THE

ADDRESS IN OBSTETRICS.

DELIVERED BEFORE

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA,

May, 1874.

BY

WILLIAM B. ATKINSON, M.D., ETC.,

PHYSICIAN TO THE DEPARTMENT OF OBSTETRICS AND DISEASES OF WOMEN, HOWARD HOSPITAL, PHILADELPHIA.

PHILADELPHIA:
COLLINS, PRINTER, 705 JAYNE STREET.
1874.

Reel: 74-74-6.

THE

ADDRESS IN OBSTETRICS.

DELIVERED BEFORE

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA,

May, 1874.

BY

WILLIAM B. ATKINSON, M.D., ETC.,

PHYSICIAN TO THE DEPARTMENT OF OBSTETRICS AND DISEASES OF WOMEN, HOWARD HOSPITAL, PHILADELPHIA.

PHILADELPHIA:
COLLINS, PRINTER, 705 JAYNE STREET.
1874.

THE ADDRESS IN OBSTETRICS.

DURING the year that has passed since my appointment to prepare the Address in Obstetrics, many questions have occupied the medical world, a correct reply to which would prove of immense value not only to the obstetrician, but to those who select him to guide them through the perilous ways by which they are surrounded. I shall endeavor to present these to your consideration, as briefly as possible, giving the views of the best and most experienced students in this branch, and closing each subject with a reference which will enable my hearers or readers to study in detail these views as they were originally presented to the public.

Post-Partum Hemorrhage.—A learned discussion has been going on, both in the medical associations and through the columns of our journals, upon the subject of post-partum hemorrhage. This has embraced not only the best means to meet it when present, but how to anticipate and prevent its advent.

Dr. R. C. McIntosh, Doncaster, England, having failed in restraining the hemorrhage, after grasping and kneading the uterus, using cold affusions, injecting cold water per vaginam, and also a dilute solution of perchloride of iron, finally resorted to faradism. Stöhrer's portable coil machine was obtained, and an interrupted current directed through the womb, one pole having been placed on the walls of the abdomen over the fundus by means of a curved plate of copper, while the other was applied to the cervix. Firm contraction speedily ensued, which remained after a short use of the current. (*Brit. Med. Journal*, August 9, 1873.)

Dr. Whittle, London, diagnoses the occurrence of post-partum hemorrhage by the pains being strong, quick, and ceasing suddenly. He anticipates the hemorrhage by the use of ergot freely in such cases, as soon as the os is fully dilated.

Dr. Lombe Atthill thinks this trouble may be prevented by the judicious and timely use of the forceps. He often gives ergot also, sometimes combining it with strychnia.

Dr. Moorman finds the cold affusion of great service, while he agrees in the use of the forceps and ergot.

Dr. Bassett gives iron in advance, where, from the condition of the patient, he anticipates this trouble. (*Ibid.*)

Dr. W. S. Playfair, London, is fully satisfied of the beneficial effects of injections of perchloride of iron. When decomposition of the coagula commenced, they were broken down and removed with the fingers. It would be better to examine earlier, and not permit these to remain, lest septicæmia result. Antiseptic intra-uterine injections would be advisable. (*Obstet. Journal*, May, 1873.)

Dr. H. Smith, London, has employed this remedy. He used 1 part to 8 of water. He believes that this form of hemorrhage, after complete uterine contraction, is arterial. He believes that the iron does not produce contraction, nor by coagulation, blocking up the arteries, and that it cannot be regarded as innocuous.

Dr. Graily Hewitt had seen peritonitis and death after its use.

Dr. Murray had succeeded in ten cases where other means failed.

Dr. Braxton Hicks had never seen any serious result follow its use. He had employed it a great many times.

Dr. E. H. M. Sell, of New York, had seen it employed constantly at the University of Vienna, and with satisfactory effects.

Dr. J. J. Phillips had frequently used it, and had never seen a bad result.

Dr. Snow Beck had seen death follow its injection into the uterus in nine or ten cases. He believed the usual means to promote contraction of the uterus were all-sufficient, if they were used efficiently. When the local stimulus of cold or the introduction of the hand failed, sponging or swabbing the inner surface with any astringent would induce contraction, expel the hand and coagula, close the arteries and veins, stop the hemorrhage, and prevent any injurious absorption. In secondary hemorrhage, after the first week, where the walls could not be induced to contract further, sponging or swabbing with an astringent was now and then required, but it was necessary to wash out the cavity daily, to remove injurious mattters, and prevent deleterious absorption.

Dr. Bantock had seen death follow such an injection in one case. He believed compression of the uterus would suffice in most cases.

Dr. Wynn Williams regarded such injections as accompanied with great risk. He emptied the clots, swabbed the interior with a

sponge saturated with equal parts of the iron and water, and left the sponge to be expelled by the uterine contraction.

Dr. Protheroe Smith, though recognizing the danger, yet felt it to be a valuable remedy when others had failed. He thought the undiluted tincture of matico might be substituted, and thus avoid some of the dangers of the iron.

Dr. Holman had seen many proofs of the safety and efficacy of the iron. He always carried it with him to a case of labor, and believed he had thus saved many lives. He exhausted all other methods first.

Dr. Edis had failed with equal parts of the iron and water. Death being imminent, he injected an ounce of the pure perchloride, and the patient at once went on to recovery.

Dr. Rogers regarded it only as a *dernier ressort*. He had seen only one case in seven where its use was followed by bad results.

Dr. Barnes insisted that it did cause contraction of the uterus and closure of the arteries, and that effectually. He had often had his hand in the flaccid bleeding uterus, and felt the inner surface contracting, corrugating, crinkling under the contact of the iron as it flowed, stopping the bleeding and expelling the hand. The cases reported as having died after its use were either the result of the already exhausted state, or of septicæmia, which was certainly not caused by the iron. Flooding predisposed powerfully to septicæmic fever. This frequently occurred without the use of a styptic. Those who had seen it used once, condemned it, while it was emphatically approved by those whose experience had been greatest. He was convinced that he had thus saved many lives. He would continue its use, and urge it on others.

Dr. H. Smith said that since he had made it a rule to give ergot to every patient after labor was over, he had fewer cases of puerperal trouble. (*Obstet. Journal*, April, 1873.)

Dr. A. B. Steele, Liverpool, after the most careful investigation, speaks from his own experience, that this mode is safe and reliable, and strongly indicated as a means of rescuing a patient from imminent danger. He does not believe that the iron acts so much from its styptic or hemostatic effect, as from its influence as a reflex exciter of the incident nerves of the uterine walls, and by arousing the peristaltic action of the uterus. A class of cases to which this is specially adapted, is where there is recurrent hemorrhage, the uterus contracting and relaxing, and where it is scarcely safe to relax the grasp upon the uterus for hours. Here the iron at once removes all doubt and induces firm and permanent contractions. (*Ibid.*, June, 1873.)

Dr. McClintock, Dublin, as a prophylactic, administers gallic acid for some weeks before labor. He chiefly relies upon an early rupture of the membranes in the second stage of labor, and the use of ergot so soon as dilatation is complete.

Dr. Atthill confirmed these views. He waited fifteen minutes after the birth, before delivering the placenta.

Dr. Churchill agreed, but made the uterus expel the placenta at once.

Dr. Johnson and others agreed. (*Med. Press and Circular*, Dec. 31, 1873.)

Dr. John Bassett, Birmingham, regards granular degeneration of the kidneys with albuminuria and debility from defective nourishment as causes of the hemorrhagic tendency. He gives iron and an alkali or an acid. He urges pressure upon the womb. Ergot is uncertain. When the flow is very great, he presses upon the aorta, a practice too much undervalued. Opium is of great value in cases of alternate contraction. Ergot, cold, pressure, and opium failing, he injects perchloride of iron.

Dr. W. Boyd Mushet insists upon the injection of cold water.

Dr. Heywood Smith prefers ice in the uterus.

Dr. Talfourd Jones, Brecon, succeeded well in two cases with equal parts of tr. of iron and aq. (*Brit. Med. Journal*, Dec. 20, 1873.)

Mr. Jos. Quirke, Birmingham, found the iron to succeed when all else failed. (*Ibid.*, 27, 1873.)

Dr. Ewing Whittle, Liverpool, anticipates hemorrhage when pains are strong and quick, and cease suddenly, with long intervals. He gives in such cases a full dose of ergot, and if the pains do not improve, he repeats at the end of an hour. Of course, he is cautious, that the soft parts and os are first well dilated. He uses a liquid extract twice the Pharmacopœia strength, in a teaspoonful dose. He claims to have eliminated this complication from his obstetric practice. Has seen but one case in 3750 labors, and in that he had no ergot. (*Brit. Med. Journal*, Sept. 27, 1873.)

Dr. A. Macleod Hamilton, Liverpool, reports a case: 2 ʒ perchloride in a half pint iced water injected; complete recovery. (*Ibid.*, Jan. 31, 1874, p. 137, and p. 154.)

Dr. J. Braxton Hicks favors the perchloride. He gives ergot in languid action of the uterus just as the head comes upon the perineum. (*Ibid.*, Jan. 17, 1874.)

Dr. G. T. Gream objects to the iron as hurtful. He gives ergot early, as it requires at least twenty minutes to act. 60 ♏ of fl. ext. (*Ibid.*)

Dr. T. Snow Beck, London, opposes the iron injections as *highly injurious*. He urges cold to the uterine cavity. He asks, "is any one justified in having recourse to means which have such serious results, when other remedies, which have never been noticed to be followed by such consequences, may be employed to induce what was required—contraction of the gravid uterus?" (*Ibid.*, Jan. 3, 1874; Nov. 22, 29; Dec. 6, 1873.)

Dr. P. B. Giles, Jr., presents seven cases treated with the perchloride of iron; six recovered. He prefers ʒj to Oj in paralysis of the uterus; when it alternately contracts and dilates, a stronger solution, as ʒj to ʒiv or ʒvj. In secondary hemorrhages he swabs the bleeding point with the pure iron. (*Obstet. Journal*, Oct. 1873.)

Dr. Thomas Chambers, Edinburgh, followed this plan with complete success. (*Ibid.*)

Dr. T. E. Williams, Birmingham, was successful in seven cases; one case, three times; never saw the slightest ill effect, and regards the perchloride as a safeguard against septicæmia. (*Ibid.*, Dec. 1873.)

Drs. W. and J. F. Keith, Sturgeon, Mo., succeeded in a frightful case with the persulphate of iron. (*Kansas City Med. Journal*, Oct 1873.)

Dr. T. Snow Beck reports cases where death has followed the injection. (*Brit. Med. Journal*, Feb. 14, 21, 28; March 7, 21; April 4, 1874.)

Our conclusions from a limited experience of the use of this method, and from a careful review of the testimony adduced, are in favor of this means of arresting the hemorrhage. The medical attendant should carefully and earnestly employ all the usual means for inducing permanent contraction of the uterus; these failing, he should not hesitate to employ the styptic.

