of about the size of a crown-piece, this seeming to be well beyond the growth in all directions. The glands were removed at the same time. The patient left the hospital in about three weeks and on examination later I found a great deal of cicatricial contraction with hardened masses bulging between the scars and bleeding freely on the slightest touch. In less than a month there were large warty growths over the vulva and others at the surface of the vagina which in later times have become as large as oranges, giving great difficulty in micturition, while the site of the vaginal growth has spread and invaded the bowel to such an extent as to threaten obstruction of the bowels, this only being obviated by passing a large catheter through the mass and keeping the fæces very liquid by numerous small injections through it. The patient has now numberless disseminated nodules over the skin of the abdomen with affections of some of the glands in the groin.

In a recent letter from Dr. Blacker he tells me that the growth proved microscopically to be carcinoma. Except when the bowels have a difficulty in being relieved the pain is kept down perfectly effectually by repeated doses of nepenthe which, in this case, as in many other cases, seems most effectual in allaying pain without producing any disorder of the head, stomach, or bowels and is in this way immeasurably superior to the tincture of opium of the British Pharmacopœia.

One moral to be gained from this case is not to prescribe without a full examination of the patient. Had I given a prescription (which would naturally have failed) and then had seen the patient some weeks later my conscience would have reproached me for ever with the thought that had its cause been known earlier it would have been probably a curable case—an erroneous conclusion, but one which would never have been disproved.

King Henry's-road, N.W.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF STRANGULATED HERNIA IN A PREMATURE CHILD, AGED FIVE WEEKS; OPERATION; RECOVERY.

(Under the care of Mr. D'ARCY POWER.)

STRANGULATED hernia in very young children is extremely rare, for though about 100 cases of herniotomy for strangulation have been recorded up to the present in which the patient was under a year old, this number is seen to be small when compared with the very large number of children who suffer from congenital inguinal hernia. Contrary to what might have been expected, the mortality is by no means high in those cases in which an operation is performed. About 16 cases have been recorded during the first month and

about as many in the second.¹ Nearly half the cases in children under one year occur during the first three months.

On April 15th, 1901, a very wasted and ill-nourished male child, aged five weeks, was admitted into St. Bartholomew's Hospital, under the care of Mr. D'Arcy Power, with the history that a swelling was first noticed in the left groin on the 12th and that on the 13th the child vomited every time he was put to the breast and cried all day. The vomiting continued till the time of admission and the bowels had not been opened since the 12th at 9 A.M. The child was said to be born prematurely at seven months. He was blue and collapsed and in the left inguinal region there was a hernial swelling as large as a walnut. The hernia was cut down upon as taxis under chloroform failed to reduce it. The sac was opened and was found to contain a very little piece of omentum with a knuckle of small intestine rather deeply congested. The hernia was of the congenital variety and there was practically no fluid in the sac. The constriction was situated at the internal ring and was very tight. The stricture was divided, the bowel was returned, and the sac was isolated, ligatured in two places and divided, the distal part being left to form a tunica vaginalis whilst the proximal portion was stitched to the peritoneal surface of the abdominal wall. The external abdominal ring was closed with a single suture and the wound was united with silk-worm gut. The child bore the operation well and was fed by the mouth four hours after he recovered from the anæsthetic. The bowels were opened on the following morning and he never vomited. The sutures were taken out on the fourth day when the wound was perfectly healed. A collodion dressing was applied and the child left the hospital on the 30th. He weighed 4 pounds 12 ounces on admission and 5 pounds 1 ounce on the day of discharge.

On May 21st the child was taken to Mr. Power, as a new patient, at the Metropolitan Dispensary for the relief of a hernia on the right side. He recognised the child as soon as he saw the scar and as the hernia seemed to be due to the straining caused by a very tight phimosis a circumcision was performed. The child again recovered with a single dressing.

Remarks by Mr. POWER.—Cases of strangulated hernia requiring an operation are sufficiently rare in very young children to make it worth while to record their appearance from time to time. I am indebted to Mr. C. S. Hawes, my late house surgeon, for the notes of the case.

ROYAL INFIRMARY, NEWCASTLE- ON-TYNE.

A CASE OF CÆSAREAN SECTION AND COMPLETE REMOVAL OF THE UTERUS IN THE EIGHTH MONTH OF PREGNANCY FOR CANCER OF THE CERVIX.

(Under the care of Dr. THOMAS OLIVER and Mr. RUTHERFORD MORISON.)

