left kidney, was a rent in the jejunum, near its commencement close to the spine, about $1\frac{1}{2}$ inch long in the longitudinal axis of the bowel, at its free border; the edges of this rent were thickened as if bruised; no other source of haemorrhage was discovered.

TWO CASES OF INOPERABLE SCIRRHUS OF THE BREAST TREATED BY OÖPHORECTOMY: RESULTS.

By E. PERCY PATON, M.S.LOND., F.R.C.S.,
Assistant-Surgeon, Westminster Hospital.

THE question of the treatment of inoperable scirrhus of the breast by removal of both ovaries has of late caused considerable discussion, but as its ultimate value as a means of relief or cure can only be settled by extensive experience of cases in which the treatment has been tried, I have thought it worth while to add the only two cases, which I have so far done that they may be included in the larger experience of others. Both of them are unfortunately "complete" cases, as both of them have since died.

CASE I.

E. L., married, aged 43, first came under my care on January 15th, 1900.

History.—She was married and had had nine children, and was at the time five months pregnant; she had first noticed a swelling in the left breast the previous November, and it had increased very rapidly.

Condition on Examination.—There was extensive infiltration of the whole breast with new growth and some, though not very extensive, affection of the axillary glands.

Operation on Breast and Result.—On January 18th the breast and axillary contents and sternal portion of the pectoralis major were removed, the wound healed without trouble and she went out of hospital on February 7th in good health. She returned on September 13th, having in the meantime had a child which she had suckled. She said that two months before the lump had returned in the scar, and that on September 7th it had bled a little; the bleeding was stopped by pressure, and she was kept under observation. On October 9th she was readmitted, and a careful sketch having been made of the extent of the growth, it was found that an area of about 9 in. by 5 in. of the left chest wall was ulcerated, and there was also considerable infiltration around this ulcer; the opposite breast was also involved, but there was very little glandular affection palpable, and no evidence that any internal organs had been attacked.

Oöphorectomy was done on October 11th, and a day or two later she was put on 5 gr. of thyroid extract three times a day, which, however, was only continued for about three weeks.

After-History.—The patient's mental condition soon became a source of trouble; she was very restless and unable to sleep, trying to get out of bed, and apparently going rapidly downhill. On November 14th it was noted that the growth on the left side seemed a little smaller and showed less tendency to bleed than formerly, but that the swelling in the right breast was increasing. As she was still very restless and sleepless, sulphonal (20 gr.) every night was ordered. This had a very beneficial effect on her general condition, as she at once began to sleep better and became more herself; but there was no further improvement in the condition of the growth, while that in the right breast continued to increase, and she now suffered a good deal of pain; she was, however, able to get up, and her general condition remained about the same till January 5th, 1901, when she was discharged. She died in the infirmary on March 4th.

CASE II.

Mrs. L. B., aged 31, came under my care on March 21st, 1901.

History.—She had first noticed a lump in her left breast eighteen months before, she being then four months pregnant. Five months later after the birth of the child it began to grow more rapidly, and when I saw her it had extensively infiltrated the whole left breast and axillary glands, and the glands in the posterior triangle were considerably involved.

There was no evidence of any affection of any of the internal organs.

Operation on Breast.—The state of matters was explained to her, and I was desirous of leaving the tumour alone in the first instance and removing the ovaries, but she was anxious that at any rate an attempt should be made to remove some of the growth. An extensive operation was therefore done on May 30th, 1901, the breast and pectoral being taken away, as well as the contents of the axilla, but the cervical glands were not touched.

Oöphorectomy.—The wound healed kindly, and on July 1st the ovaries were removed, and she was discharged from the hospital in good general health on July 24th; indeed she expressed herself as feeling much better than when she came under treatment, though there was no obvious improvement to be noticed in the masses in the neck. From the time of her discharge she was kept carefully under observation, but the growth speedily recurred in the scar, and extended widely, and although she suffered very little pain she went very rapidly downhill, and died at the end of December, 1901.

It may be noted here that the nature of the growth in both these cases was characteristic scirrhus.

REMARKS.

Very little I think need be added to the notes given above. Both of them were exceedingly bad cases to have to deal with, as in both the growth was associated with either pregnancy or lactation, but on the other hand in both cases the removal of the ovaries was done at a time of life when theoretically their removal may perhaps be expected to have most effect. Two cases can, however, only be of value in estimating the utility of the treatment under consideration when added to a larger number of cases under the care of other surgeons.