Sources of Hemorrhage in Placenta Prævia, etc. — Dr. J. Matthews Duncan, Edinburgh, remarks, of the hemorrhage in placenta prævia, that it may occur by rupture of a utero-placental vessel, at or above the internal os uteri; by rupture of a marginal utero-placental sinus within the area of spontaneous premature detachment, where the placenta has a margin at or near the os; by partial separation, as by a jerk or fall; by partial separation from a slight dilatation, the result of uterine pains. The first will occur even without dilatation, and without premonition. The arrest of the hemorrhage is probably the result of a local or general anæmia. (*Edin. Med. Journal*, Nov. 1873.)

Dr. T. Snow Beck, London, on hemorrhage during the puerperal period, concludes that the blood comes from the torn utero-placental

arteries; it is not a venous hemorrhage by retrogression; when the uterus is not firmly contracted the canals of the veins remain pervious and any noxious secretion, or other soluble substance, at the inner surface is taken up and carried along these canals into the general circulation; the coats of the arteries are so directly adherent to the uterine tissues as to prevent any retraction in their length, or contraction in their diameter; the coats of the arteries and veins are so incorporated with the tissues in the uterine walls that the condition of their canals is only influenced by the contraction or relaxation of the tissues composing the walls; the formation of clots in the canals of either the arteries or the veins have never been shown to exercise any influence as a means of arresting hemorrhage; the injection of styptics into the gravid uterus to arrest hemorrhage risks the death of the patient by the conveyance of the substance into the general system; the only safe means of arresting post-partum hemorrhage and preventing puerperal complications is by closing these canals by the complete and permanent contraction of the uterine walls. (*Obstet. Journal*, Dec. 1873.)

Drs. W. and J. F. Keith, Sturgeon, Mo., report a case commencing with hemorrhage at the eighth month. Labor was necessarily brought on and the delivery accomplished. (*Kansas City Med. Journal*, Oct. 1873.)

Dr. J. P. Chesney, St. Joseph, Mo., presents a paper entitled *A New Theory of Placenta Prævia*, in the *St. Louis Med. and Surg. Reporter*, April, 1874.

Electro-Magnetic Current in Labor.—Dr. McRae, of Penicuik, has, in three cases, used the current in the second stage. Ergot, digital irritation, and external friction were useless. The os was well dilated, and the pelvis well formed. The forceps was interdicted, as post-partum hemorrhage was feared. The first application was for two minutes; the uterus responded, and a pain, the first for eleven hours, was induced. It was again applied in ten minutes, and the head began to descend; a third application in five minutes caused the delivery of the head.

The other cases were equally successful. One electrode, a flat piece of metal the size of the two hands, curved to fit the abdomen, is applied to the parietes; the other is placed against the perineum. The force is moderated as desirable. If the other pole were applied to the os, the whole uterus would be thrown into contraction, the os narrowed, and labor impeded. When the os is dilated or dilatable, uterine action has ceased, oxytocics fail, and, conse-

quently, post-partum hemorrhage is to be feared, this aid will be found useful.

M. Tripiér has also been successful by this means, and even suggests, in post-partum hemorrhage, the introduction of the negative pole within the uterus. (*London Med. Record*, Nov. 19, and *Journal de Med.*, July, 1873.)

Premature Labor.—Dr. B. R. Morris induces labor by galvanism. He uses a portable battery. One pole is inserted within the os, the other is placed over the abdomen, and a continuous current is passed. He regards it as the most safe method. (*Brit. Med. Journal. New Orleans Med. and Surg. Journal*, Nov. 1873.)

Oxytocic Properties of Quinia.—Dr. S. H. Plumb, Red Creek, N. Y., does not think quinia originates pains of labor, but believes that it preserves their natural intermittence, and promotes delivery. (*Amer. Journ. Med. Sciences*, July, 1873.)

Dr. Robert Gray, Armagh, Ireland, has found it to answer well in two cases. It does not produce the same persistent state of contraction as ergot. (*Obstet. Journal*, Sept. 1873.)

Labor, Aids to.—At a meeting of the Obstetrical Society of Edinburgh, this subject produced much of value.

Eminent practitioners agreed in the belief that acceleration of labor might be induced by position, and pressure from above. The position on the knees was of old, and is still employed in some parts of Great Britain and Germany, sitting on and between two chairs tied together by the legs, and the backs separated. Pressure upon the fundus and uterine walls by the two hands of an assistant, or by means of a sheet drawn diagonally over the fundus and down behind. Dr. Protheroe Smith employs a binder; but in very many instances the forceps will speedily terminate a very tedious labor, and they should always be employed without delay.

Action of Morphia or Opium, and Chloroform in Labor.—Dr. H. L. Byrd, Baltimore, Md., says the contractions of the womb are but little affected by chloroform. The use of this, or morphia, far from retarding labor, often facilitates its progress by removing or obtunding the irritability of the nerves supplying the neck. It is of the greatest moment that the pulse and respiration be carefully watched during the administration of this agent. Any hesitation or faltering in either should demand the instant cessation of the inhalation. (*Med. and Surg. Reporter*, July 19, 1873.)

Difficult Labors and their Treatment.—Dr. C. S. Haswell, Sacramento, Cal., urges the importance of the accoucheur being ready for every emergency, and insists upon the necessity of aiding the woman, and never waiting for nature to perform spontaneous evolution and other difficult processes. He believes that at an early period in labor, and especially before rupture of the membranes, a shoulder may be converted into a vertex presentation more readily than we can turn by the feet; that after the membranes have been ruptured, turning by the head may be readily effected; that this may be accomplished even when the effort by the feet has failed.

If the right shoulder presents, the head in the left iliac fossa, the right hand being introduced into the vagina, apply the fingers on the top of the shoulder, and the thumb in the opposite axilla, so as to command the chest, and enable us to apply a degree of lateral force so as to give the body a curvilinear movement, the left hand being applied to the abdomen of the woman over the breech of the fœtus, so as to dislodge the breech, and move it towards the centre of the uterus. The body thus resumes its original bent position, the points of contact are loosened, the force of adhesions overcome, and without any direct action on the head, it gradually approaches the superior strait, and will most probably adjust itself as a favorable vertex presentation. If not, it may be acted upon as in a deviated position of the vertex, and brought into correspondence with one of the oblique diameters. All this must be performed in the absence of a contraction. That hand should be introduced the palm of which is directed naturally to the breech of the fœtus.

Podalic version is preferable in cases of inertia, exhaustion, hemorrhages, and convulsions, where speedy delivery is demanded. It is not admissible otherwise, because of the difficulty in introducing the hand, and the greater danger of causing laceration or inflammation. He believes cephalic version gives almost as much certainty of a living birth as in ordinary presentations, provided it is resorted to early. (*Pacific Med. and Surg. Journal*, Mar. 1874.)

Complication of Labor.—Dr. G. C. P. Murray, London, reports a case of that rare complication, varicose hemorrhage from the cervical zone. In this case, the true cause of hemorrhage was only diagnosed in the second labor. Such a state might be anticipated when there exists a varicose condition of the lower extremities, and should put the obstetrician on his guard. (*Obstet. Journal*, April, 1873.)

Paralysis of Bladder after Labor.—Dr. J. J. Phillips, London, reports a case of two years' standing cured by the use of galvanism,

one electrode applied to the perineum, the other above the pubes. The treatment occupied two months. (*Obstet. Journal*, April, 1873.)

We feel assured that in too many instances, the attendant fails to recognize the importance of early attention to the bladder, or is deceived by the representations of the nurse. Instances are frequent where the bladder has been allowed to remain with but a partial evacuation for two or three days. This over-distension of the organ induces paralysis which often lasts for a considerable time. Extreme care is required, and in all cases of doubt, the catheter should be passed. This, though apparently a trifling operation, so often proves troublesome to the physician that we may be excused a reference to our mode of procedure.

Pass the right forefinger within the vagina at its anterior portion, find the urethral canal, then draw the finger down to the opening, and the point is found at which to insert the catheter, which readily slips into the bladder. (*Annual Address before the Philadelphia County Medical Society*, by W. B. Atkinson, M.D. 1874.)

Comparison of Forceps, Turning, and of Premature Labor in Contracted Pelvis.—Dr. Angus Macdonald, Edin., concludes that it is exceedingly doubtful if premature labour ought ever to be employed in contracted pelvis. Turning does not present any advantage to the mother over long forceps in contracted flat pelvis, and is more dangerous to the child. It is entirely unsuitable when the contraction is general, as more dangerous to the mother than long forceps, or any of the higher operations. In contracted pelvis it is safer to let the case go to term, then see what nature can do, next the forceps if there is room, then cephalotripsy, craniotomy, or Cæsarean section.

Dr. Matthews Duncan agreed mostly. He referred to the unsatisfactory nature of recorded cases generally. In pelvic measurements, there were so many sources of error, cases of considerable contraction being rare. Frequently post-mortems revealed these errors. A prognosis from the history of a first labor was very misleading generally. Even in contraction down to near three inches, he was much encouraged by recent German authors. He did not wish to take very positive grounds, but regarded the forceps as safer in general both for mother and child. (*Obstet. Journal*, Nov. 1873.)

Forceps.—Dr. Jas. More, Northamptonshire, England, with a true appreciation of the dangers of prolonged labor, regards the profession as too fearful of the forceps. "The timely use of the

forceps, shortening the second stage of labor, is the great practical improvement in recent midwifery." His statistics show that the assisted cases get about sooner, and feel better than those left to nature. He regards it as justifiable and obligatory to use the forceps—

In all cases where the first stage is completed, and the head stationary. Here, he would not wait longer than two hours. (Why so long?)

Where, though the head is advancing, labor is tedious from weak pains. Where the advance is not equal to the strength of the pains. In excessive hemorrhage, and in some cases of convulsions. (Why not all?) When the patient is desponding or impatient. Where there is a rigid fourchette, or a lengthened perineum, and rupture seems imminent. In occipito-post positions, unless the labor is advancing rapidly. The second twin delayed. To save time, if the case is favorable, to relieve the woman and himself from work. (*Lancet*, Oct. 25, 1873.)

Dr. Hugh Miller, Glasgow, applies the forceps in tedious labor from debility. This is preferable to ergot. It prevents exhaustion of the uterus, and hence prevents flooding. (*Brit. Med. Journal*, Aug. 30, 1873.)

New Forceps.—Dr. Alex. McBride, Berea, O., proposes a new form of this instrument. (*Amer. Journ. Med. Sciences*, Jan. 1874.)

We are glad to believe that the use of this aid to the parturient woman is becoming more the rule than hitherto. As medical men become less afraid of this instrument, and more accomplished in its use, they will be enabled to more fully acknowledge its great value as a preventive of tedious labor, and often a means of saving life for the child, and preventing many of the sequelæ of tedious labor.

