

the training is from six to eight months, but illness often causes an extension of the period needed. In any case the man is kept until he is thoroughly well qualified to start life again on his own account. Up to the present time 150 men have been fully trained and settled.

To keep the men in good physical condition much care is taken. Early morning Swedish exercises in the open air in the summer and indoors in the winter, and rowing on the water of Regent's Park form very good aids in this direction, whilst a number of voluntary workers come to give the men good walking exercise each day.

The social side of the hostel is abundantly looked after. There is a very large social hall where some form of entertainment takes place nearly every evening, and, further, there has recently been added a very large "quiet room," fitted with easy chairs, where the men can resort for a quiet smoke and rest. A chapel, too, has just been completed, and its services will undoubtedly prove of great comfort to the men.

The maintenance of general order and discipline sounds a formidable matter, but on the whole the difficulty has been less than anticipated. A great deal is done by appeals to the honour and good sense of the men themselves, the vast majority of whom realise the essential necessity of order and give offenders against the rules a very poor time. At the same time, it is very easy for one or two bad characters to upset thoroughly the whole place, and it has been found necessary in a few instances, and after due warnings, to get rid of the offender.

Harley-street, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF INTESTINAL OBSTRUCTION BY THROMBOSIS OF MESENTERIC VEINS; OPERATION; RECOVERY.

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THE following case may be deemed of sufficient interest to merit publication.

The patient, aged 54, a labourer's wife, habitually constipated, was suddenly seized with severe abdominal pain, referred to the right of the umbilicus, a pain which "doubled her up." The condition passed off, only to return soon after, followed by vomiting and arrest of the passage of flatus and faeces, which state continued till she was admitted into the hospital after three days. During that time she was treated outside for intestinal obstruction by Dr. T. N. Leah, as she refused early surgical treatment.

On admission the temperature was 97° F., the pulse-rate 80, and the respirations 26, and on the following morning they were 98.4° F., 116, and 28 respectively. The abdomen was slightly distended with gas, and vomiting was very frequent and faecal-smelling. There was no visible peristalsis. Nothing was found per rectum or per vaginam. A soap enema, followed in three-quarters of an hour by a turpentine enema, was administered without result. The patient was prepared for operation and the stomach was washed out.

On the fourth day after the onset of illness a laparotomy was performed by Dr. Leah. About 12 inches of distended small gut with attached mesentery was found to be of a deep chocolate colour, just above a constriction ring, beyond which the gut was perfectly healthy. The attached mesentery was soft and oedematous and gave way on manipulation with some hæmorrhage. No band, adhesion, tumour, or ulcer was found to account for the constriction ring. No peristalsis was visible in the affected area. Some peritonitis was present. The attached mesenteric veins were found to be thrombosed. The affected area of the gut was re-ected, and end-to-end anastomosis was established by simple sutures, closing the abdominal wound in four layers, the whole operation taking about an hour.

The patient ten days after the operation was getting on well, although she had been troubled with vomiting, meteorism, and great thirst during the early part of the after-treatment. She left the hospital perfectly cured five weeks after the operation, and is doing light work at home.

I am indebted to Dr. Leah, surgeon to the hospital, for permission to publish the case.

A CASE OF APPARENT DISAPPEARANCE OF CARCINOMA OF CERVIX.

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A PAPER read before the Section of Therapeutics and Pharmacology of the Royal Society of Medicine in 1909 by Mr. Wippell Gadd and another author stated that the violet leaf contains a glucoside (*viola quercitrin*), which is an antiseptic and has the property of easing the pain and lessening the discharge of uterine cancer and also of keeping the urine sweet for a long period after it had been passed, but they did not find that it had any curative effect. The fact that in the following case the nodules disappeared from the scar on the thorax is very remarkable. How far it was due to the violet-leaf infusion combined with other measures and how far it might be considered a temporary or permanent disappearance of carcinoma is difficult to say, but the case seems one worthy of recording.

The patient, a married woman aged 45, had her left breast amputated for cancer in 1914 at Liverpool, and has been under my observation ever since. In July, 1916, symptoms of uterine cancer appeared, and also nodules developed in the operation scar. Offensive vaginal discharge tinged with blood, obstinate constipation and vomiting, painful and difficult micturition, and pain in the left sciatic nerve area. Another medical man, Mr. W. R. Williams, Machynlleth, saw her with me in August and agreed that there was extensive ulceration of the cervix, carcinomatous in character, and that the uterus was fixed in the pelvis and appeared bulky. We agreed that she was too weak to stand another operation so extensive as hysterectomy, and that palliative treatment combined with enemas and vaginal douches was all that could be done. I also suggested vaginal injections of infusion of wild violet leaves, and that the patient should also take a little infusion of the violet leaves internally. This has been persevered with, and she has steadily improved. The nodules in the scar disappeared in September and I can find nothing abnormal in the cervix, and the uterus is now freely movable. Also the constipation and vomiting have quite ceased. She has still pains in the left sciatic nerve area, and is exceedingly thin, as indeed she always has been. But she is taking plenty of nourishment and the pain in the nerve is not so great as to require morphia. She sits up in a chair daily.

Corris, North Wales.

A CASE OF SARCOMA OF FOURTH VENTRICLE.

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THE following case presented unusual features, clinical and pathological, and is reported in the hope that the notes may be found useful by others who have to deal with similarly misleading clinical conditions.

The patient, a girl aged 14, was admitted to the Royal Sussex County Hospital, under Lieutenant-Colonel E. Hobhouse, about the middle of July, 1916, with a history of having had "meningitis" some months previously. Apparent complete recovery from the "meningitis" occurred, but since that time the patient had occasional periods lasting a few days, during which she appeared to be in a state of coma. In the intervals she appeared to be practically normal, and at no time was there headache, vomiting, paralysis, or any physical sign suggesting the presence of tumour. This naturally led to the suggestion that possibly the condition was hysterical in origin. Death occurred on August 8th, during one of the spells of coma, and the question of cerebral tumour was raised definitely, although as a possibility this had not been lost sight of all along.

Post-mortem.—A soft tumour about the size of a large walnut was found, apparently originating in the valve of Vieussens and separating rather widely the two lateral halves of the cerebellum. There was no definite pressure on the floor of the fourth ventricle, and the lateral ventricles of the brain were not distended. The tumour showed several comparatively large recent areas of hæmorrhage within it. In structure it was, histologically, a small round-celled sarcoma. There was no visible stroma and no glomatous elements. The cerebral and cerebellar tissues were normal in structure and all the other organs of the body were normal.

The absence of practically all symptoms except recurrent coma made the case a very difficult one to diagnose. On the other hand, this coma was rightly looked upon as a grave symptom, and the patient was kept in hospital in spite of the intercurrent, apparently normal, spells.

Brighton.