TREATMENT OF A CASE OF SCIRRHUS RECURRENT FIVE YEARS IN A PATIENT AGED 93: IMPROVEMENT.

By E. A. PETERS, M.D., B.C.CANTAB.,
In charge of Throat Department, Bolingbroke Hospital.

HIGHLY satisfactory results of the treatment of various forms of cancer by exposure to Roentgen rays have been reported by Mr. Bryant and Mr. Lyster,¹ Mr. Clarke,² and others. Thanks to the courtesy of Mr. Lyster, I had the opportunity of seeing some of these cases so treated, and the methods employed at the Bolingbroke Hospital. The resulting improvement so impressed me that I felt justified in employing the treatment on a recurrent slow-growing spheroidal-celled carcinoma which had been under my observation for three years.

The original growth was said to have been removed with the left breast by Lord Lister³ thirteen years ago. The recurrence had been noticed by the patient eight years later. When the patient first came under my care there was a projecting mass about $1\frac{1}{2}$ in. in diameter adherent to a rib at the seat of the incision. This condition was considered unsuitable for operation.

From that time on the growth slowly progressed. At times considerable inflammation set in, with swelling, bleeding, and pain; sloughing ensued, and a period of quiescence followed. The pain was relieved by application of suprarenal extract.

On December 5th, 1901—the date of the commencement of the Roentgen treatment—the growth measured 3 by $2\frac{1}{4}$ in.; it had a well-raised margin covered by thin red epidermis, while the centre was occupied by an irregular ulcer. There was also some ulceration of the raised margin. Large tender glands could be felt at the edge of the lesser pectoral muscle. Some of the surrounding veins were distended. The patient complained of pain of the extensor surface of the forearm and middle digit.

A 10-inch coil was employed to give a parallel discharge 4 to 7 inches in length with Watson's vril break worked at maximum speed.

A "penetrator" tube of medium hardness was used throughout; it gave primrose-green iridescence with no intrapolar flow of violet light. The tube glowed even when discharges were passing across an interval of only 2 inches on the coil.

The growth was at first isolated by foil, but, later, as no dermatitis had resulted in the area of skin exposed near the growth, the foil was omitted in favour of a flannel protection. The exposures were made two or three times a week for ten to twenty minutes: the distance of the tube from the skin varied from two to four inches. In all ten applications were made over a period extending from December 5th, 1901, to January 8th, 1902. Unfortunately the patient developed croupous pneumonia on January 11th and died on January 14th.

Improvement was noticeable at the end of a week's treatment and on January 8th the character of the growth had completely changed. It then measured 1 by $\frac{3}{4}$ in., the margin was only slightly raised and the central ulcer was very small. The skin area which was previously undermined by the growth appeared deep red in colour. The discharge and pain had decreased to a minimum. There was no indication of a Roentgen burn.

The death of the patient when her long standing trouble had so much diminished prevented the completion of the treatment, but the local result was very encouraging. Neither photographs nor a necropsy were obtainable. The patient's age was 93.

REFERENCES AND NOTE.

¹ BRITISH MEDICAL JOURNAL, 1901, vol. ii, p. 1663. ² *Lancet*, 1901, vol. i, p. 1308. ³ In response to my inquiry Lord Lister kindly looked up his notes, but unfortunately there was no reference to this case.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

CASE OF FETID BRONCHORRHOEA TREATED BY PROLONGED OXYGEN INHALATION.

I have recently had a case of fetid bronchorrhoea in which the marked effect of prolonged oxygen inhalation was very striking. The patient was a man, aged 65, with a previous history of attacks of asthma diminishing as age advanced, the last attack being some years ago. Each winter he suffered from a certain amount of chronic bronchitis, expectorating thick, sticky mucus.