In behalf of the suffering woman, in deprecation of the evils to which a prolonged labor renders her liable, in behalf of the many infants thus sacrificed, we would earnestly urge every one who practises the obstetric art to provide himself with a proper pair of forceps, and perfect himself by thorough study in their use. We are confident that very many, perhaps a large majority, of cases are permitted to suffer hour after hour without this valuable means of relief, simply because the medical attendant is afraid or unable himself to employ them, or hesitates to summon the aid of a consulting physician, lest he will thus lose credit with the patient and those around her. In nothing is our selfishness so clearly shown as when, trusted with the health, perhaps life, of two beings, one whose loss can never be made up, the physician hesitates as to his duty, lest

his reputation and pocket may suffer by it. We say to such a man, that he is watched by eagle eyes. Every phase of his conduct, every line of his countenance is noted. Much, very much of his future depends upon the report that goes out relative to him from that lying-in chamber. It matters not her condition, her surroundings, her rank in life; she is a woman in the agony of her most sacred duty, her great calling in life, and she demands and should have all that skill, science, and sympathy can do for her.

For the practice of the "divine art of obstetrics," the physician should be a man of decision. He who wavers is lost. Too often are both mother and child sacrificed to this policy. We are not of those who would counsel a resort to the forceps or other interference when unnecessary, nor would we deem it justifiable to employ this aid for purely selfish purposes. But how often does instrumental aid become an urgent necessity, and, alas, the medical attendant is not prepared to respond to the demands of humanity! Yes, humanity, for every additional unnecessary pang is a crime against humanity!

We believe that yearly this valuable adjunct is being more frequently employed. Accoucheurs are coming to look upon the application of the forceps in a far different light from that in which it was formerly viewed. We are firmly of the opinion that the early application of this instrument would have saved many children now reported as still-born, and also would tend largely to a more speedy and happy recovery of the woman herself. We hope, ere many years, to see the resort to this aid the rule rather than the exception. Perhaps it would be well in this connection to quote a few brave words that ring out with no uncertain sound from one who has fully shown himself worthy of an audience: "Patience is the watchword of accoucheurs in the management of these positions, and they are told to sit supinely by their suffering patients, watching the throes of labor until the child's head has descended, rotated, and been born. That this will occur in a large majority of instances, no man of any experience can have a shadow of doubt; but there are cases in which the delivery of a living child without injury to either the mother or her offspring is perfectly impracticable, and in which, if left to nature, the result may be fatal to one or both. Judicious interference does not jeopardize either, nay, more, the skilful operator had better err in resorting to the forceps or version early, than in postponing either operation too long. We do not hesitate to repeat, that we adhere to a rule adopted several years since, to gravely consider the propriety of interfering when the second stage of labor has continued two hours without any advance.

. . . . Thus the physician becomes not the substitute for, but the handmaid and assistant of nature. As such, the intelligent physician goes to the bedside of his suffering patient, in the sore hour of her travail, with a full knowledge of the extent of his resources. Conscious of his powers, and strong in their possession, he anticipates and prevents danger. 'Meddlesome midwifery is bad!' Delay and timidity in operating are bad."[1]

We might go further, and quote many excellent authorities, and particularize as to the various evils liable to result from prolonged and tedious labors, but we shall think we have gained our object, if we can but drive from the mind of the medical practitioners that bugbear, "a meddlesome midwifery is bad," which has hovered over this art from its earliest days, and been the cause of untold mischief everywhere that it has been heeded.

Artificial Respiration.—Dr. J. J. Marshall, London, reports a case of resuscitation of a new-born infant, after nearly four hours of artificial respiration. The infant was laid on his back, rolled in a warm blanket, so placed that the head extended over the edge of the table and allowed to drop a little to prevent the air from passing into the stomach. The face was covered with a towel, and the nostrils having been compressed with the left thumb and finger of the operator (his right hand supporting the head), air was regularly and forcibly breathed into the lungs, and again expelled by an assistant pressing alternately with his palms on the chest. One voluntary inspiration occurred at the end of an hour, a second at the end of a half hour. Hot baths and the Sylvester and Marshall Hall methods were then tried, until the child breathed at the rate of 15 respirations a minute.

This case should encourage the practitioner to institute and continue efforts at resuscitation, as life may thus often be saved in apparently hopeless cases. (*Med. Press and Circular.*)

Suppression of Milk.—Dr. Dasara, after a series of experiments with mint poultices, concludes that mint possesses the power of suppressing the secretion of milk, generally in from three to five days. It acts only on the breast to which the poultice is applied. (*Rivista Teorico Practica*, fasc. vi., 1873.)

We have rarely failed to suppress the lacteal secretion by the persistent and careful use of belladonna in the shape of an ointment to the affected breast. Our habit is to apply it in double the

[1] Dr. J. S. Parry, American Journal of Obstetrics, Aug. 1873, p. 191.

pharmacopœia strength, and until the well-known belladonnaism occurs.

The Nipple.—Dr. Crequey, Paris, treats fissures as of two kinds. Those produced by violent sucking, where the epidermis is raised and abraded. Here, the child should only be allowed to suck when the breast is charged with milk. At other times a little milk lodges in the minute cracks at the base, by contact with the secretions it rapidly decomposes, acts as an irritant, and even induces extensive inflammation. To prevent this, bathe the breast with warm water, dry it, and annoint with glycerole of tannin, gr. xv to f℥ij. Apply this with a camel's hair pencil, and protect with charpie or soft linen, and the shield. If the breast is distended, apply a flaxseed poultice, protecting the nipple with a piece of soft leather. (*Gaz. des Hôpitaux*, 1873, p. 84.) See "The Puerperal Diseases," by Dr. F. Barker, p. 135.

Puerperal Fever.—A case is reported where the treatment employed was the free use of opium and veratrum viride. The symptoms rapidly ameliorated, and on the seventh day the patient was convalescent, and taking solid food. (*Western Lancet*, April, 1873.)

Dr. T. C. Miner, Cincinnati, Ohio, gives a paper on the connection of this fever with erysipelas. His statistics do not seem to show a very close connection of the two forms of disease. (*Lancet and Observer*, March, April, May, 1874.)

He gives a very able and exhaustive review of the whole subject, and an ample bibliography.

On this subject, see also the recent work of Fordyce Barker, M.D., of New York, "The Puerperal Diseases."

Dr. J. E. O'Brien, Scranton, Pa., reports a case treated by intra-uterine disinfectants. He recognizes a septic poison in the womb, and, hence, proposes to neutralize it. He washed out the womb well with warm water, and then injected aq. carbolic. crys. ℥ss, in warm water, f℥ij. The patient took cathartics, pulv. ipecac. c., and had warm fomentations to the abdomen. The lochia returned profusely; in six hours the fever, abdominal soreness, and other symptoms were much relieved, and she soon recovered. (*Chicago Med. Journal*, Sept. 1873.)

Dr. G. O. Williams, Chenango County, New York, reports sixteen cases, during an epidemic of erysipelas, in that locality; eleven died. (*Med. and Surg. Reporter*, July 26, 1873.)

Eclampsia Puerperalis.—Dr. T. G. Thomas, of New York, diminishes animal food, keeps the mucous tract of the alimentary

canal very active, and guards the skin against atmospheric changes. These indications are met by saline cathartics, as bitartrate of potassa and Rochelle salts, a vegetable and farinaceous diet, and stimulating the skin once in twenty-four hours by hot water or hot air baths, followed by frictions with a rough towel, and causing the woman to wear flannel.

In the worst cases, premature delivery at the end of the eighth month, unless life is in jeopardy before.

For the convulsion, promote activity of the kidneys and deliver as soon as it can be done with safety. Bleed, if warranted by the condition of the woman, to diminish the tendency to rupture of vessels, and consequent apoplexy; then employ chloroform. To favor dilatation of the os, use the warm douche against the cervix. Dilatation effected, resort to version or the forceps.

Dr. E. R. Peaslee, of New York, endeavors to prevent the convulsion by the use of dry cups over the kidneys, acetate of potassa, and a sharp, drastic purgative.

In case of convulsion, venesection, chloroform, and expedite delivery. For dilatation, he finds the most expeditious instrument is the hand. Pass the hand with the tips of the fingers up to the os, insinuate one finger, then another, until the whole hand is passed, and the os dilated.

If convulsions occur after delivery, continue the chloroform, and assist it with morphia hypodermically.

Dr. A. L. Loomis, of New York, uses an infusion of digitalis to produce diuresis, and controls the convulsion by morphia hypodermically.

Dr. Anderson, of New York, used ether with partial success, but relieved his patient by inducing free action of the bowels.

Dr. Baxter relies upon infusion of digitalis in ℥ss doses every two or three hours, and venesection.

Dr. J. P. White, of Buffalo, favors opium, not hypodermically, but especially by enema. Croton oil to unload the bowels. Few cases require venesection. (*New York Med. Record*, 1873.)

Dr. F. H. Tucker, San Augustine, Texas, reports two cases successfully treated with chloral and bromide of potassium, after failure of chloroform. A previous case was successfully treated with chloroform. (*R. and L. Med. Journal*, Dec. 1873.)

Dr. John Field, Sheriden, Oregon, was similarly successful with chloral alone. The convulsions were post-partum. (*R. and L. Med. Journal*, January, 1874.)

Dr. Dujardin-Baumetz has employed chloral by enema, one drachm, repeated in two hours; and also as a preventive, when

eclampsia threatened, with the happiest results. He prefers it to chloroform, and suggests doses of two and even three drachms. He observed that while the uterine contractions were quite painless, they were more intense and frequent than normal. (*Gaz. Méd. de Paris.*)

Dr. J. A. Langrill, Jarvis, Ont., employed chloral and bromide of potassium successfully; when vomited, it was continued by enema. (*Canada Lancet*, June, 1873.)

Dr. W. B. Tackett, Cuthbert, Ga., has never failed with chloroform. Two cases that died were fully bled. (*Clinic*, Feb. 7, 1874.)

Dr. Barnes, London, in his lectures delivered at the Royal College of Physicians, presents in the treatment four cardinal principles; moderate central nervous irritability, cut off emotional irritants or excitants, cut off peripheral irritants or excitants, eliminate all complicating morbid conditions. To fulfil these indications, anæsthesia by chloroform stands first; puncture the membranes; nitrite of amyl, by its quicker action than chloroform, might prove more valuable; this has yet to be fully tested; opium, belladonna, the bromides, and chloral. Of the great value of the latter he is fully satisfied. In plethoric cases, venesection, or leeches to the temples. The irritation of blisters is positively injurious. (*Lancet*, Aug. 1873.)

Dr Merkel, Ziegenhain, employed chloral by enema with marked success. (*Berliner Klinische Wochenschrift*, March 24, 1873.)

