ment has continued, and has subsequently led to the death of the patient. But with few exceptions there has been alleviation; and I would lay stress on this side of the question in diathermy. As I said before, the moral and physical value is very great.

In one case only was there failure to alleviate the distressing pain and discomfort which the patient suffered from, and that was in a case of my colleague Mr. V. Warren Low, where there was a very extensive growth, involving the floor of the mouth. It was in a woman, and, as you will agree, inexplicable though it is, cases of epithelioma of the tongue seem more malignant in this sex than in men. In that instance I did no good at all. She got little benefit, and there was a rapid return of the growth locally. But, with that exception, I feel satisfied that I have given comfort to many sufferers by this method when no other active treatment was available.

The Vesical Region.

The second region where I have used it has been the bladder. In this region the method has been more popular and more widely applied than in the mouth. The number of these cases in which I have used it is comparatively small, and many others here present are more competent to deal with this part of the discussion than I am. But, as far as my experience goes, the small localised growths seen early are efficiently treated and well controlled by intravesical cystoscopic methods.

When the growth is very extensive, the alternative will lie between resection of the bladder wall and destruction of the papillomata through a suprapubic opening, and this is the method that I have practised in some six cases. In all of them the growth was advanced, and an extensive area of the bladder was involved, which would have necessitated a wide resection, and in some of them the technical difficulties in the operation would have been considerable. It is admitted that one of the unsatisfactory features of operations upon papillomata of the bladder is their tendency to recur, not only at their original site of growth, but also from implantation infection in the edges of the wound. By widely opening the bladder, and passing down a non-conducting speculum, the growth is adequately exposed, and it can be destroyed then and there with considerably less risk of cell infection of the wound than if it is to be excised with subsequent suture of the rent in the mucous membrane. Of the six cases which I have done by this suprapubic method, one died as a result of a too-prolonged operation in a very unsuitable case; all the others have done singularly well. The scarring of the bladder does not appear to interfere with the function of the ureters, even when the cauterised area passes over the ureteric opening and the *restitutio ad integrum* has been surprising.

Conclusion.

In conclusion, I am not urging that this method is one which should be adopted in preference to any other; I am simply giving you a frank expression of my experience in connexion with the method over some three years. Personally, I think it has a great deal to commend it. It is not going to cure impossible cases; it very likely is of no more value in early cases than local excision; but in the large group of inoperable cases, where the surgeon has to turn away reluctantly admitting his inability to operate with any chance of success, then the method of diathermy supplies a want in the most admirable manner, and gives relief where no other relief but morphia can be found.

THE BOROUGH OF DEPTFORD AND BIRTH CONTROL.—A conference will be held at the Town Hall, New Cross-road, S.E. 14, on July 10th, at 8.30 P.M., on the subject of Birth Control, convened by the Mayor of Deptford, Alderman W. H. Green. Dr. C. S. Thomson, the M.O.H. for Deptford, will open with a short paper. All the clergy and medical men of the borough will be invited in addition to members of the borough council and representatives of various public bodies.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF FOREIGN BODY IMPACTED IN THE RIGHT SECONDARY BRONCHI.

BY GEORGE NIXON BIGGS, M.B., B.S. DURH.,
SURGEON IN CHARGE OF EAR AND THROAT DEPTS., SEAMEN'S
HOSPITAL, GREENWICH, ROYAL WATERLOO HOSPITAL, ETC.

THE interest in this case lies in the fact that although the foreign body, a screw, had been present for over six weeks the patient had carried on his ordinary life without suffering any inconvenience whatever.

On June 18th, 1921, A. B., aged 16 years, presented himself at the out-patient department of the Royal Waterloo Hospital, giving the following history. Six weeks previously he was crossing the road with a screw in his mouth when he was nearly run down by a motor-bus. In his endeavour to avoid being run over the screw disappeared, and he was not sure whether it had fallen out of his mouth, or whether he had swallowed it. The patient presented himself at the hospital on account of the fact that he was worried as to what would happen to him in the event of his having swallowed the screw, and not because any symptoms of a foreign body were present. An examination of the chest revealed a small patch of dullness in the right lung. No other physical signs were present, but the dullness and absence of breath sounds under the circumstances gave rise to the suspicion that the foreign body might be impacted in one of the bronchi. The boy was X rayed, and as a result of this the presence of a screw in one of the right secondary bronchi was demonstrated. The screw was lying head upwards, and had been sucked so firmly down into the bronchus that it was very difficult indeed to remove—in fact, at the first attempt it was impossible to do this owing to the amount of bleeding which took place. On the following day it was possible to get hold of the head of the screw, and it was removed quite easily through a bronchoscopic tube.

GANGRENE OF THE SMALL INTESTINE

DUE TO THROMBOSIS OF BRANCH OF SUPERIOR
MESENTERIC ARTERY.

BY JAMES NOEL GREENE NOLAN, M.D. DUB.,
DEPUTY MED. SUPT., HELLINGLY MENTAL HOSPITAL, SUSSEX.

THE rarity of the causation of the terminal condition of the following case makes it of interest.

On March 21st, 1922, Mrs. E. L. G. was admitted to the Reception Hospital suffering from mania. She was very excited, confused, and incoherent, and could give little account of herself. The only available information was to the effect that she had recently left Barming Heath Mental Hospital and was thought to be suffering from phlebitis.

Condition on Admission.—Patient was a well-nourished woman, aged 46. Left leg swollen, particularly about joints of knee and hip; exquisite tenderness to the slightest touch and attempts at active or passive movement caused intense pain. Respiratory system: nil. Circulatory system: heart not enlarged; soft mitral systolic murmur; pulse 80, regular, fair tension. Genito-urinary system: ventral scar of hysterectomy. Alimentary tract: tongue coated; breath offensive. No abdominal pain or tenderness, some sense of resistance in pelvic area. Faeces palpable in pelvic colon. Urine: specific gravity 1022, albumin positive, sugar negative. Temp. 98.2° F. Respirations 22.

On the 22nd her condition remained the same, but she refused food. Bowels open naturally. Slept three hours. On the 23rd she became acutely ill. P. 140, T. 99.8°. General abdominal tenderness and persistent vomiting of brown fluid, non-faecal smelling. Bowels open twice naturally. Heart action irregular, increased murmur. Pulse soft and thready. Her mental state cleared and her conduct and conversation were rational. She complained of intense thirst and pain in abdomen, and looked acutely ill. Operative interference was delayed in the hope of the patient rallying and the absence of any localising symptoms. On the 24th she rapidly grew worse, pulse-rate and temperature increasing, the latter for the first time reaching 100°; the vomiting became more continuous but unchanged in character. Bowels open once. She died the same evening. Only a limited examination was permitted.