limited duties to teach junior students in the wards. This arrangement already exists on paper; it is time it was fully implemented.

Tutoring of a kind exists at a number of medical schools, but is applied throughout the course at very few. At many centres students do not have ready access to the dean, and they have no tutor to whom they can turn for advice on reading, for guidance on methods of work, or for help in choosing a career. This is unforgivable.

Art or Science ?

The above remarks are aimed at some of the weaknesses in our present system of imparting factual, technical medical knowledge. It is, however, a striking feature of British medical education to-day that the non-technical aspects are scarcely mentioned. Medicine is a great liberal profession, not a trade, and one would have thought that some effort would be made to bring this home to medical students. In fact, very little is done to teach the doctors of to-morrow how to handle patients, how to tell them about their own disease, how to deal with their relatives, and how to tackle the host of more or less related problems which will begin to face them on their first day in practice. It may be contended that such lessons can be learnt only by experience, or that our teachers' example serves as the best guide to our future behaviour. Unfortunately, this example is not always worthy of emulation, though with the passage of time one becomes inured to those constant acts of thoughtlessness towards the patient which struck one with horror in the early stages. A patient expects sympathy and understanding from his doctor, not only technical skill. The selection of medical students for character rather than brains would be a step in the right direction, but it is equally important that emphasis should be placed throughout the course on those aspects of medicine which make it an art as well as a science.

Medical Memorandum

Spontaneous Amputation of Cervix

The following case is worth recording in view of the interesting cases reported by Arnott (1949) and Uhma (1949).

CASE REPORT

The patient, a woman aged 33, had had two previous pregnancies, one in 1945 resulting in the birth of a normal infant weighing 9½ lb. (4.3 kg.) at term, and the other in 1946 ending in miscarriage at five months. Her present pregnancy had been uneventful and the expected date of delivery was January 21, 1949. She was admitted in labour as an emergency case at 2.30 p.m. on February 6, 1949, as the district midwife found her unmanageable. Labour had apparently started at 2.5 a.m. that day, and from the beginning she had insisted on using strong expulsive efforts. Unfortunately there is no record of the exact time of rupture of the membranes.

On admission her general condition was good. The foetus was in the left occipito-transverse position, with the head engaged in the pelvic brim. Vaginal examination revealed a cervix which admitted three fingers, which was markedly oedematous, and which had two old lateral lacerations, one on each side. The membranes had ruptured. She was given 200 mg. of pethidine and the midwives were instructed to prevent her "bearing down."

At 6 p.m. I was summoned by the Sister, who reported that a fleshy mass had presented at the vulva. This was found to be the posterior part of the cervix, which had become almost totally avulsed, being attached only by a narrow pedicle of tissue. There was some bleeding. Preparations were made to deliver the infant by forceps, but, before these were complete, delivery of a female infant weighing 10 lb. (4.5 kg.) occurred spontaneously, the placenta following in ten minutes.

As there was still some bleeding, the woman was anaesthetized and the cervix explored. It was confirmed that the whole of the posterior part, limited by the two lacerations, had been amputated. A few bleeding points were secured and ligated and thereafter bleeding stopped. The puerperium was uneventful.

On June 22 all that remained of her cervix was a small finger-like process anteriorly which was the seat of an erosion. There did not seem to be any pronounced fibrosis such as one finds after operative amputation, and what remained of the cervical canal admitted the tip of a finger. The erosion was cauterized.

COMMENT

In many cases of spontaneous amputation of the cervix one of the main underlying factors seems to be some organic condition preventing dilatation of the cervix, and the majority of cases have occurred in primigravidae (De Lee and Greenhill, 1943b). Other factors are contracted pelvis, prolonged labour, and premature rupture of membranes (De Lee and Greenhill, 1943a, 1943b), though the latter two are probably results of the other causal factors rather than contributory causes. In most cases of amputation after operative treatment the de Ribes bag has been used (Uhma, 1949; De Lee and Greenhill, 1943b).

In my case the factors concerned were undoubtedly the size of the child and the strong expulsive efforts used by the woman from the beginning of labour. Her pelvis was of average size, and with an infant of 10 lb. there must have been considerable nipping of the soft tissues. This would tend to cause oedema of the cervix as in contracted pelvis, which in turn would prevent full dilatation, and the strong expulsive efforts of the uterus aided by the abdominal muscles would force the head downwards, carrying the cervix in front of it (De Lee and Greenhill, 1943b), the line of separation occurring where the head was compressing the cervix against the sacral promontory.

The line of separation was bounded at each side by the two old cervical lacerations. It would be interesting to know to what extent separation would have occurred had the cervix previously been intact.

Opinion seems to vary on the question of future pregnancies and labours. De Lee and Greenhill (1943b) consider that the resulting scar nearly always closes the uterus but agree that spontaneous deliveries do occur after the injury. In Arnott's case subsequent delivery was easy. In many cases following surgical amputation of the cervix there is difficulty in labour (Calvert, 1949; Kosmak, 1949). In my case there did not seem to be any pronounced fibrosis and the cervical canal did admit the tip of a finger. It will be interesting to observe events should the patient become pregnant again.

IAN F. MACMATH, M.B., Ch.B., B.Sc., D.R.C.O.G.,
Obstetrician, Bradford-on-Avon Maternity Hospital.

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