Dr. P. J. Roebuck, Lancaster, Pa., effectually arrested the convulsions by chloral after venesection had failed. 30 gr. doses every half hour. (*Amer. Journ. Med. Sciences*, Jan. 1874.)

Dr. W. T. Lusk, New York, uses venesection when the patient is not too much depressed, and then chloroform, pushed so as to overpower the voluntary motor nerves. He insists on speedy delivery, using Barnes's dilators when requisite, and the forceps. He strongly objects to manual dilatation. After labor, if convulsions continue, he uses morphia hypodermically. Chloroform is then no longer safe. (*New York Med. Record*, Oct. 15, 1873.)

Dr. Jacobs, Cologne, says the early evacuation of the liquor amnii is the chief point, the convulsions generally ceasing after it. Chloral does not always produce cessation of the spasms, though it induces dilatation of the os. The forceps must be used when the head is high and movable. Chloroform inhalation will prevent the convulsions, and hence it has a double value, aiding operative procedure, and diminishing risk to mother and child. (*Berliner Klinische Wochenschrift*, June 9, 1873.)

Drs. Revillout and Bowyer, France, employed bromide of potassium successfully. (*Gaz. des Hôpitaux*, June 7, 28, 1873.)

Dr. John Barclay, Leicester, Eng., used a half drachm of chloral by enemata with success. (*Brit. Med. Journal*, May 31, 1873.)

Dr. Allan D. Mackay, Stony Stratford, used chloral, 25 gr. doses, successfully. (*Brit. Med. Journal*, June 21, 1873.)

Dr. M. F. Crain, Angola, Ind., reports a case; bromide of potassium had been previously employed; convulsions came on; delivery was accomplished; yet the spasms continued. Chloroform was used by inhalation, and as soon as she could swallow, chloral was given in 15 gr. doses every fifteen minutes: recovery was rapid. (*Indiana Journ. of Med.*, Oct. 1873.)

Dr. Ulysses L. Huyette, Rolla, Mo., regards eclampsia as the result of anæmia most generally, and that it is periodic; hence, he proposes to restore the circulation in the nerve centres, oppose the periodicity, deliver to remove the exciting cause. With these views he uses quinine in large doses, during the intervals and by enema, or hypodermically if necessary. Should the patient have reached the condition where quinia would not have time to act, he uses chloroform to complete anæsthesia. (*St. Louis Med. and Surgical Journal*, Dec. 1873.)

Chloral Hydrate in Labor and in Eclampsia.—Dr. Franco-Mazorra observes (*Gaz. Heb.*, No. 34) that the application of chloral in obstetrics has given rise to serious studies, many of which have been collected by the author, in addition to stating his own experience.

The author divides his work into two chapters. In the first he treats of the administration of chloral in natural labors, and in cases of rigidity of the uterine neck, which are but a variety. The second heading is consecrated to the study of the influence of chloral in epileptic attacks. In each of these headings are collected the observations relating to each point, reuniting those in foreign parts, and strongly insisting on his personal experiences, of which he has been able to analyze the details. The total number of observations is fifty, and the following conclusions have been arrived at:—

1. The hydrate of chloral ought to be pure, otherwise it may be dangerous to use it, or, at any rate, it may be without any true therapeutic value.

2. In women, during labor, chloral firstly acts as a calmative, then produces sleep, and considerably diminishes suffering.

3. The uterine contractions continue to take place during the sleep caused by chloral. They are shorter, less frequent, and pretty energetic. In general the duration of the labor is shortened by the influence of this agent.

4. The anæsthesia produced by chloral may be sufficiently complete, and make the woman quite unconscious even during the expulsive period, and a certain time after birth.

5. Given in small doses, chloral sometimes causes agitation, which ceases when the dose is increased.

6. The remedy may be given at all periods of labor.

7. Chloral may also favor the cure of puerperal eclampsia, by modifying the general condition of the patient, and producing a forced repose. Puerperal convulsions, of whatever nature they may be, are calmed by chloral.

8. The sleep produced by chloral is light, and after it, women have neither drowsiness nor headache.

9. The only contraindications to its use are weakness or disease in the fœtus, and debility of the mother, which may cause us to fear coma.

10. Chloral may be administered in clysters, in draughts, or in suppositories. It is necessary to give it in the dose of four grammes = 60 grains, if we would obtain immediate calm and sleep, without any period of agitation. If the desired effect were not produced, the dose of one gramme = 15 grains, every five minutes is required.

11. In eclampsia, it is well to keep the woman under the influence of chloral for a long space of time. Its action is more rapid, more marked, and longer in women subject to lingering labors, or to want of sleep.

12. The consequences of labor are not graver when chloral is given.

13. Chloral may advantageously replace chloroform in all those cases in which that agent is used in labors.

14. In the same mode as in eclampsia chloral favors the cure of acute mania.

Only one case of death has been registered by the author; it occurred in a primipara with albuminuria, who died after ten fits of eclampsia, in spite of taking four grammes of chloral.[1]

Diagnosis of Early Pregnancy.—Dr. Adolph Rasch insists on the bimanual examination. The vaginal examination should always be

[1] We feel assured, by the results of a large experience in the use of this remedy, that puerperal convulsions are controllable in the large majority of cases by the prompt and proper employment of chloral. In this belief we are fully indorsed by every physician who has sought our counsel in these cases. Given in full doses by the mouth, or, when that is impracticable, by enemata repeated at short intervals, we have never known it to fail of relieving the convulsions, and giving the patient a refreshing sleep, from which she awakes improved in every particular.

made with two fingers. To distinguish from the enlargement by a tumor, he regards *fluctuation* as an important symptom. Ten years' experience in a large number of cases bear out the view that this must be felt very early—in some cases at the seventh week; in most after the second month. Add to it the areolar signs of the mammæ, and we are almost certain. Another valuable symptom is the increased desire to urinate, especially at night. As to fluctuation, retained menses or other fluids are so rare, that error could scarcely occur, even if not aided in the distinction by other symptoms. Safer for a short time to suspect pregnancy when it does not exist than the reverse.

The best way to feel the fluctuation is to introduce two fingers into the vagina, while the womb is steadied by the other hand, and to alternately manipulate the uterus with the two fingers. In most cases, at an early stage, he found the uterus anteverted; here the manipulation was easier. Fluctuation early is mostly only felt by the fingers in the vagina; sometimes also by the outer hand at the same time. After three months it is mostly felt by outward manipulation alone. The catheter should always be used first. (*Obstet. Journal*, Nov. 1873.)

Diagnosis of Sex in Utero.—Dr. W. E. Ford, of New York, gives the result of 80 observations. Basis, 144 pulsations for a female fœtus; 124 for a male. 62 were accurately recorded. Of 24 females the average pulsations per minute were 143; highest 160, lowest 120. Males, 38, average 142½; highest 170, lowest 110. Conclusions: Pulsations are no indication of sex. (*New York Med. Record*, Dec. 1, 1873.)

Dr. F. C. Wilson, of Louisville, from 109 observations, tabulates his results thus:—

110 to 125, almost certainly male.
125 to 130, probably male.
130 to 134, doubtful; chances in favor of male.
134 to 138, doubtful; chances in favor of female.
138 to 143, probably female.
143 to 170, almost certainly female.

(*Amer. Practitioner*, Dec. 1873.)

Extra-Uterine Fœtation.—Dr. J. Hutchinson, London, reports a case simulating ovarian dropsy. Tapping was resorted to, and death ensued from peritonitis. The autopsy revealed the true nature of the case. He gives the following rule when the diagnosis of such cases is made out: "Extra-uterine fœtation cysts ought

not to be meddled with in any way, either by puncture or incision, until suppuration has occurred, and an abscess fistula has been formed" (*Lancet*, July 19, 1873.)

Dr. W. Ross Jordan, London, reports a case in which he successfully performed gastrotomy. (*Obstet. Journal*, June, 1873.)

Dr. Lawson Tait, Birmingham, gives a note on the diagnosis of this condition. The cervix is always patulous. (*Ibid.*)

Dr. Alf. Meadows, London, performed gastrotomy for a supposed case, which proved to be a large fibro-cystic tumor of the uterus. (*Ibid.*)

Dr. John Scott, London, operated, the patient died in thirty-one hours. (*Ibid.*)

Dr. Tait operated, death in a few hours. (*Med. Times and Gaz.*, August 2, 1873.)

Dr. H. E. Woodbury, Washington, D. C., records a case where a fœtus of ten weeks was expelled by the rectum. (*Phila. Med. Times*, Nov. 22, 1873.)

Dr. J. H. Cathcart, Philadelphia, reports a case with rupture of the cyst, and death in the third week. (*Ibid.*, Dec. 27, 1873.)

Dr. Washington L. Atlee, Philadelphia, reports a case which had passed term. To relieve the symptoms, she was tapped, and, in a few days, the fœtus was removed by gastrotomy. She survived several days. (*Ibid.*, Jan. 10, 1874.)

Dr. Geo. Stiles, Conshohocken, Pa., reports a case, with death at the seventh month, though rupture of the sac had occurred at the third month. (*Ibid.*, April 4, 1874.)

Uterine Flexions.—Dr. Ely Van DeWarker, of Syracuse, N. Y., offers for their treatment an intra-uterine, self-retaining stem, consisting of a hard rubber stem, two and a half or two and three-quarter inches long, slender, and slightly bulbed at the extremity, the projecting part is like a button with rounded edges; at this end a small hole is drilled for a wire by which it is introduced. The self-retaining part is a cross section of French rubber tubing one-sixteenth inch calibre, three-eighths of an inch long, passed through a perforation in the shaft of the stem one-half or three-quarters of an inch from the bulbed extremity. This cross piece of tubing, after being pressed down by the side of the stem, in passing through the cervical canal, expands in the uterine cavity at right angles to the stem, and thus retains the pessary in position. (*N. Y. Med. Record*, Dec. 15, 1873.)

Dr. T. Chambers, Edinburgh, offers an improved uterine stem constructed of vulcanite in one piece. It consists of a button to

which is attached the stem. This stem is so made that on entering the cavity of the uterus it expands, and is thus retained. It weighs but thirty-six grains. (*Obstet. Journal*, April, 1873.)

He reports a number of cases successfully treated by this instrument. (*Ibid.*, May, 1873.)

Dr. Thomas Savage, Birmingham, reports several cases treated by the stem pessary, with excellent results. (*Ibid.*, Nov. 1873.)

See, also, Mechanism of Production of Certain Displacements. Dr. John Williams, London. (*Lancet*, Aug. 30, 1873.)

Dr. Chas. E. Squarey, London, regards these as the cause of dysmenorrhœa. He has given two valuable lectures on this subject, which are worthy of study. (*Ibid.*, Nov. 8 and 22, 1873.)

See also papers by Dr. E. N. Chapman, New York. (*Med. and Surg. Reporter*, July 5, Aug. 9, 1873.)

