

parate nursing staff is assigned to this floor.

An interesting speciality of this hospital is a ward furnished with incubators instead of cots. There are rows of them, each with its tiny occupant. In the middle of the ward is a glass compartment specially heated where the babies can be washed, and these precious and precarious little lives otherwise dealt with.

What particularly impressed one in the Paris hospitals was the value the State sets on life. Even the poor "come by chance" scrap of humanity is taken by the authorities and treated with as much care as one with a long pedigree. One of the advantages of the State control of hospitals is that there is little overlapping, and not many awkward gaps.

The children of a woman who is in hospital can, if necessary, be taken care of in the Foundling Hospital, while she herself is in hospital, thus relieving her of much anxiety, and possibly the husband values his wife and family the more when he has been without them for a time, though he has had to contribute to their maintenance.

Then, the girl who has had a child can, if her parents are not willing to receive her back and take charge of her, be sent to a Home kept by religious Sisters, and detained until she is 18. These girls are known only by numbers in the Home, and, therefore, are not branded for life with the disgrace which should be equally shared by the father.

My impression of the Maternity Hospital is that the work there for women is being carried out by women in a highly satisfactory manner, but I should like to see the introduction of screens in the wards.

C.L.

## **The Early Recognition of Uterine Cancer.**

Dr. Herbert R. Spencer, F.R.C.P., read a paper before the British Medical Association, at the Exeter meeting, in the Section of Obstetrics and Gynaecology, on measures to be recommended for the earlier recognition of uterine cancer; it was followed by a discussion. One of the points most insisted upon by all the speakers was the necessity for midwives knowing the early symptoms and main features of the disease, so that they may advise their patients wisely and opportunely to consult a doctor.

It is an appalling fact that 4,000 women, the great majority of whom are mothers, die annually in England and Wales from uterine cancer; it is all the more tragic because in the majority of the cases, the advanced stage of the disease makes operation impossible.

The fact that the case is inoperable implies that

owing to neglect of suspicious symptoms, ignorance, or reluctance to submit to examination, a life is sacrificed. It is stated that only a quarter of the cases which are examined, offer any reasonable chance of cure; many midwives and nurses themselves fall victims. With our present knowledge of the disease, the only hope lies in early diagnosis and radical treatment.

Professor Strassman, of Berlin, laid before the Association a copy of a circular issued to midwives in Germany, giving an account of suspicious symptoms, and urging them to impress upon their patients the immediate necessity of consulting a medical man, and undergoing an examination, pointing out the possibly fatal consequences of any delay. Probably some such leaflet will be issued to English midwives; in the meantime, the urgency of the dissemination of the elementary knowledge necessary for early diagnosis is unquestionable. A midwife is often confided in by her patients; ignorance on her part may lead her to treat lightly what may be the insidious and grave symptoms of cancer. Her timely warning may lead to an early diagnosis and successful treatment; she has often much influence in overruling the timid objections of women to examination by a doctor. It is far better to alarm a patient unnecessarily than to allow her to join the hopeless sufferers, who seek relief too late. The urgency and the necessity of a medical examination, wherever there is even the slightest suspicion of the disease, is unquestionable. The midwife must realise that in no instance should any irregularity of the menstrual period be neglected. Any bleeding, however slight, occurring at unusual times, requires investigation. Hæmorrhage after the menopause should be regarded as serious; women are apt to think it incident to their condition. Pain may be absent, but in early cases the patient often complains of dull aching neuralgic sensations in the lower part of the back and abdomen. There is usually a vaginal discharge, which may be purulent, offensive, blood-stained.

The popular idea that acute pain and severe hæmorrhage are the first indications for interference are erroneous. A vaginal discharge, with or without pain and hæmorrhage, however slight, warrant the midwife in strenuously counselling a skilled opinion. It is also common opinion that uterine cancer occurs chiefly about or after the menopause; though this is true, it must ever be borne in mind that younger women are also subject to it. The diagnosis can only be determined by the use of the speculum, and microscopic examination of the growth.

Dr. Edge, of Wolverhampton, suggested that the syllabus of the Central Midwives' Board should include the recognition of the cervix and an elementary acquaintance with the signs of cancer of the cervix. Every teacher of midwifery should include these in the course, seeing the grave issues at stake; the higher education of midwives will undoubtedly do much to disperse the ignorance of women, and lead to the earlier diagnosis of uterine cancer.

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