His present illness started with a chill about a week previous to my seeing him on October 27th, 1901. He complained then only of a "liver attack," and appeared to think nothing of the increased bronchial trouble. A week later he began to expectorate very offensive sputum. Benzoin and creolin inhalations made no improvement. On November 11th Dr. Goodhart saw him with me in consultation. The foul-smelling sputum continued with slight intervals till November 16th, when Dr. Goodhart saw the patient again. With Dr. Goodhart's consent and approval, I procured Dr. G. Stoker's oxygen apparatus, which consists of a cubic foot collapsing bag with india-rubber tube and nasal attachment.¹ The bag was filled with oxygen gas from a cylinder, and the nasal end inserted in one nostril, the other being plugged with cotton wool. The patient then allowed the bag to empty its contents very slowly through the naso-pharynx, breathing quietly during the process. The next morning there was only a slight taste of offensive sputum. Oxygen was inhaled continuously for several hours in the same manner. The sputum became less and entirely free from odour. The patient also felt better. Daily oxygen treatment was continued till November 22nd, when it was stopped. The patient rapidly improved generally, and beyond small doses of cinchonine had no other treatment. He was allowed out on November 27th, and went to the seaside on the 30th.

Ovington Gardens, S W.

FREDERIC VICARS, M.D. BRUX.

¹ The oxygen apparatus used was supplied by Fellows, Hertford Street, Mayfair.

THE TREATMENT OF ENURESIS IN FEMALES.

THE paper published in the BRITISH MEDICAL JOURNAL, of January 11th, p. 72, by Mr. Parnell on the treatment of enuresis in females reminds me very forcibly of exactly similar treatment carried out by myself several years ago with very varying results.

I have now discarded this and various other methods for what I believe to be a more perfect and, moreover, an exceedingly simple, way, which I may briefly describe as the formation of a day-habit of retention or continence.

Nearly every child or young woman suffering from incontinence of urine is urged by her friends to empty her bladder frequently so as to avoid the unpleasant consequences of incontinence. Not infrequently the child is awakened by older relatives (on going to bed at eleven or twelve o'clock) in order that the urine may be passed once, at least, during the night; the child herself often assists in the carrying out of this domestic treatment and the consequence is that the bladder becomes more or less permanently contracted, and the incontinence is necessarily perpetuated.

Such a patient can usually hold her water during the day for only three or four hours, and the first step in the way of successful treatment is to train the patient to hold it longer during the day. While this is in progress, she is not to be found fault with if incontinence occurs, but to be encouraged cheerfully and hopefully to hold her urine as long as possible, even to the very point of incontinence.

As a rule, in my experience, an additional hour of retention can be obtained by this method every three or four weeks, and this without any severe pain or discomfort.

When the urine can be held for six or seven hours during the day, it will be found that there is no nocturnal incontinence.

JOHN W. TAYLOR, F.R.C.S.,
Professor of Gynaecology, Birmingham University.

A CASE OF GENERALIZED VACCINIA.

On January 21st I vaccinated a servant, aged about 23. When I inspected on the sixth day all four places had taken well, but there was some oedema and swelling extending down to the elbow. About the left wrist and the back of the hand were nine large shotty papules, one or two of which were commencing to be vesicular. Upon the right wrist and the back of the hand were six similar papules.

I mentioned the case to Dr. Alfred Ashby, medical officer of health for the borough, and he and I examined the girl together on January 29th. All the papules were then either vesicular or semipustular, and were umbilicated. The vesicles or pustules were multilocular. The palms were quite free from eruption, and there were no traces of either vesicles or pustules upon any other parts of the body than those mentioned. Upon this date the inflammatory area around the remains of the vaccination pustules was lessening. The woman had been vaccinated in infancy, and showed three typical foveated marks. Somewhat similar cases are mentioned in the *British Journal of Dermatology*, 1901, p. 433 (Dr. Morrow), and the *Medical Annual* for 1901, p. 244 (T. Colcott-Fox, Haslund). Generalized vaccinia is probably bovine small-pox evidencing itself in the human subject. It is a very rare condition, and its infectivity as far as other human beings are concerned is almost certainly limited to actual inoculation.

Reading.

W. T. FREEMAN, M.D.

THE TREATMENT OF PUERPERAL ECLAMPSIA.

I WAS very much interested in the article on this subject in the BRITISH MEDICAL JOURNAL of January 11th, p. 71, by my old friend Mr. Francis, of Uxbridge. I quite agree with his line of treatment, and have tried it in three cases with the greatest success, the mother recovering in each case. In one case labour came on spontaneously during a fit about an hour after the first injection of morphine; in the second case I dilated the os with my fingers, and delivered by forceps; and in the third case, to which I was called by a brother practitioner, who for some years had been trying the old chloral and chloroform treatment unsuccessfully, I injected morphine gr. $\frac{3}{4}$, which caused the fits to cease at once, after which he