

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SIMULTANEOUS EXCISION OF BOTH MAMMÆ FOR CANCER.

By G. P. NEWBOLT, F.R.C.S. ENG.,

NORARY SURGEON TO THE ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

IN THE LANCET of May 12th, p. 1356, Dr. Herbert Snow published a note on a case of double excision of the mammæ with axillary glands for cancer done simultaneously. As I have recently operated simultaneously upon a case of cancer of both breasts it may be of interest to report the case.

The patient, aged 64 years, consulted me on April 4th, 1900, concerning a lump in her left breast. She was a fairly healthy-looking woman and had married twice. She had borne no children and had been a widow for seven years. She had worked hard with the left arm and had noticed a lump in the left breast for about 12 months and it was now becoming painful. On examination there was a lump of the size of a small orange in the left breast and a sanious discharge coming from the left nipple which had retracted. The right breast, about which she did not complain, was hard and infiltrated, but the nipple was not retracted. I could not feel any glands in either axilla though she was a spare woman. She had a mitral murmur and a trace of albumin in her urine. On April 6th I removed both breasts, opening the left axilla as I excised the left breast first, but as I found no glands I left the right axilla untouched. The patient suffered somewhat from shock but rallied well and was about at the end of three weeks, the wounds having healed. Microscopically the left growth was a duct carcinoma, that of the right side a glandular carcinoma. If, therefore, I had opened the right axilla I probably should have found some glands, but a naked-eye section of the growth at the time of operation was inconclusive.

Remarks.—A case of this nature offers several points for consideration and I think it will generally be acknowledged that removal of both breasts and axillary glands simultaneously in a woman, aged 64 years, with albuminuria is a severe procedure. The question arises, Would it not be better to remove one breast and clear out one axilla at a time? To this the objection can be raised that in the meanwhile the growth on the opposite side increases and there is also the chance that the patient will not face the second operation, especially if, as in this case, she does not think much of the growth which she has not noticed but which has been pointed out to her. As Dr. Snow remarks, the cases must be few in which operation is justifiable. It is interesting to note that one growth was a duct and the other was a glandular carcinoma. I intend, if possible, to keep my patient under observation and to clear out the right axilla on the first indication.

Liverpool.

A CASE OF MULTIPLE PAPILOMA OF THE VAGINAL SURFACE OF THE CERVIX UTERI.

By JAMES OLIVER, M.D., F.R.S. EDIN.,

PHYSICIAN TO THE HOSPITAL FOR WOMEN, SOHO-SQUARE, W.

PAPILLOMA of the vaginal surface of the cervix uteri is an extremely rare disease. A patient suffering from this affection who came under my care was 41 years of age. She had had two children and had been a widow for ten years. She consulted me on account of a slight hæmorrhagic discharge from the vagina which she had noticed occasionally for five months. At no time had any alteration in the frequency or amount of the menstrual discharge been noted, and during the inter-menstrual period preceding her visit to me there had been no hæmorrhage but merely a profuse white discharge from the vagina. A digital examination of the vagina detected a shaggy polypoid growth of the size of a small hazel-nut springing from the vaginal surface of the left half

of the cervix about three-eighths of an inch from the os uteri. There was no evidence of any infiltration of the cervical tissue either in the neighbourhood of the growth or around the os. The examination caused the tumour to bleed freely.

After snipping off this growth with scissors two smaller growths of the same character of about the size of millet seeds, which had been concealed by the main growth, were revealed. Each growth possessed a small arterial vessel which spurted bright blood immediately its continuity was severed. The site of each growth presented the appearance of a highly vascular spot from which the mucous membrane might have been removed by a circular punch of the size of a small goose-quill. These islets were separated from each other by apparently healthy mucous membrane and there was no evidence of induration of the cervical tissues. To include the bases of all three growths I removed a wedge-shaped piece of tissue from the left half of the cervix and brought the wound together with deep catgut sutures, creating thereby a linear wound one and a quarter inches in length. The operation did not interfere in any way with the integrity of the os uteri or the cervical canal. Union was effected by first intention. (*Note.*—If my patient had been living a marital life vaginal hæmorrhage would have been observed more frequently and would probably have been more profuse.)

Microscopic sections of the growths presented generally the appearances of a simple papilloma, but sections of the base of the largest growth revealed the presence of a few cells of such a character as to arouse suspicion regarding the innocence of the tumours.

Gordon-square, W.C.

PLAGUE CONTRACTED FROM THE BITE OF A RAT.

By J. BELL, L.R.C.P. LOND., M.R.C.S. ENG.,

MEDICAL OFFICER IN CHARGE OF POST-MORTEMS AT THE GOVERNMENT CIVIL HOSPITAL, HONG-KONG.

THE following case of plague resulting from the bite of a rat may be of interest.

On April 12th, amongst the bodies lying at the public mortuary at Hong-Kong was that of an adult Chinaman, in the Government employ as a turncock, who resided at No. 3 Police Station, in the centre of the area where most of the cases of plague are at present occurring. The police report stated: "His daughter reports that her father was bitten by a rat on the thumb and that he treated the wound himself." On the ball of the left thumb were two small wounds and the hand and forearm were much swollen. In the left axilla was a brawny oedematous swelling, in the midst of which was an enlarged gland with hæmorrhages in the centre. From this a smear was taken on a slide and after staining with carbolised fuchsin it showed typical plague bacilli. Through the kindness of Inspector Ford I ascertained from the man's wife that about ten days ago, in one of the streets in the neighbourhood of the police-station, he was opening an iron door guarding the street water-tap and in this space there was a rat. In trying to catch it he received the bite, and three days afterwards he noticed the arm getting painful and tender.

Government Civil Hospital, Hong-Kong.

CARDIFF INFIRMARY.—The annual report for 1899 which has just been issued shows that during the year 1700 in-patients had been admitted against 1521 in 1898, the number of patients daily in the institution being 133 as against 124 in the previous year. The average cost per bed occupied was £54 4s, an increase of £2 7s. as compared with the previous year. The out-patients numbered 13,556, an increase of 513 over 1898. The prescriptions dispensed for these cases were 25,010 against 27,323 in the previous year. The Infirmary Saturday collection showed an increase of £277 over 1898. The "Sunbeam League" contributions amounted to £315, sufficient to maintain six cots in the Children's Ward. During the year Mr. Bell contributed £1500 in memory of his late uncle, Mr. Nixon. Legacies of £1000 and £100 had been received from the late Mr. J. Davies and Mr. C. Morris respectively, and Mr. T. Webb had given £1500 for the purpose of erecting a new operation theatre as a memorial to his late wife.