that painful backache which otherwise is so distressing to them. A sixth or so now and then of morphine hypodermically, never does any harm, but more often it is not needed. Flatulent distension of the bowels is still the great trouble after coeliotomy. The rectal tube should be the nurse's *vade mecum* in these cases, and purgatives and rectal injections must be resorted to unremittingly, and sometimes in heroic doses, until the bowels act; after that patients may eat whatever they can.

I am quite convinced that not nearly enough attention is given to the culinary arrangements, either in hospitals or nursing homes. I have often been disgusted with the way in which the food is served to patients in hospitals. In the matter of surgical dressings and appliances nothing is too good for them. If members of the Royal Family they could not get better, but when it comes to the way in which their food is served to them, then it is another affair altogether.

Some years ago I was staying a few weeks in one of the chief towns in the South of Spain, and visited the military hospital there. The Commandant, a most courteous old colonel, showed me everything with the utmost kindness, but he explained to me that if I noticed many deficiencies it was because the Government would not supply them, and moreover the new methods had come in since his time, and he did not mind them much; but what he did think was really important was that the patients should be well fed, and so I was taken to the kitchens and was made to taste all the dishes, the soup and the wine, etc., and was asked my opinion of them. I pronounced them excellent, as undoubtedly they were. There are other things that make for success in surgery besides the latest type of sterilizer. After operations, when convalescing, the appetites of patients want coaxing and tempting, no matter how low the social class to which they belong. How often is the food sent away because it is served untemptingly, the meat cut too thick, or cold, underdone or overdone, or generally unappetizing! It is the same in a large percentage of the surgical homes. The commissariat is weak to the last degree, and the culinary art often almost unknown. Both the quality and quantity of the food supplied are inadequate, and complaints are heard on all sides. If, as Napoleon, said, "a soldier marches on his belly," certainly a patient convalesces on nothing else.

A certain most excellent teacher of surgery was always reminding us as students, when speaking of fractures, that we must restore the function of a broken limb and not be content with merely getting the ends to unite in good position. And so with abdominal work, we perform a big operation and turn the patient out of hospital in record time and are then a little vexed when he or she turns up again with as many aches as before. Do not forget that to some an abdominal operation and the subsequent convalescence has been a great ordeal and has taxed their powers exceedingly. It may take them three to six months to get back to where they were before and to be able to resume their usual occupations. Our work is not merely an exalted form of human carpentry. Surgery does not alone consist of manipulative dexterity and operative skill. Judgement, based on knowledge and experience, is still the master quality in our equipment, and many side issues have to be considered and disposed of by us before our patients are completely restored to health.

All I have said has I am aware been said, and said better, before. I have doubtless omitted many essential facts, but I have endeavoured to emphasize some of the points which in my judgement are important in abdominal and pelvic operations.

A CASE OF PRIMARY EPITHELIOMA OF THE VAGINA, SHOWING AUTOINOCULATION OR CONTACT INFECTION.

By A. J. WILSON, F.R.C.S., ETC.,
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THE interest of the question of autoinoculation in cancer lends interest to the following case:

Towards the end of September, 1906, Mrs. Mc., a healthy-looking, rather corpulent woman, aged 48, consulted me about

pruritus vulvae, which had been troubling her about three months, and it also came out that even before the itching began she had suffered from dyspareunia. She would not permit local examination, stating rather boastfully that she had always been healthy, and had borne 12 children without the assistance of a doctor, and all she wanted was some ointment for the itching. I gave her some carbolic ointment, and also a lotion of creolin and camphor, but she came back again three weeks later to be examined, as her condition had not improved. A swelling was found slightly ulcerated on the surface, and about the size of half a crown, just at the entrance to the vagina on the left side. On the other side more anterior and extending backwards into the vagina there was a larger ulcerated patch, with rough granular surface and raised edges. There was also a little discharge, which had an offensive odour. The inguinal glands were not enlarged, and the urine was free from albumen and sugar.

The patient was persuaded to undergo an operation, and was admitted to the Alexander Hospital, Coatbridge. On November 4th the growths were excised. The temperature was never above 99.8° F., and the wounds were quite healed in six weeks from the date of operation. There is some contraction of the vaginal orifice, as one would expect, but so far there is no sign of recurrence, and a period of nearly seven months has elapsed.

Microscopical Examination of Tumours.

The tumours were sent to Dr. Teacher of Glasgow for examination, and his report is as follows: "The tumours are both epitheliomata of the squamous-celled type. That which is regarded (I think rightly) as the primary is more cellular and soft than the greater part of the other, which is more of the hard, warty type. Nevertheless they are essentially the same tumour, and I should think Dr. Wilson's theory that the younger is an inoculation across the vagina quite likely to be correct. The other alternative is development of two epitheliomata in one vulva at the same time, which is also possible but I should think less probable."