THE best treatment for malignant disease of the cervix of an unimpregnated uterus is total hysterectomy, and the coexistence of pregnancy with the malignant disease increases the advisability of immediate operation, especially in cases in which there is a good hope of removing completely all the new growth. When pregnancy has advanced so far as the eighth month Cæsarean section followed by hysterectomy is the only satisfactory method of dealing with the condition. In the case recorded below there is very good reason for hoping that no recurrence will occur.

On Jan. 25th, 1901, a married woman, aged 39 years, was sent by Mr. H. B. Ord of South Shields to consult Dr. Oliver on account of uterine hæmorrhage. She was then far advanced in pregnancy. She looked a healthy but anæmic woman and was the mother of nine children, the youngest of whom was two years and one month old. All her confinements had been easy. Since the birth of her last child the patient had suffered on a few occasions from uterine hæmorrhage, especially during the last 18 months. Blood would come away once or twice a week and would continue only a few hours or for the greater part of a day. The hæmorrhage was irregular and for five or six weeks might entirely disappear. Five months before she had a severe but painless bleeding. This continued for two hours and then suddenly

¹ B. G. A. Moynihan, THE LANCET, Sept. 25th, 1897, p. 788.

ceased. Half a pint of bright, clotted blood escaped in a very short time. No more blood was seen by the patient until three days before seeing Dr. Oliver when there was another excessive loss unaccompanied by pain, but so profuse as to cause considerable anxiety to her medical attendant and friends. Seven months previously she first knew she was pregnant. There was morning sickness and in due course she "quickened," the abdomen meanwhile becoming correspondingly enlarged. When examined in Newcastle the movements of the child were very active. Apart from the hæmorrhages above alluded to there had been no vaginal discharge. The blood that escaped had no fœtor. The patient's general health had remained good. Her lips were slightly cyanosed. As regards the heart, over the tricuspid area a soft systolic murmur could be heard. The lungs and kidneys were healthy. The uterus reached to within three inches of the ensiform cartilage. The fœtus was easily felt, its movements were extremely active, and its heart's sounds could be best heard just above the umbilicus, and the placental souffle close to the umbilicus on the left side. On vaginal examination Dr. Oliver found the os uteri open and the interior rough and irregular; the greater part of the cervix uteri, especially on the left side, was occupied by a mass of friable growth the margins of which were irregular, nodular, and disposed to bleed. The cervix felt on the whole fairly moveable and the fornices so far as the finger could ascertain seemed to be free. Through the speculum the growth, which could be seen projecting towards the vagina, was dirty-greyish on the surface and had all the appearance of a cauliflower excrescence.

Dr. Oliver was therefore confronted with this problem: a woman in the eighth month of pregnancy with cancer of the cervix and the subject of severe recurrent uterine hæmorrhage. What was the best thing to do? To allow the patient to go on to term, to run the risks to herself and child incurred by recurrent excessive hæmorrhage and the dangers incidental to parturition by the passage of the infant through an unhealthy, unyielding, and tearable cervix, or to recommend the bolder, and, as events subsequently showed, the safer, procedure of abdominal section, incision of the uterus, and removal of the child followed by complete extirpation of the uterus and cervix? He advised the latter and recommended Mr. Ord to allow the patient, on account of the serious nature of the operation, to enter the Newcastle Infirmary. Here she was seen by Mr. Rutherford Morison and as his opinion both as regards the diagnosis and line of treatment was similar to that which has just been expressed the patient was placed under his care.

Operation was performed by Mr. Morison on Jan. 31st, 1901. Chloroform was the anæsthetic used. The patient was placed in the Trendelenberg position and kept thus throughout. After disinfecting the skin of the abdomen and vagina as far as possible an incision was made commencing three inches above the umbilicus and carried to the pubes; the uterus was turned out and the abdominal cavity was packed off with sponges. The infundibulo-pelvic ligaments on either side were ligatured and divided along with the lateral portions of the broad ligaments. The uterine arteries were held between the fingers and thumb of an assistant. The womb was opened by a vertical incision from the fundus downwards and the child was extracted. The placenta was observed lying to the left and posterior part of the fundus. An elastic ligature was tied round the uterus just above the cervix and the upper segment was cut away. There was very little bleeding at this stage of the operation. The placenta was not removed. The broad ligaments were next cut through and the uterine arteries were clamped and cut. These vessels were unusually large and their cervical branches bled freely. Many large veins had to be clamped and tied. An attempt to remove the diseased cervix by the vagina was not persisted in and it was removed from above. All the disease seemed to be eradicated, for, so far as could be seen, the broad ligaments and peri-uterine tissues did not appear to be infiltrated. The extra-peritoneal part of the pelvis was packed with antiseptic gauze and part of this was brought down into the vagina. The peritoneum was sutured with continuous catgut over the stumps of the broad ligaments and the gauze, thus completely closing the pelvic peritoneum. The abdominal wall was completely sutured in layers with catgut. The patient stood the operation well. The infant was a healthy female of eight months. On removal from the uterus she was cyanosed and did not breathe, but under the attention of Dr. W. Simpson, senior house physician, life was soon