Uterine Disease.—Dr. T. M. Madden, Dublin, believes the scrofulous diathesis to be the most common predisposing cause of uterine disease. Gouty or rheumatic diathesis is an occasional cause. Syphilis is a common cause, hence, he thinks the constitutional treatment is too much neglected. Atthill says medicines are useless in cervicitis. In all cases, Dr. Madden urges the importance of this view, and counsels the use, in scrofulous cases, of the preparations of iodine, in small doses, say $\frac{1}{8}$ gr. of iodine with $\frac{1}{4}$ gr. of iodide of potassium. With anæmia, iron is useful, and the best he has found was equal parts of cod-liver oil and syrup of iodide of iron. In gouty cases, colchicum and the alkalies; in rheumatic, iodide of potassium; in neuralgic uterine troubles, quinia and iron. As a rule, chronic inflammation of the uterus, whether of the cervix alone or of the entire organ, and not scrofulous in its origin, requires mercury, say $\frac{1}{24}$ gr. of the perchloride, three times a day in tincture of bark. He strongly urges the mineral and thermal waters, with change of climate.

In uterine inflammation and ulceration, cold saline hip baths are very valuable. In dysmenorrhœa, the prolonged use of the warm hip bath is preferred.

Locally, he has found vaginal syringing, cold or tepid as may be most agreeable, to be useful and indispensable. Where there are inflammation or congestion, without ulceration or leucorrhœa, cold or tepid water, or infusion of chamomile, used twice daily, a pint or two at a time; for an astringent, decoction of the white oak bark with or without alum ℥j to the pint; or compound powder of catechu mixed with boiling water, strained and used cold; or a weak solution of perchloride of iron. If the discharge is offensive, a dilute solu-

tion of permanganate of potassa or carbolic acid, and, if pain is great, add liq. opii, ℥j to Oj.

Congestion may be relieved by punctures, or equally as effectually by the application of a plug of cotton saturated with glycerine. This induces a copious exudation of serum from the diseased surface. It should be removed every twenty-four hours. In simple ulceration of the os and cervix, the free use of strong tincture of iodine twice a week to the parts is best. Should this fail, use nitrate of silver. In granular ulceration, the acid nitrate of mercury, once applied, leaves a healthy ulcer. He objects both to the potassa cum calce and the potassa fusa, as extremely liable to result injuriously.

Dr. Kidd believed that in many cases the uterine disease produced the constitutioual effects, as often seen where none of the cachexiæ were present. Rest, local depletion, and hot fomentations would relieve in a very short time, very grave symptoms, that constitutional treatment of months or even years had failed to aid.

Of course the judicious physician would combine his remedies. Local treatment of all the organs is much more attended to at present than formerly, and the accruing beneficial results are evident. He favored caustic potassa, as we often meet with a deposit of fibrinous matter in the uterine wall that is not affected by any treatment, until an issue be made in it with the caustic, when it soon melts down. An inflammatory process is set up, softening and absorption follow.

Dr. Henry Kennedy favored the constitutional view. He had seen great good from the tincture of cantharides, and in rheumatic cases, from the ammoniated tincture of guaiacum. He believed arsenic had a potent influence over many uterine complaints. (*Dublin Journ. Med. Sciences*, March, 1873.)

See Causes and Pathology of Malpositions of the Uterus. Dr. T. D. Griffiths, London. (*Brit. Med. Journal*, Dec. 13, 1873.)

Rupture of Uterus, history of three cases. Dr. J. S. Parry, Philadelphia. (*Amer. Journ. Obstetrics*, Aug. 1873.)

Clinical Pathology of Uterine Disease. Dr. J. Braxton Hicks. (*Obstet. Journal*, May, June, 1873.)

Menstrual Irregularities and their Relation to Diseases of the Nervous System. Dr Lawson Tait. (*Ibid.*)

Intra-Uterine Medication.—Dr. Lombe Atthill, Dublin, has employed nitric acid, which he employs by means of a stilette armed with a film of cotton saturated with the fuming acid. In each case the cervix was freely dilated. The cases were menorrhagia and

dysmenorrhœa. In nearly every one the improvement was rapid and marked. Repeatedly, the nitrate of silver had utterly failed. It is important that the cervix should be protected from the action of the acid, lest adhesive inflammation should result. He also employs it to check or prevent hemorrhage after the removal of intra-uterine tumors.

He proposes its use in cases of imbedded fibrous tumors of the uterus, where the hemorrhage is profuse. Often the tumor encroaches but slightly upon the cavity, hence the écraseur, enucleation, or incision are either impossible, or entail a risk of alarming hemorrhage.

From its use in several cases he concludes that where tenderness on pressure exists, it should be removed before the acid is applied, or at least, materially lessened by local depletion; when this precaution is taken, the fuming acid may be applied with safety to the interior of the uterus. When the cervix has been dilated, no pain follows. In some instances, it appears to have a directly soothing effect on the uterine nerves. When applied through a canula, pain sometimes follows, but not as severe as that from the nitrate of silver. Sometimes it is followed by moderate hemorrhage, which does not modify the result. In intra-mural fibrous tumors it controls hemorrhage and allays pain.

To protect the cervix, when healthy, he employs an intra-uterine speculum, made of vulcanite, like an aural speculum expanded by means of a screw worked through a long handle. The anterior lip is seized with a vulsellum, to draw down and steady the uterus. After the application, a pledget of cotton soaked in glycerin is placed in the vagina, attached to a strong thread, and the patient is kept quiet for some days. Where the previous dilatation of the cervix is not necessary, he employs a canula of platinum two inches long, the size of a No. 8 catheter at the distal extremity, and enlarged to that of a No. 10 at the handle end, which is furnished with a narrow disk to prevent it slipping into the uterus. To this canula a curved stilette is adapted, which ends in a bulb filling the extremities of the canula accurately. This stilette is fitted to a boxwood handle eight inches long. The canula fixed on the stilette is passed into the uterus, like the ordinary sound, the canula then being held by the finger, while the stilette is withdrawn. A Ferguson's speculum is next introduced, and a long uterine probe armed with a little cotton dipped in the agent selected is passed through the canula. He prefers the nitric acid for granular ulceration of the cervix, with the best results. (*Obstet. Journal*, June, 1873.)

Dr. W. S. Playfair, London, uses intra-uterine medication in cases

where the most prominent symptom is a profuse, glairy tenacious discharge, like the white of an egg, pouring from the os; with this we generally have abrasion of the cervix, the epithelium being stripped off, the villi covering its mucous membrane, which in old cases, become granular and hypertrophied, having a florid appearance, and bleeding on being roughly wiped. This indicates a similar state of the membrane lining the cervix and body of the uterus. Frequently, there is also engorgement and hypertrophy of the body, and flexion; all traceable to inflammation or congestion.

He recommends intra-uterine medication only when the leucorrhœa is very profuse, and evidently comes from the deeper parts of the canal, and has proved rebellious to simpler treatment. When there is much tenderness, the congestion must first be relieved by rest, leeches, pledgets of wool soaked in glycerine at bedtime, sedative pessaries, etc. The slightest evidence of any concomitant inflammatory mischief or irritation in the neighborhood of the uterus, as tenderness on pressure in the region of the broad ligaments, or fixity of the uterus in some part of its contour, is an absolute contraindication. Of course this must not interfere with any other local or constitutional treatment that may be necessary.

All that is required for injections is a hollow sound, perforated at one end with minute openings, and a small syringe fixed at the other end. He regards prior dilatation of the cervix as entirely unnecessary. (*Lancet*, April, 1873.)

His own plan consists in applying the agents by swabs. He has a series of probes of a soft metallic extremity $2\frac{1}{2}$ inches long. They are as fine as possible, so that when wrapped with cotton-wool they readily pass the os. They are attached to boxwood handles 9 inches long; the flexibility of the end enables them to be bent to the exact shape of the cavity of the uterus. He has often treated cases without replacing a flexion, this disappearing as the uterus assumed a more healthy condition. The probe is best wrapped with the wool by teazing out and flattening the latter till it forms a layer of uniform thickness. The probe is then dipped in water to cause the wool to adhere, and is wrapped by rotating the handle, while the metallic portion with the wool is held between the thumb and finger of the left hand. The probe should not be made bulky by this wrapping. The speculum is used, the cavity cleansed with cotton-wool on a probe as above. Force should not be used to overcome any obstruction; the probe should be coaxed into the cavity. The difficulty in passing the probe increases as the case progresses to a cure. The cavity of the uterus should be well wiped out, then the uterine mucous surface thoroughly coated with the medicament,

then, if there is extensive abrasion, or a granular condition of the cervix, swab this with the fluid.

After having tried the various remedies, he prefers a strong solution of carbolic acid as immeasurably superior to all, just sufficient water is added to the pure crystalline acid to keep it in a permanently fluid state; it is a thick, syrupy fluid of a pale pink color, 80 per cent. acid to 20 water. To this add an equal quantity of glycerine. Its effects are remarkable. The slight abrasions are healed by one application, and others are much more benefited by two or three than by thrice the number of nitrate of silver or tincture of iodine. It possesses the property of causing the tissues to shrink and mummify, but never to swell; it produces no eschar. It should be applied about once a week, within three or four days before and after the periods. At first, it increases the discharge, but this is temporary, and soon diminution occurs. The general symptoms improve in every way. The case, however, is only to be regarded as well when the leucorrhœa is entirely checked. (*Lancet*, May, 1873.)

Dr. John Clay, Birmingham, offers an insufflator. It is of the length and shape of a Simpson's sound, and like an "alum puff" for insufflating the larynx. Instead of an open end, which would be plugged by mucus and prevent escape of the powder, it is provided with a movable bulbous head, which closes the end of the tube. The pressure on the rubber ball opens the tube, and ejects the powder; when the pressure is removed, an internal spiral spring draws the bulb to its place. The powder is placed in an aperture at the lower end, near the ball. (*Lancet*, April, 1873.)

Dr. H. Culbertson, Zanesville, O., offers an intra-uterine medicator and insufflator. It is a small syringe, accurately fitted to a gold or pure silver tube five inches long, enlarged at its proximal end to receive the point of the syringe. The internal diameter is $\frac{1}{16}$ inch. Its walls are thin. Distal end is opened and rounded so as not to cut. A portion of No. 1 French rubber tubing about one inch long is attached to the silver tube, its distal end ligated. Four longitudinal rows of small perforations are made obliquely in the sides with a fine cambric needle. Having filled the syringe with the medicated fluid, and attached it to the tube, the piston is forced down till the fluid distends the tubing, and appears on the surface. This is moved over the endometrium. He claims it is not expensive; the small amount of fluid obviates all danger; the application is made to the inequalities of the uterus; the previous use of a tent is scarcely necessary.

His insufflator is a modification of the ball syringe, with a bottle for reservoir. (*Am. Journ. Med. Sciences*, July, 1873.)