Primary cancer of the vagina seems to be a very rare condition. Roger Williams, in his data derived from patients under treatment at the chief London hospitals, shows that only 0.43 per cent. of all cancers in women are of vaginal origin. Gurli, from Vienna hospital experience, gives the percentage as 1.6. Of 7,498 female cancer deaths in Hamburg tabulated by Reiche (1900), only 29 were of the vagina, or 3.8 per cent.; and of Hecht's 4,507 cases, 50 were vaginal, or 1.1 per cent. Averaging these results, it may be said that less than 1 per cent. of all cancers in women are of vaginal origin. These figures do not favour the theory held so strongly by some that cancer is caused by irritation, for few parts of the body are more prone to all kinds of irritation than the vagina. According to Williams, prostitutes are less liable to vaginal cancer than other women, notwithstanding their great proclivity to venereal and syphilitic affections of these parts. With regard to the wearing of pessaries, only a few instances of association of cancer with this habit have been recorded (Meyer, Hegar, etc.), whereas the number of those who have worn these instruments for years must be enormous. Most cases arise long after the menopause (Serafini, Bernard, Williams), the decennium 50 to 60 being the period of maximum frequency. Hence it may be inferred that the origin of the disease has no direct connexion with the incidents of the reproductive life. This is borne out by the fact that nulliparae are as prone to the disease as multiparae; for, as Bernard's data show, one-fourth of those affected have never been pregnant.

In making the diagnosis of vaginal cancer it is necessary to remember that secondary cancer of this part is common, whereas primary cancer is rare; consequently neighbouring organs likely to originate the disease—uterus, rectum, bladder, etc.—must be specially examined. Cancer of the cervix uteri, which is so common, nearly always spreads to the vagina sooner or later. The same is true of sarcoma. The diagnosis has to be made from sarcoma, sloughing myomatous tumours, certain chronic inflammatory affections (Chamberlain, Prickett), various syphilitic and tuberculous lesions, some mycotic infections—for example, actinomycosis; several of these lesions are far more common here than cancer. Bilharzia of the vagina has also been met with (Williams).

It is easy to see how a case showing autoinoculation such as I have described might be mistaken for a soft chancre, which is frequently multiple. Lange has met with a vaginal gumma that presented as a chronic tumour the size of an apple, which, after having resisted many remedies, was at last completely cured by extirpation.

The question of autoinoculation or contact infection is a very interesting one, but it is difficult to get any literature

bearing on the subject. In Allbutt and Rolleston's *System of Medicine* Dr. W. F. Andrews says:

Direct inoculation has occasionally, though by no means commonly, been observed in human cases of malignant disease. Cancer of the vulva commencing in one labium may extend to the opposite labium without any actual continuity of growth.

The disease usually begins as a small solitary nodule, but Lange, Schwartz, and others have reported instances of primary multiplicity. Mercanton has met with independent outbreaks in the vagina and uterus. Most of these multiple manifestations are no doubt due to local dissemination from the primary focus, but it is probable that some of them result from the spread of the disease by contact infection (Williams). An instance of this kind has been reported by Olshausen, in which the disease was propagated from the posterior to the anterior vaginal wall, and a case by W. W. Russell of vaginal implantation from adeno-carcinoma of the cervix uteri. I am much indebted to Dr. MacPhail of Coatbridge for his kindness in helping me with this case.

[This was written before the delivery of Mr. Butlin's address at the Annual Meeting at Exeter.]

SEVENTY-FIFTH ANNUAL MEETING

OF THE

British Medical Association

Held at Exeter, July 27th, 29th, 30th, and 31st, and August 1st and 2nd, 1907.

PROCEEDINGS OF SECTIONS.

SECTION OF PSYCHOLOGICAL MEDICINE.

THOMAS CLAYE SHAW, M.D., F.R.C.P., President.

PRESIDENT'S INTRODUCTORY REMARKS.

PROGRESS IN THE TREATMENT OF MENTAL DISEASES.

GENTLEMEN,—Whilst acknowledging the honour of being appointed President of this Section for the meeting of the British Medical Association held in this historic city, I feel the responsibility of the office which I have with pride and gratification accepted, and I invite your sympathetic co-operation and experience in the disentanglement of the many knotty problems which must arise in the various discussions to which we stand committed. The importance of these annual meetings instituted by this wide-reaching Association lies in this, that they must be regarded as milestones of progress, and as authoritative records of the state of configuration and relation of the speciality at a definite period.