restored. The operation lasted one hour and 50 minutes. Both ovaries were removed along with the womb.

For the first few days after the operation the patient progressed very satisfactorily. Beyond occasional sickness all seemed to be going on well until Feb. 11th, when on dressing the abdominal wound it was noticed that while the lower part of the wound had perfectly healed a loop of small intestine about six inches in length was seen protruding through the upper part of the incision; it was reddened and bled easily and on its surface a few flakes of lymph were noticed. The bowels had been freely moved—rather purged than otherwise, the stools being offensive. The exposed gut was washed with boric lotion; the omentum was found adherent to the edges of the incision; this was separated and returned along with the intestine into the abdominal cavity and the incision was closed with through-and-through silkworm-gut sutures. The progress after this continued to be satisfactory for a period. On March 18th a small vesico-vaginal fistula was detected but it gave the patient very little trouble. The abdominal incision had practically healed. Both the mother and the child were remarkably well and were leaving the infirmary that day. Mr. Gray Turner, surgical registrar, who examined the cervix microscopically, reported: "Epithelioma; quite characteristic." On May 6th Mr. Turner wrote to Dr. Oliver: "Mrs. — was at the infirmary to-day. She looks well and strong; the abdominal incision is sound. The vesico-vaginal fistula is healed and there is no sign of recurrence. The baby is flourishing."

Remarks by Dr. OLIVER.—There are few things more distressing to a medical practitioner than for him to find one of his patients who is the mother of a large family the subject of cancer of the uterus and approaching the end of pregnancy. The detection of cancer of the neck of the uterus in the first two or three months of pregnancy is a much less formidable matter, especially if the disease is limited to the cervix, and in most of these cases it will be limited, for were it at all advanced the foul discharges would of themselves be sufficient to prevent conception taking place. In such a case, with malignant disease limited to the cervix, there is no need to delay operation. Total extirpation of the uterus by the vagina is at once called for. But when pregnancy is far advanced the case is quite different. There is a temptation to allow the pregnancy to go to term and for the practitioner to buoy himself up with the hope that by application of the forceps or by turning the dangers that are incidental to a tedious labour may be averted, and when the confinement is over that the diseased uterus can then be dealt with. But is there any ordinary certainty that the life of the mother will be spared to term and that her child will then be still alive? Too often the hæmorrhages are so profuse that the mother becomes exhausted or she becomes poisoned by absorption of her discharges. There are few obstetricians who will deny that carcinoma advances in a pregnant uterus much more rapidly than in an unimpregnated uterus. By allowing the pregnancy to run its course and the disease to make further progress we make labour more difficult owing to the unyielding tissues of the cervix and more dangerous to the mother in consequence of the friable nature of malignant structures, their tendency to tear, and for the rupture to extend into the uterus and to cause death by shock and hæmorrhage. Of 180 cases of carcinoma of the uterus in pregnant women collected by Herman in 11 the uterus ruptured. Cohnstein has reported 14 cases in which women died undelivered, 13 being at full time and 1 in the seventh month of pregnancy. Although in the later stages of pregnancy Cæsarean section with abdominal hysterectomy is a line of treatment to be carefully considered in these cases, it is only right to mention that surgeons have removed the uterus per vaginam as late as the seventh month of pregnancy. I am in favour of the abdominal method and also of not allowing the pregnancy to go to term. The case which we have reported was fortunately one in which, although the cervix was much destroyed by cancer, the fornices were clear. The successful result shows that for this case at any rate the proper treatment was adopted.

At the Bedwellty (Mon.) School Board election held on May 20th, Mr. Howell Thomas Evans, M.R.C.S. Eng., L.A.H. Dub., D.P.H. Cantab., J.P., was returned at the head of the 13 successful candidates.