ADENOMA OF SMALL INTESTINE IN AN INFANT, WITH RESULTING VOLVULUS.

BY
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THE condition encountered in the following case seems a rare addition to the intestinal troubles of infancy.

On July 4th, 1918, during the height of the influenza epidemic, a female infant, aged 8 months, was brought to me with a history of vomiting on the previous day. The bowels had acted, and the temperature was raised. A simple laxative mixture was given. On July 8th the child was visited at home. The bowels had not acted; the mother had given castor oil, and vomiting had recurred. Next day a simple enema was given, with no result. Milk and water were retained with difficulty, and there was great restlessness at night, but no rise of temperature and no abnormal signs in the lungs.

On July 11th a napkin was shown containing a small quantity of dark coagulated blood and some inspissated mucus. This was the result of a second enema given on the previous evening. A fairly firm mass was felt in the right lumbar and umbilical regions, while towards the left side, at the same level, two undulations which might result from a rigid spasm of the small intestine could be seen. A diagnosis of intestinal obstruction, possibly due to intussusception, was made, and the child was admitted to the Warrington Infirmary.

Mr. E. E. Bowden operated two hours later. On opening the abdomen by a median incision above the umbilicus, an empty plum coloured loop of intestine twisted to half a turn, and covered by adherent lymph, presented itself. The twist was undone, and a small hard tumour was felt at the commencement of what was apparently the proximal part of the loop. As this mass was firmly attached to the intestinal wall, it was clear that it was not a foreign body. The infant being now in rather a collapsed condition, it was decided to return the bowel and close the abdomen. The patient died during the night.

The bowel was examined *post mortem* through the operation wound, and it was found that the volvulus had occurred about four feet from the ileo-caecal valve. The bowel was opened and the tumour found to be cylindrical in shape, $\frac{1}{2}$ in. in its minor axis and projecting $\frac{1}{2}$ in. into the lumen of the bowel. Its base could be made out very distinctly on the peritoneal surface of the intestine. Proximally from the growth for about a foot the bowel wall was hypertrophied and the lumen narrowed. The growth was examined by Professor Delépine, who reported that it was an adenomatous polypus.

The difficulty of diagnosis between this condition and other forms of intestinal obstruction is obvious. In doubtful cases the passage of a small quantity of dark coagulated blood and inspissated mucus will serve to distinguish it from intussusception, where there is fluid, mucus, and bright blood. The question also arises whether the small growth in itself was sufficient to cause obstruction to the onward flow of the intestinal contents. The hypertrophy of the intestinal wall proximal to the growth shows that this was so, and that the volvulus probably arose from a violent peristaltic wave induced by an effort to overcome the obstruction. My thanks are due to Mr. E. E. Bowden for the details of the operation and for kindly looking over this report.

THE WORK OF A VENEREAL DISEASE CLINIC.

THE FIRST FIVE HUNDRED MALES.

BY
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THE following details of the first five hundred male patients treated at the Cardiff clinic at King Edward VII Hospital may be of interest for purposes of comparison with those of similar institutions.

Of the 500 cases there were 328 of syphilis, 174 of gonorrhoea, and 25 of soft sores. The excess figure is explained by the fact that 27 cases suffered from more than one of these diseases.

As regards the sources of infection, it was prostitutes in 279, amateurs in 183, and in 38 it was of doubtful origin. Of the "doubtful" cases many denied any known cause, many blamed their wives, and two men's infections had occurred years before, one by a bite on the hand during a fight and one the result of a criminal offence. Two patients were deaf and dumb, three were blind. The ages varied from a boy of 11 with a primary genital sore to a man of

81 with a week-old gonorrhoea. The class of the patients attending was, with a few exceptions, entirely mining or artisan. It was noted that a greater percentage of colliers was infected by prostitutes than by amateurs, the explanation being, I think, that the collier is generally infected away from his own village, and that the professional prostitute, knowing the high wages he earns, is on the lookout for him.

The earlier cases were largely of a chronic kind, but during the last few months a greater percentage of recent infections has come under treatment. Salvarsan substitutes have been used entirely intravenously, the drugs employed being nov-arsenobillon (in the vast majority), galy, and neo-kharsivan.

The only ill effects noticed have been mild dermatitis in some three or four cases, and one extraordinarily severe case of exfoliative dermatitis after the second dose of the second series of injections. This occurred at an interval of three months after the first six injections. In this man exfoliation was general from forehead to feet, and he was a month in recovering.

The purpose of the clinic—namely, to treat cases—is only a part of the object of the Local Government Board, which is to treat and to prevent; and the latter is the more difficult and the more important part. Were all infections caused by prostitutes the task would be simple, but how can the non-professional infectious woman be dealt with? By "prostitute" in this note is meant a woman who receives a money payment, but many so-called amateurs allow complete strangers to go with them. One patient said that a young woman infected him with syphilis the first evening he met her, and he was aware of four other men infected by this same person. Another case while under treatment for syphilis went with a prostitute, who gave him gonorrhoea. Altogether seven of the 500 cases have been reinfected while not completely cured, and this in spite of verbal and printed warnings. No amount of lecturing, either by scientists or religious bodies, has any bearing on such cases. To the average man there are two causes of anxiety when he goes with a woman—namely, the fear of impregnating the female and the fear of infection. He is suspicious of the prostitute but not of the girl he casually picks up. He will sometimes take precautions in the former case, but in the latter he has no anxiety. In a divisional hospital for venereal disease, of which I had charge for five months, only two cases were infected by prostitutes. Again, in two brigades in the Eastern Command every unit adopted the measures suggested—namely, a mildly antiseptic irrigation apparatus and an antiseptic ointment. They were never used. The brigadier was surprised at this, but no medical officer was. It is surely an axiom that no man will go with a woman who he suspects may be infected. Consequently the infected amateur often infects a number of men before she is aware of her complaint.

I submit that the only rational way of preventing the spread of venereal disease is to make the wilful communicator a felon. The law punishes the man or woman who inflicts bodily harm, and it should treat any communicator of these diseases in the same way. There is a very small number of men who do not know they have such a disease, and possibly a larger number of women, but the vast majority knowingly inflict their disorder on the opposite sex.

THE members of the medical and pharmaceutical profession who have seats in the Spanish Chamber of Deputies have formed themselves into a group to deal with questions affecting public health and their special interests. The chairman is Dr. F. Rodriguez, the secretary Dr. Villalobos. The medical members of the Spanish Senate have formed a committee consisting of Drs. Cortezo, Cimenó, and Angel Pulido to co-operate with the group of deputies.

THE Paris Society of Biology has instituted a series of monthly meetings to be devoted to the discussion, in common with men of science of allied countries, of questions connected with the war. At the first meeting a report on anaesthesia of wounded men in a state of shock was presented by Major Cannon of the American army. The second meeting, to be held in November, will deal with the conditions of infection in armies; the third, in December, with antiseptics. The president of the society is Professor Charles Richet, and the general secretary Dr. Aug. Petit, 7, rue de l'École de Médecine, Paris.