The barometer of our speciality stands at "change," and, looking back, I recognize how it has risen from an unobtrusive and neglected state of depression whilst confessing that the onward trend has yet far to go before we bask in the sunshine of certainty. Our attitude to-day is one of expectant attention and of the recognition that though we are engaged in exploiting the veiled heights of the pinnacle of a speciality we yet feel that our support and foundation is deep fixed on the common bed-rock of vital bodily processes, and that we really pulsate with and are attuned to all the vibrations of the medical system. The recognition of this gives us the confidence that, so long as we are true to our conditions of stability and equilibrium and to our relation with the medical and social environment, we must continue to progress, and that by preserving a correct orientation we may ultimately arrive at conclusions which, though now obscure, or even perhaps unthinkable, will yet be seen to be in harmony with the fixed proposition on which our corporate allies, the medical and surgical sciences, depend. But shall we be content to dance attendance merely on what our collaborators are doing? We must try to unravel some of the mysteries which are conditions at present inexplicable and which seem to be of a different order

from other results of vital processes, though when disintegrated and reduced to their elements they will be seen to be in traceable connexion with what we know, whilst we may be sure that they, in reciprocity, will be valid for the correction and furtherance of our appreciation of the true factors of the great unit of disease. Have there been during the last year any indications that we are nearer now than we were to the true understanding of the nature of mind, whether as a separate entity, as a result of brain action, or as a set of phenomena acting in a psycho-physical parallel? Never was the public so exercised as now with cries for illumination as to the existence of telepathy, spiritism, and other cognate processes, and if so, as to their laws and meaning. Telepathy is the communication of impressions of any kind from one mind to another independently of the recognized channels of sense. Does such a communication exist, or is it nothing more than a *conception*, the recognition of some cause for coincidence in the minds of two persons that cannot be due to chance? Without doubt our present attitude is one of greater tolerance towards the possibility of such intercommunication, and the statement of Dr. J. H. Hyslop that it may be a direct transmission of thought, or some process of vibration or of spiritistic mediation—that is, ethereal vibrations started by a thinker and perceived and interpreted by a spirit—this statement is, I say, perhaps all that we can say towards acceptance of its validity (value, worth). Such a psychologist as Stout can see "no sufficient reason for being peculiarly sceptical concerning communications from departed spirits"; and Sir Oliver Lodge is avowedly at one with those who hold that we seem to be on the threshold of linking up in a direct chain of processes the material with the so-called immaterial or psychical. But further than this we cannot go: we have no knowledge of its laws and conditions; no scientific experimental demonstration has so far come to hand, and for the *vraisemblance* of its existence we are still dependent on the Alhambra and St. George's Hall.

As the Church and esoteric philosophy, treating mind as a separate thing from the body, have not advanced us one whit, though they have for ages discussed its nature and validity from their own standpoint, one can yet see glimmerings of a *rapprochement* between pure theology and medicine or physical science in such books as *The Risen Master* and *Pastor Pastorum* by Dr. Latham, and in our more recent contentions of the actual nature of matter and of radio-chemical activity. As we have not yet succeeded in vitalizing our Frankenstein, neither have we been more fortunate in materializing the spiritual; that is our present position, though we are more ready to acknowledge that there must be an annectant chain of processes, and that we are making progress in the intelligent tracing of the links.

The strictures of the writer in the *Times*, who reproaches us with the inadequacy of our treatment of mental disorders, owing to the way in which we treat mind as a thing in itself, instead of more actively ministering to the body through which alone mind is known to us, is both inaccurate and narrow; *inaccurate* because never so much as within the last twelve months has the influence of bodily conditions and irregularities upon mental phenomena been so energetically insisted and acted upon; and *narrow*, because we must investigate mental phenomena—they sometimes indicate (if we analyse and interpret them correctly) the nature of the lesions which are at the physical root of the disorder, and the particular part of the apparatus where we should seek for the damage. But we are in no subservience to the range of one doctrine or of the other, and just as we use the material pharmacopoeia for ridding the body of lethal products or of altering processes which have certain psychical accompaniments, so do we use the spiritualized forms of matter—otherwise mental processes—as curative agents, for example, in hypnotic suggestion, in instruction to exert will power, to cultivate attention, etc.

So different now are our conceptions as to the nature of insanity from what they were that it becomes daily more and more difficult to say what insanity really is, and there is a practical output from this in our reluctance to the signing of certificates, and in the preference for treating patients on general principles with merely a change from