later cases. There has been one death from the operation. I was very doubtful whether I should remove the parts before the abdomen was opened. When they were exposed I thought their removal was practicable. The rectum was adherent to the growth, but it seemed to be possible to detach it, and I did so, thinking that I had neither opened the bowel nor divided the newly developed tissue, but an examination of the specimen showed that I had opened the vagina in separating it. On the left the growth extended under the ureter, and it is doubtful whether it was completely removed there. No hollow viscus was opened. After the operation the intestinal condition was never satisfactory. There was no evidence of fistula formation of bowel or of the urinary tract, but on the fifth day the renal functions practically ceased, and the patient died on the seventh day. I was unable to obtain a *post-mortem* examination, and the exact conditions must therefore remain uncertain, but there is little doubt that septic mischief was the immediate cause of death.

I have explored the abdomen with a view to remove the uterus for cancer of its cervix, but did not proceed with the operation, on five occasions. In three already mentioned there were fixed irremovable glands on the side of the pelvis. In another patient I found the disease passing under the left ureter almost exactly as in my fatal case, which occurred later. Thus my earlier judgement seemed to be the better. As I have said, the temptation to proceed to remove the growth is great. In the fifth case of exploration when the abdomen was opened the disease was so closely adherent to the bladder that I did not think its removal could be accomplished.

In another case a nurse consulted me and said that two years earlier her uterus was removed for a fibroid tumour, and I diagnosed a malignant growth in the cervix, which I thought had been left in the body. The parts seemed so mobile that I advised that an attempt should be made to remove them, to which the patient eagerly assented. I found that the body of the uterus and the ovaries had been removed, and the diseased mass was more mobile even than I had thought, but on attempting to separate it I quickly saw that I was dividing the muscular wall of the bladder, and I had to desist. I closed the abdomen and put the patient in the lithotomy position, in order to bring down the new growth. A careful examination then showed that there was no uterine tissue left, but that the disease had developed somewhat in the shape of a cervix. Almost immediately after I operated on this patient a woman upon whom I had performed a Wertheim operation was sent back to me by an experienced gynaecologist as a case of cancer of the cervix, which the conditions closely simulated.

I removed the kidney on May 26th, 1911, from a patient to relieve a fistula after another surgeon had removed the uterus by Wertheim's method on February 13th, 1911. On exploring the pelvis much adhesion of intestine was found over the left ureter, and the kidney was therefore removed. Relief from the fistula was complete, and the health was good until November 15th, when there was a vaginal haemorrhage, which has returned. Now—November 29th, 1911—there is a well-developed recurrence in the top of the vagina. This completes the tale of my attempts to remove cancer of the cervix since I performed my first operation by Wertheim's method.

To sum up, it seems to me that the following conclusions are justified by our knowledge of this very important subject:

The most efficient factors favouring good results, immediate and remote, are an early diagnosis and a prompt operation.

The tendency to irregular haemorrhages accompanying the disease favours an early diagnosis, and it is of the utmost urgency that the possible significance of irregular haemorrhages and the need for investigating their causes should be known as widely as possible amongst women.

The results of early operations are very good, both as regards recovery from the operation and a permanent relief.

In the later stages of the disease the immediate and the remote results are very bad, and the operation should not

be recommended unless the death-rate can be kept at least moderately low.

Wertheim's method of operating is a very great advance on any other.

REFERENCES.

- ¹ *Gynaecological Surgery*, p. 369. ² *Loc. cit.*, p. 374.

FRACTURE OF THE LOWER END OF THE HUMERUS IN A CHILD TREATED BY IMMEDIATE WIRING.

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ALL surgeons are now agreed that fixation in the fully flexed position is the correct treatment for a fracture of the lower end of the humerus. In rare cases it seems impossible, however, to get the two ends of the bones in accurate apposition, or at any rate to maintain them in good position. Then the proper treatment is that adopted here in the following case—namely, to cut down on and wire the two ends together. If the case is left with the deformity unreduced, an elbow practically useless, with little or no movement, is generally the result. It is quite rare to have to resort to the operative treatment of fractures, either at the elbow or at other parts, in children.

A boy aged 7, in September, 1911, suffered from a transverse fracture across the lower end of the humerus, due to a fall. It was put up in the fully flexed position, but the fragments could not be got into anything approaching accurate apposition. On the fourth day after the accident I cut down on the broken ends of the bones and wired them together with silver wire. The result is excellent; the patient has the power of full extension, perfect pronation and supination, and the only limitation of movement is in the direction of flexion, which is very slightly impaired. The x-ray photo showed the bone accurately reunited. A week or so after the operation it was noticed that the muscles supplied by the musculo-spiral nerve were paralysed. This may have occurred before it was discovered, for the arm was on splints. I think this was caused by some bruising of the nerve during the operation. The muscles have quite recovered under electrical treatment.

The operation was performed by making a vertical incision over the back of the joint and exposing the fractured ends. These were then perforated and united by silver wire. It sounds very simple to do this, but in reality it is not quite so easy as it might appear. I was much handicapped by the want of proper instruments, and finally had to make use of an ordinary carpenter's bradawl, purchased at an ironmonger's shop for twopenny, to perforate the bone. This unfortunately broke after the lower fragment had been drilled, and the half of a narrow pair of scissors was employed for perforating the upper fragment. Fortunately the bone was comparatively soft. The joint was then fixed in the fully flexed position. The result has been quite satisfactory, as there are almost complete movements in all directions.

FROM the annual report for 1911 of the After-Care Association, founded by the late Rev. Henry Hawkins, Chaplain at Colney Hatch, for the aid of poor persons discharged recovered from asylums for the insane, we learn that much good work continues to be done in assisting those of the above class who are capable of employment in obtaining suitable situations. This involves much personal investigation, as peculiarities and prejudices have carefully to be considered, in finding for each case an appropriate sphere of usefulness. No less than 399 applications for aid (financial and otherwise) were received during 1911, and although some had to be declined as not coming within the scope of the association's work, it would appear that a large number were successfully dealt with, particulars being given in the report of the varied modes of relief afforded, for example, by boarding out so as to confirm convalescence when necessary, by the provision of clothing and of tools, and by the seeking out of suitable situations. We are glad to see that the council report that "the year under review has been in all respects the most successful in the career of the association;" and we note that the total amount received in 1911 was £1,355 11s. The offices of the association are at Church House, Dean's Yard, Westminster, S.W.