In these various ways a mass of data could be obtained which, being collected by a single observer, should be free from differences of personal equation, and which on analysis should yield really valuable and well founded information.

TWO CASES OF VULVITIS CAUSED BY THE ACCUMULATED SECRETION OF TYSON'S GLANDS.

By JOHN D. MALCOLM, F.R.C.S. EDIN.

CHRONIC inflammation of the vulva is often difficult to cure and a source of much distress from the persistent itching. Local cleanliness is recommended in all the textbooks as an essential of treatment, but an accumulation of secretions under the prepuce of the clitoris is not generally mentioned as a special source of trouble. The following case shows that an irritation there may be easily overlooked:

CASE I.

I removed the prolapsed and gangrenous portion of a urethra which stood out quite half an inch from the meatus. The patient's age was 75. She had every advantage of circumstances for keeping the parts clean, and she was scrupulously careful in this respect in all ordinary ways. A good nurse was engaged, and during the operation I did not notice anything that suggested a need for particular examination of the prepuce. The gangrene seemed to account for the vulvitis. Ten days later the urethra was healing well though slowly, but the patient complained much of itching, which was a long-standing trouble, and on lifting up the prepuce a layer of stale secretion was discovered, under which the parts were obviously irritated. This patient's medical attendant writes that "after two or three cleansings of the prepuce the irritation, which had been a cause of constant suffering, entirely disappeared." He adds that he has found a similar condition and treated it with success in two other cases.

CASE II.

A healthy-looking, well-cared-for country child, 2½ years old, was sent to the Samaritan Free Hospital on account of a vaginal discharge which was said to be at times so offensive that all who came near were conscious of it. No proper examination was possible until an anaesthetic was given. Then it was seen that the clitoris was completely covered by its prepuce, the edges of which were adherent back to the junction of the labia minora. The whole vulva was inflamed. A knife was required to expose the clitoris, which was only partially adherent. Under the deepest part of the prepuce the secretion of Tyson's glands was found in small inspissated granules exactly as in a case of persistent phimosis in the male. These granules were big enough to be seen and felt through the skin. The offensive discharge ceased very quickly after the parts were exposed and cleaned.

These cases have led me to examine carefully the fold of skin over the clitoris as occasion offers in the course of operations. This fold must, in some cases, be lifted from its position before its under surface can be fully seen, and a white sticky secretion may be found there, although there are no signs of irritation. Occasionally it is quite difficult to clean the parts even under an anaesthetic, because of the tight fitting of the prepuce over the end of the clitoris. It would appear therefore to be worth while, in all cases of intractable vulvitis, to make a thorough examination of the under surface of the prepuce, with the aid of an anaesthetic if necessary.

THE VALUE OF ARTIFICIAL PNEUMOTHORAX IN THE ARREST AND PREVENTION OF HAEMOPTYSIS IN PULMONARY TUBERCULOSIS.

BY

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THE article in the BRITISH MEDICAL JOURNAL of March 16th, 1918, on the collapse treatment of pulmonary tuberculosis has induced me to record the following consecutive cases treated by me during the last year in which severe and persistent haemoptysis was arrested, and in all but one, in whom the treatment was not continued, so far prevented. All the patients believe in the efficacy of the

treatment, and the majority willingly continue it after leaving the sanatorium; they come in the morning for an induction, and by the evening feel fit to get home.

The cases recorded are only those of severe and persistent haemorrhage in which the usual rest, dietetic, purgative, and time-honoured morphine injections, calcium lactate in large dose, and terebene had been of little value.

CASE I.

Labourer, aged 52. Active signs in right upper lobe. Tubercle bacilli in the sputum. Haemoptysis 2 to 3 oz. daily for a month. The first induction with 300 c.cm. of oxygen reduced the amount, and the second with 600 c.cm. of oxygen, four days after, completely arrested the haemorrhage. A third induction of 600 c.cm. was given a week later. The sputum, after a temporary rise the day after the induction, fell to 4 oz. daily, then to ½ oz., and later to less. For the last six months he has had no haemorrhage, and when I saw him last he was working with very little discomfort.

CASE II.

A soldier with active disease of the right lung and arrested disease of the left. He had had intractable haemoptysis, varying from 6 to 10 oz., for the last two years. He came under my care early in 1918 with haemoptysis nearly a pint a day for a week. I gave him an induction of 550 c.cm. oxygen, but owing to fibrosis there was some difficulty, and the operation took nearly an hour. The next day the amount of haemoptysis was considerably lessened. On the third and fifth days I gave him an induction of 600 c.cm. of oxygen with very little difficulty, and the bleeding was completely arrested. He had three more inductions, varying from 1,200 to 1,800 c.cm., before being discharged, and for the last five months has been free from haemoptysis.

CASE III.

In a nursing sister with severe haemoptysis and active disease of the left lung, the haemorrhage was arrested after two inductions of 600 c.cm. each at the interval of a week. She has had over eighteen inductions during the last ten months, and her general condition has been considerably improved. She has had no further haemorrhage.

CASE IV.

A girl typist, with active disease of the left lung, with a basal cavity, and characteristic amphoric breathing and slight involvement of the right lung, had had occasional haemoptysis of 5 to 10 oz. for a month, and the sputum was always stained. On admission she was very ill, and the prognosis was not good. Treatment of artificial pneumothorax was proposed, but the patient was reluctant to consent. The staining of the sputum continued, and eventually she asked to be submitted to the treatment. After two inductions of 500 c.cm. of oxygen every other day the haemorrhage was arrested. She had four more inductions, from 800 to 1,200 c.cm. of air and oxygen, with the result that the cavity signs disappeared, the moist signs became dry, and she gained over a stone in weight. She was discharged fit for light work in four months, and she has had no further haemorrhage.

CASE V.

This was a sturdy man who had profuse haemorrhage and tubercle bacilli in the sputum. He was admitted almost collapsed. There were very few signs in the left lung. Four inductions of 600 c.cm. of oxygen and air in a week were followed by complete arrest of the haemorrhage. He is still going on with the treatment and has been free from haemorrhage.

CASE VI.

A girl with fibrotic disease and continuous bleeding and tubercle bacilli in the sputum, had bilateral disease. On two occasions left artificial pneumothorax was tried, but the bleeding, though lessened, was not arrested; the right side was then tried with 600 c.cm. of oxygen on four occasions; complete arrest of the haemorrhage ensued.

CASE VII.

In a bricklayer with persistent haemoptysis of three months' duration and bilateral disease induction on the right side was tried twice (200 c.cm. each) with some benefit, and as the haemorrhage persisted I tried induction on the left side with 200 c.cm., which completely arrested the bleeding. This was repeated on two occasions (500 c.cm. each). He has been doing well ever since.

CASE VIII.

A foreign university student with profuse haemorrhage, who had over twelve inductions, varying from 600 to 1,200 c.cm., of air and oxygen. After three months without haemorrhage, he discontinued the treatment, but returned recently with a haemorrhage which has now been arrested.

In the three other cases of less severity the bleeding was arrested after one induction, but the treatment has been repeated. I have also given over 300 inductions in cases of unilateral disintegrative type and in a few bilateral cases with marked benefit. I have been fortunate enough to have no accident or complication whatever in the mode of treatment.