Dr. H. E. Woodbury, Washington, D. C., offers a uterine injector; a glass tube, calibre of catheter No. 8 or 10, bent at an obtuse angle, and with a capillary opening at the tip. The tube is 6 or 8 inches long. To the lower end is attached a piece of rubber tubing, air-tight. Compressing the rubber we exhaust the air, and by placing the tip in any fluid, it is taken up into the cavity. The instrument is introduced through a speculum into the neck or cavity of the womb, and the contents slowly discharged by compressing the tube. He relies upon nitric acid, carbolic acid, tincture of iodine, extract of hemlock, tannic acid, and glycerine. (*Phila. Med. Times*, April, 26, 1873.)

Uterine Therapeutics.—Dr. Lombe Atthill, Dublin, in a clinical lecture says, "of external agents, none are of greater value, if judiciously employed, than baths." He prefers in scanty or suppressed menstruation, to have the patient sit in a bath of cold water, so as to cover the pelvis, the legs and feet not being immersed in it, but kept warm by being wrapped in flannel, or plunged in a foot-pan of hot water; the shoulders being carefully covered. The temperature of the cold bath should be about 60°. The bath should be taken at bedtime, and prolonged from five to fifteen minutes, according to circumstances. She should then be rubbed with a coarse towel and put to bed. If uncomfortable after the bath, it should be for a shorter time, or not repeated. Of course this is not applicable where there is constitutional disease, or in a feeble or anæmic patient.

The warm hip-bath is also useful in endometritis, and as an adjunct in dysmenorrhœa. The temperature should be two or three degrees above that of the body, and maintained at that; the bath should be for fifteen or twenty minutes. In cases of endo-metritis, these may be continued nightly for weeks. In dysmenorrhœa, the temperature should be higher (105°).

The spinal bag of Chapman, with either hot or cold water, is also useful. Hot, in menorrhagia, in pelvic distress from ovarian or uterine disease, in dysmenorrhœa. Of course other treatment is not to be omitted. In many cases of profuse menstruation, the hot bag to the lumbar vertebræ will restrain the flow.

Cold to the spine has a marked effect upon the sickness of pregnancy.

Another application is the wet abdominal bandage. It should be half a yard wide and three yards long. One-third wetted and wrapped around the abdomen, the dry part protecting the clothing.

Blisters alternately over the sacrum and pubes, or the ovary, at intervals of a few days, are of great value in chronic metritis, etc.

In some cases iodine is preferable, as it does not weaken like the blister. It should be continued for weeks, and the application not made exactly on the same spot each time, so as not to cause too much suffering. (*Med. Press and Circular*, Nov. 19, 1873.)

For syringing the vagina, the best instrument is one throwing a constant stream. The patient should lie on her back, hips resting on a bed-pan. The fluid should be about blood heat, or even higher, as when there is vaginitis. The quantity should be considerable. The best medicated lotions are solutions of borax, ℥j to the pint; an infusion of hops when it is desired to allay irritation. In profuse and debilitating leucorrhœa, alum or sulphate of zinc, 60 grs. to the pint, are very useful; or, the decoction of white oak bark.

Nitrate of silver may be useful in vaginitis, but in disease of the uterus or cervix *it is perfectly useless.*

The most valuable for inflammation or congestion of the vagina is glycerine. Saturate a roll of cotton-wool with it, fasten to it a strong string, pass it through a speculum, and let it remain for twelve or twenty-four hours. It produces a copious watery discharge, which unloads the congested vessels.

In granular condition of the lips of the os uteri the treatment must be carried within the cavity, even up to the fundus. He objects to intra-uterine injections as not advantageous, and dangerous. Carbolic acid is superficial and transitory in its effects. It is only useful as a mild stimulating caustic. It is best applied by means of a layer of cotton wrapped around a probe, as suggested by Dr. Playfair.

The perchloride of iron is an admirable styptic, applied in the same way. The preferable form is a saturated solution in glycerine. It should be removed in twelve hours, as sloughs of the vagina have resulted from a longer retention. He prefers nitric acid for granular os.

As a primary treatment, local inflammation should be relieved; the cervix, if soft and engorged, should be punctured; if enlarged and indurated, should be leeched. In uterine applications, carefully protect healthy structures from the caustic. He uses for this purpose a platinum canula, with a curved stilette fitted to a boxwood handle. The canula is inserted, the stilette withdrawn, and while the canula is held steadily by means of a pair of long forceps, a copper or platinum rod, armed with the application, is passed through to the fundus.

Of solid caustics, the best are nitrate of silver and sulphate of zinc. These may be passed through the canula, but are best used with the porte caustique of Simpson. However, he seldom uses

any but the nitric acid. When necessary to destroy tissues of the cervix deeply, he uses the potassa cum calce or the actual cautery. Care should be taken to protect the vagina by pledgets of lint saturated with vinegar.

Dr. Gaillard Thomas, of New York, prefers the actual cautery.

Dr. F. H. Getchell, of Philadelphia, uses, for the same purpose, charcoal sticks made of nitrate of potassa gr. xx, charcoal ʒvij, acacia ʒj, water sufficient to make a paste. These may be made of any diameter, generally that of the little finger. The stick is held in a flame till it becomes a live coal, and applied through a glass or wooden speculum. The part is then sponged with cold water, and a pledget of lint saturated with glycerine introduced. (*Phila. Med. Times*, Sept. 13, 27, 1873; *Med. Press and Circular*, Dec. 31, 1873.)

As to medicines for internal administration, Dr. Atthill feels confident that ergot, quinia, strychnia, and arsenic exert a direct influence upon the womb.

For uterine hemorrhage, or menorrhagia, ergot must be given, a drachm of the fluid extract, or an ounce of the infusion, every third hour. In anæmia, add ten drops of the tinc. perchlorid. of iron to each dose. Hypodermically, ergot is specially useful in menorrhagia from uterine fibroids. It arrests hemorrhage, and diminishes the volume of the tumors.

Next is quinia, where there is a relaxed muscular tissue, five grs. every four hours, with ten drops of tr. of perchloride of iron added. It has succeeded where ergot has failed. He can say nothing yet of its oxytocic properties.

Arsenic acts by diminishing the calibre of the capillary arteries. It should be taken in the intermenstrual periods. Given after meals in doses gradually increased from three to ten drops; best with tr. gent. comp. Its efficacy is increased by the addition of ten drops tr. digitalis to each dose.

Strychnia with ergot increases the efficacy of the latter. It is contraindicated where inflammation of the uterus or ovary exists. It is specially useful to stimulate these organs. The dose should be small and gradually increased.

Mercury in chronic disease with thickening and induration is beneficial. The bichloride in $\frac{1}{20}$ gr. three times a day generally with $\frac{1}{8}$ gr. of belladonna, and if constipation is present $\frac{1}{8}$ to $\frac{1}{4}$ gr. of aloes (extract of).

Bromide of potassium exerts a marked influence in ovarian irritation and congestion. When the menses are ushered in by severe mammary pains, the breasts becoming hard and full, pain in the

ovaries, 30 grs. three times a day will prove of marked value. It is useful also in vomiting of pregnancy, the reflex irritation of the stomach from chronic uterine or ovarian disease.

Morphia hypodermically often proves useful in these vomitings. He uses acet. morphia gr. viij; liq. atrop. ♏ xlviij; glycerine ♏ v; aq. f℥iv. 15 drops contain ½ gr. of morphia and $\frac{1}{40}$ gr. of atropia.

Indian hemp is useful in dysmenorrhœa, specially where fibroids are present, given in half grain doses of the extract or ten to fifteen drops of the tinct. every fourth hour.

When the bowels are irritable, quinine may be combined with carb. of bismuth in powder, say 2 grs. to 8 or 10 before meals.

In constipation, enemata of cold water taken daily at the same hour are highly useful, or a pill of ext. belladonna ¼ gr., pil. rhei c. gr. iv, or aloes ¼ to 2 gr. and sulph. of iron gr. 2, three times a day before meals. (*Med. Press and Circular*, Jan. 7, 1874.)

Dr. Wm. Goodell, Philadelphia, under the caption of "Some Practical Hints for the Treatment and Prevention of Diseases of Women," contributes a complete monograph which will not admit of abstract. We would refer our hearers to these papers for much of value to all who treat these diseases. (*Med. and Surg. Reporter*, Jan. and Feb. 1874.)

Dilatation of the Cervix Uteri.—Dr. John Ball, Brooklyn, N. Y., employs forcible and rapid dilatation of the cervix for dysmenorrhœa. He draws down the os with a double-hooked tenaculum, and introduces a metal bougie, following this rapidly by larger ones till he reaches No. 7. Then he introduces the dilator, and stretches the cervix in every direction until it will admit a No. 16 bougie. Finally, he introduces a hollow gum uterine pessary, secures it, and at the end of a week the work is done. The patient remains supine. This method breaks up all adhesions, relieves the constriction, and cures the hyperæmia of the womb.

Dr. Ellinger, of Stuttgart (*Archiv für Gynekologie*, Bd. v., Heft 2), employs a modified polypus forceps for rapid dilatation. (*N. Y. Med. Journal*, Oct. 1873.)

For so-called mechanical dysmenorrhœa, Dr. Percy Boulton, Edinburgh, prefers hysterotomy to dilatation, using the metrotome caché. He prefers a stem to any other dressing; this helps to cure flexions, is easily introduced and removed, it is more cleanly, and does not require constant dressing of the wound. Daily digital examination only is required to see that it is not misplaced.

He could quote from all sources 900 cases of hysterotomy, and only one death. Hemorrhage can be controlled by plugging. In-

flammation may be guarded against by quiet and rest. He believes many move round too early, and thus induce inflammation. He keeps the patient in bed, draws off the water for four or five days, gives castor oil on the fourth, and then introduces a straight metallic tent of Simpson. This is removed after the next period. (*Obstet. Journal*, April, 1873.)

Dr. A. J. C. Skene, Brooklyn, N. Y., treats of the Natural and Artificial Dilatation of the Os in Parturition.

Manual dilatation should be limited to—first, when there is urgent necessity for rapid delivery, and when the os has begun to dilate and is dilatable. When the os is considerably dilated, the membranes ruptured, and a segment of the head or breech engaged in the os, traction can be made on the anterior, or pressure on the posterior lip. This often facilitates dilatation.

For artificial dilatation, the best is the "hydrostatic dilator," the rubber bag filled with water. Dr. S. has recently devised a plan to meet any objection to this bag of Barnes. He has a hard rubber tube, say ten inches long, terminating in a bulb or knot at one end, with a stopcock at the other, and a curve to correspond with the axis of the pelvis. The tube is the size of a No. 9 catheter, slightly flexible. This is passed into the rubber bag, guides its introduction, holds it in place, and makes a good connection with the syringe. By this means, smaller dilators can be used.

Artificial dilatation is necessary to induce premature labor; and when the parts do not readily yield, the os may be incised by any safe instrument. (*Amer. Journ. Obstetrics*, May, 1873.)

Uterine Fibroids.—Dr. G. Kimball, Lowell, Mass., believes that seventy-five per cent. of abdominal tumors are fibroids of the uterus. He objects to the enucleation, and regards the extirpation of the uterus as unjustifiable, the percentage of deaths being too great. The long-continued use of iodide of potassium has succeeded in one solitary case.

In the diagnosis, we should regard the age of the patient, the progress of the disease, in short, everything, to differentiate between this and ovarian tumors.

In the treatment, he has recourse to electrolysis, generally attacking it through the abdominal walls, but where it has projected down and involved the cervix, he thrusts one electrode into the tumor at that point, and the other into the upper part, through the abdominal wall. No subsequent ill results have been observed. For some hours there is pain through the pelvic region, and fever, but in a day or two the relief is complete.

He employs a battery made, according to Dr. Cutter, of zinc and carbon plates; the exciting fluid is bichromate of potassa acidulated with sulphuric acid. (*Boston Med. and Surg. Journal*, Jan. 29, 1874.)

Dr. C. T. Deane, San Francisco, Cal., treated a case by the hypodermic use of ergotine, as proposed by Hildebrand, of Königsburg, injecting daily the following: ext. ergot, 3 p.; glycerine, aqua, āā 7 p., twenty drops at a time. Continued treatment, with gradual decrease in size of the tumor, about three months. Omitted treatment at periods. After a lapse of six months, divided cervix and ligated the tumor with wire; recovery complete. He feels assured from this case that this use of ergot will invariably control hemorrhage resulting from a foreign body in the uterus; that it may be continued indefinitely without injury; that large tumors of this class may be extracted forcibly, and the inverted uterus immediately returned with the best results. (*Western Lancet*, Aug. 1873.)

Dr. Alf. Meadows, London, reports an interstitial fibroid removed by enucleation. The cervix was divided freely, both below and above, and by means of the finger passed within the cavity, the tumor was detached for about two inches all round. Bleeding was checked by plugging with cotton-wool steeped in tincture of matico. In three days, ergot was given in ½ drachm doses until labor-pains were induced, which brought down the tumor near the external os. After four days more, chloroform having been administered, the hand was passed into the cavity, and a large part of the tumor was separated. To relieve the resulting disturbance, she was kept under opium until five days after, when the operation was renewed; the tumor was now drawn down, and cut through near its base by the wire écraseur. The mass weighed eighteen ounces. The parts were injected with carbolic acid lotion (1 to 50) and the case made satisfactory progress. A month later, an effort was made to remove the remainder; the adhesions between the tumor and the uterine wall were broken down, ergot was administered, and at the end of a week, a sloughy mass projected into the vagina. This was cut by the écraseur as before, and weighed nine ounces. About two weeks after, so much more was detached that it was left with only a narrow pedicle, this was cut; the part removed weighed six ounces. Recovery was rapid and complete, with no return of the tumor. (*Obstet. Journal*, April, 1873.)

Dr. John Clay, Birmingham, treated a case by injections hypodermically of ergot. The os was incised and dilated, and the tumor found at the fundus, preventing enucleation. Her condition was improved by iron and diet, and a concentrated solution of ergot, 3 min., equal to 4 grs. of ergot, was injected daily in the hypogastric

region. The treatment had produced great benefit after 100 injections. The tumor much diminished, the leucorrhœa ceased, the menstruation regular and of ordinary proportions. The treatment was still in progress. (*Lancet*, Aug. 1873.)

Dr. Hildebrandt employs this treatment with highly beneficial results. His solution is 3 p. ergotine, 7½ glycerine, 7½ water. (*Berliner Klin. Wochenschrift*, 1872.)

Dr. John Scott, London, reports a tumor 1 lb. 6 oz. in weight, 5 in. by 4, ovoid, removed by enucleation and torsion with the hand. (*Lancet*, Dec. 20, 1873.)

Dr. Alf. Meadows, London, can give no encouragement for the use of drugs to remove these growths. He has perseveringly used the chlorides, iodides, and bromides, etc., but not with sufficient good result in the slightest degree to compensate for the mischief done to the general health of the patient. (*Lancet*, July 5, 1873.)

Of course we may relieve pain, build up, etc., but rarely produce any evidences of a diminution of the tumor, etc.

Surgical aid must be given when these profuse watery discharges, hemorrhage, etc. have reduced the patient to a marked condition of anæmia.

Careful examination should be made under chloroform, with internal and external manipulation: we find the tissue of the uterus hard, the cervix displaced, the os not patulous, a hard swelling in the pelvis connected with the uterus; by the sound, we find the uterine cavity enlarged in all directions; the sound passes over a rounded surface, each movement of the tumor affects the sound in utero; all these point to the presence of a fibroid interstitial tumor. The whole position of the tumor should be mapped out, as it generally can be with certainty and accuracy.

When the pain is in and about the pelvic region, with disturbance of the bladder and rectum, with slight excess in the menstrual discharge, no irregular hemorrhage and little watery discharge, the cervix displaced with but little alteration of size, shape, or consistence, and a tumor exists in the opposite direction to the cervix, causing its displacement; the tumor is mobile, and does not show such an intimate connection with the movements of the cervix, the sound shows the womb little if any increased in size, the tumor, if uterine at all, is probably of the subperitoneal form.

To check the excessive discharge, no single remedy can always be relied upon. Perhaps the most effective is the ethereal peracetate of iron in half drachm doses.

He has recently employed the watery ext. or liquor of common

periwinkle, the ext. vincæ major liquidum, in drachm doses properly diluted, every four hours, and has seldom known it to fail.

In great anæmia, a chalybeate astringent would seem appropriate, but these and ergot in some cases, appeared to increase the bleeding. He has found next to the liquor of periwinkle as above, the ethereal peracetate of iron, ergot, gallic and sulphuric acids with the comp. infus. of roses, acetate of lead with dilute acetic acid, and in a few rare congestive cases, leeches to the cervix. The value of these remedies is in the order given them. In subperitoneal fibroids, the hemorrhage, which rarely occurs, can be readily checked with the periwinkle, or the chloride of calcium given perseveringly for months.

The hypodermic use of ergotin, 10 grs. to a ʒ, 5 to 20 ♏ daily, has been successful with many.

Locally, astringents, as suppositories of tannin, matico, or alum, or injections of perchloride of iron, may prove valuable. When necessary, the tampon may be used. Some greatly extol the division of the cervix, though it has not succeeded with Dr. M. How it acts, he cannot explain. Dr. Atlee, of Philadelphia, says incisions invariably arrest hemorrhage. He passes a bistoury into the cavity and makes a very free incision into the most exposed part of the tumor.

Dr. Meadows, though he has had no experience with this plan, says: "Anything coming with the approval of Dr. Atlee is deserving of every attention."

Pain may often be relieved by removing the tumor with the hand from one part to another. In one case, the introduction of an air pessary behind the cervix supported the tumor, and thus gave great relief. Then, we may resort to anodynes by the mouth or under the skin—or better, by the vagina. He discards cocoa butter as unsuitable to the vagina, and uses gelatine and glycerine, one part to four. These applications should be small. The best drugs for this purpose are one to two grs. of coneia, $\frac{1}{18}$ to $\frac{1}{12}$ of atropia, and $\frac{1}{2}$ gr. to one of morphia; once or twice a day. The coneia is by far the best.

To remove these growths, we must first secure free dilatation of the cervix, so as to admit at least two fingers into the cavity, and more in cases of an extensive attachment. The écraseur is best for severing the pedicle. In subperitoneal tumors, surgical interference is of doubtful propriety.

The interstitial growths are removed with great facility by enucleation, although Drs. McClintock and West regard this as objectionable. Dr. Meadows's results have been so successful that he feels encouraged to continue and recommend the operation to others.

Of course care must be taken in the diagnosis, and if the tumor is of great size and covered with a very thin layer of uterine tissue on its peritoneal side, the operation is correspondingly dangerous.

A long cervix should be regarded as unfavorable.

For the operation, we must remember that these are foreign bodies; that nature's effort is to expel them; that a dilated or dilatable os, and uterine contraction are the essential requisites for this; that we should attempt to imitate this process; and therefore the cervix should be opened, and contraction induced; lastly, that this will be much facilitated by the forcible detachment of the tumor from its embedded position, thus making it more a foreign body. He prefers free division to dilatation of the os. He divides the cervix freely in two or three places, and plugs the vagina for a few hours. In a week or two he introduces the finger up to the tumor and breaks through the tissue covering the tumor, where it joins the healthy uterus. Once within this intracapsular space, there is little difficulty in passing round the finger, breaking down the loose cellular attachments, and shelling it out from its bed. Once detached, which is preferably accomplished, not all at once, but by successive steps, he employs oxytocics, as borax, ergot, or galvanism, to cause its expulsion. Next, the écraseur to divide the pedicle, if necessary. Occasionally, it may be necessary to remove it in successive portions.

Dr. Greenhalgh applies the actual cautery to the tumor, thus making an opening, through which the tumor is subsequently forced in a few days. This plan avoids all danger of hemorrhage, but can only be employed when the tumor is close to the os. (*Lancet*, July 12, 1873.)

Dr. T. Moore Madden, Dublin, gives a valuable paper. (*Dublin Journ. of Med. Science*, Aug. 1873.)

Dr. J. Marion Sims, New York, contributes a very interesting and valuable paper, illustrated with cases. He dilates the cervix, splits the investing capsule, and enucleates the tumor by the use of the finger, or, when that will not reach sufficiently far, he employs an enucleator—a curved steel rod with a small loop at the end, and fitted to a handle. This is forced up to the fundus and around the tumor, so as to break up all its connections. Hemorrhage is controlled by the use of cotton plugs saturated with iron, or, as he calls them, plugs of iron-cotton. (*New York Med. Journal*, April, 1874.)

Cause of Retention of Urine in Fibrous Tumor of the Uterus.—Dr. J. R. Hardie, Edinburgh, offers as an explanation of the

retention of urine at the menstrual period in women suffering with fibrous uterine tumor, the following: the fibroid, participating in the general hyperæmia of the organs at the period of ovulation, becomes congested, increases in bulk, or presses on the urethra, and thus obstructs the natural flow of urine. He has proved the fact that such an increase does take place. (*Edinb. Med. Journal*, Jan. 1874.)

Carcinoma Uteri.—Dr. R. Schrœder removes as much as possible of the mass, and then burns in deeply with the actual cautery. After separation of the eschar, he guards the sound parts with wool saturated with carb. of soda, and presses plugs of wool wet with an alcoholic solution of bromine (i–v) firmly against the diseased parts for about ten minutes. He believes that a permanent cure has resulted. (*Sitz.-Ber. der Physic. Med. Soc.*, zu Erlangen, 1873.)

Dr. Alex. Milne, Edinburgh, includes under this term not only scirrhus and medullary, but also the epithelial variety, that is, the cauliflower excrescence of Dr. John Clarke, the cancroid of Virchow, and the epidermic cancer of Rokitansky. The modern view of cancer is that it is not the offspring of a specific blood-poison, but rather a local disease. There might be a constitutional proclivity, but there was a primary local tumor, whence the morbid cells travelled along the vascular and lymphatic system, or the connective tissue spaces. Constitutional remedies had proved useless. Excision was almost a universal failure; this he believed to be due to the fact that a morbid portion had always been left behind. Hence, the return was not a reproduction, but an expansion of the remaining diseased portion. Caustics had shown better results, due, he believed, to their corrosive, alterative, and eclectic influence. They search out the morbid cells and destroy them. He recommended chloride of zinc, dried sulphate of zinc, and nitrate of copper. Excision would only be performed when but a small portion was involved. The escharotic method might, however, be employed when the disease was much more extensive; because it does not excite peritonitis, and yet it corrodes its way far beyond the limits of an excision; because there is no dragging down of the parts, with the attendant risks of collapse.

In these applications, he would first employ the dried sulphate of zinc to the cervix through the speculum. When the slough came away he would inject the cervix with a saturated solution of nitrate of copper. This was done in order to attack any morbid cells lying beyond the point of separation of the slough.

He believed that the use of ergot internally led to the atrophy of the uterus, hence its value in cancer. It was not only important to cut down the supply of blood and hence combat congestion, but also to induce atrophy. Ergot should be given for a long time, intermitting if any bad results were noticed. (*Western Lancet*, July, 1873.)

Dr. A. Milne, Edinburgh, gives ergot twice a day for months to produce uterine atrophy. The best caustics are chlor. zinc, dried sulph. zinc, and nitrate of copper. The sulph. zinc should be freely applied to produce a slough, protecting the vagina with cotton wadding, tipped at the uterine end with sweet oil. Nitrate of copper is best for injection a little way into the uterus. (*Edin. Med. Journal*, May, 1873.)

Sarcomatous Growths of the Uterus.—Dr. W. F. Jenks, Philadelphia, gives a valuable essay upon this subject. He regards the differential diagnosis only to be made by the use of the microscope; the treatment only palliative, as no hope can exist of a radical cure. (*Obstet. Journal, Amer. Supplement*, Oct. and Nov. 1873.)

Ulcerations of the Cervix.—M. St. Germain avoids cauterization. He uses medicated bags, small cylinders, 3 inches long, a little larger than the thumb, made of gauze, filled with dry linseed meal. These are dipped in medicated glycerine and passed into the vagina. For ulceration and more or less hypertrophy, accompanied with pain, the fluid is 12 parts of tannin to 100 glycerine. The bag should remain three or four days, the vagina then well washed out, and a fresh one introduced. This is useful in vaginitis, or after cauterization with nitrate of silver. When there is great pain, 8 parts of extract of belladonna may be substituted for the tannin.

For leucorrhœa he uses sulphur baths and vaginal injections of the same. (*The Practitioner*, July, 1873.)

Puerperal Septicæmia treated by Elimination.—Dr. T. Morton, Kilburn, Ireland, purges out the disease. He relies upon the steady use of sulphite of soda in ℈j to ℥ss doses every three or four hours. Keeps up a carbolized atmosphere by McDougall's powder placed in small bags in and about the bed. The purgative he prefers is calomel, 5 grs. with ext. col. comp. He never represses diarrhœa. For pain and tenderness of the abdomen, linseed meal poultices sprinkled with laudanum, and, occasionally, chloral. Generous diet, and a moderate or even liberal allowance of stimulants. (*Dublin Med. Journ.*, Sept. 1873.)

Inversion of the Uterus.—Dr. Robert Barnes, London, offers a new method for reducing chronic inversion. This consists in incising the os at two or three points of its circumference, to relax the constriction by the circular fibres, then apply the taxis. Much benefit was obtained by the gradual elastic pressure of an India rubber bag. He presents an instrument for the purpose. It is on the model of the stem-pessary, surmounted by a hollow cup of caoutchouc, on which rests the inverted fundus. To the lower end of the stem, strong elastic tubular bands are attached; two brought up in front, and two behind, and fastened to the girdle. By bracing up the posterior bands, a forward direction is given to the cup, pressing up the uterus steadily, tending to pull open the cervix. This is more convenient than bags, because the bladder can be emptied merely by loosening the anterior straps; and it admits of ready and accurate graduation and direction of pressure. (*Obstet. Journal*, April, 1873.)

Dysmenorrhœa.—B. B. Mohun Sicar, L.M.S., offers the *Abroma augustum* as the cure. He uses the root. This is also known as the *olutkombol.* Dose, ½ drachm daily at the period. (*Indian Med. Gaz.*, April, 1873.)

The Hymen.—A case of pregnancy and delivery without rupture of the hymen is reported by Dr. R. B. Cole, San Francisco, Cal. The head passed through the perineum. Subsequently the rent healed, leaving a slight fistulous orifice. (*Western Lancet*, Dec. 1873.)

Dr. C. W. Brown, Mansfield, Pa., found the hymen intact at term. Finding an opening ¼ inch in diameter, he dilated, and delivered with the forceps. This was her second pregnancy in this condition. (*Phila. Med. Times*, Nov. 8, 1873.)

Dr. E. P. Bernardy, Philadelphia, reports a case, a primipara, where he was compelled to divide the hymen in order to terminate the labor. (*Phila. Med. Times*, March 7, 1874.)

Nævi Materni.—Dr. W. G. Carter, London, prefers for the relief of this deformity electrolysis. He transfixes the tumor with a platinum wire, and heats it red hot by an Althaus battery of eight cells. (*Lancet*, April, 1873.)

Dr. T. Curtis Smith, Middleport, Ohio, inoculated a nævus with croton oil by means of needles fixed in a cork. The nævus soon disappeared. (*Clinic*, Dec. 6, 1873.)

Ovariotomy.—Dr. E. H. Trenholme, Montreal, reports a case successfully operated on. Anæsthetic, chloroform, followed by ether.

Tumor fully exposed by incisions, contents evacuated by means of the Wells trocar; adhesions slight, and readily broken up, after which the pedicle was secured by a carbolized hempen ligature. No important sequelæ. Wound united on the 15th day. Throughout the case, strong fluid carbolic acid was freely employed, which is claimed by Dr. T. as highly advantageous. (*Canada Med. Record*, Nov. 1873.)

Dr. C. H. Richmond, Livonia, N. Y., reports a successful case. Anæsthetic, bichloride of methylene. Tumor multilocular. After tapping it was removed by partial enucleation. The pedicle was secured by the clamp. One artery tied with carbolized silk. (*N. Y. Med. Journal*, Feb. 1874.)

Dr. J. T. Gilmore reports a case of vaginal ovariotomy, which resulted successfully. Anæsthetic, chloroform. (*N. O. Med. and Surg. Journal*, Nov. 1873.)

A case is reported in a child under nine years. The pedicle was retained and tied at the lower angle of the incision. Recovery was completed by the nineteenth day. (*Med. Press and Circular*, Mar. 26, 1873.)

Dr. J. Marion Sims continues his valuable papers on this subject in the *N. Y. Med. Journal*, April, 1873.

Dr. Lloyd Roberts, Manchester, reports twelve operations with quite successful results. (*Lancet*, Aug. 1873.)

Dr. S. Logan, New Orleans, reports a case by enucleation, with recovery. (*Amer. Journ. Med. Sciences*, July, 1873.)

Mr. Hulke, Middlesex, three cases, two recovered. (*Med. Times and Gazette*, Aug. 30, 1873.)

Dr. J. C. Gooding, Cheltenham, reports case of, five weeks after confinement. Death. (*Lancet*, Oct. 4, 1873.)

Dr. W. R. Cluness, San Francisco, Cal., reports two cases and two deaths. (*Pacific Med. and Surg. Journal*, Nov. 1873.)

Dr. L. A. Paddock, Norwich, Ct., reports a case with a fatal result. (*Med. and Surg. Reporter*, Sept. 13, 1873.)

Dr. W. L. Atlee, Philadelphia, reports cases from time to time. (*Phila. Med. Times*, July 5, 1873, etc.)

Dr. Franz Hoffmann, Berlin, reports two cases. Both recovered. (*Berliner Klin. Wochenschrift*, *Phila. Med. Times*, Feb. 28, 1874.)

See also teachings of the General Infirmary at Leeds, with regard to the operation of ovariotomy. Dr. C. G. Wheelhouse. (*Brit. Med. Journal*, March 1, 1874.)

This operation is now a success, and in the hands of such men as the Atlees, Sims, Wells, Keith, and others, has saved many useful women.

Ovarian Tumor.—Dr. D. Keller, of Paris, Ky., reports a case of unilocular tumor cured by tapping and compression, internally a saturated solution of chlorate of potassa. The treatment occupied six weeks. The tumor was of 24 years' standing. (*R. and L. Med. Journal*, Dec. 1873.)

Dr. H. T. Hanks, N. Y., treated an ovarian cyst by injections of iodine. The sac was emptied twice by tapping. After the last, one ounce of tr. iodine in a pint of warm water was injected, and then withdrawn. Since, there has been no tendency to a reaccumulation. (*Amer. Journ. Obstetrics*, May, 1873.)

Dr. Ad. Berchelmann, Belleville, Ill., reports a case in a girl of eleven years. Death from exhaustion. (*St. Louis Med. and Surg. Journal*, Feb. 1874.)

Catarrhal Inflammation as an Element in Uterine Disease.—Dr. Franklin Staples, Winona, Minn., gives a very valuable paper on this subject. His general observations relating to treatment are: the majority require tonics; the iron preparations, the lactates, and hypophosphites are most valuable; alternate, rather than combine many substances; for the lymphatic and scrofulous, cod-liver oil and iodine; mineral waters, sea bathing. Locally, nitrate of silver is "king of remedies;" tinct. of iodine, chromic acid, and astringents. Solutions of chlorate of potassa, and liq. sodæ chlorinatis largely diluted, are the best vaginal injections. *Time* is very important. (*N. W. Med. and Surg. Journal*, May, 1873.)

Position in Labor.—Dr. J. W. Smith, Charles City, Iowa, claims much for position in labor, as materially accelerating the delivery. During the early stage, movement should not be restricted, but moderate exercise encouraged, and even insisted upon. Examination showing one side of the pelvis most filled, or pressed upon by the presenting parts, guides the practitioner as to the position of his patient on that side. The woman's head should be low; the thighs and knees flexed; the feet supported, if preferred; she is then partly upon her face, and cannot easily turn on her back. The knees should be supported by an attendant, or a pad placed between them. In many cases of tedious labor, after the proper position is assumed, a single pain or two will bring the fœtus into the proper axis of the pelvis, and complete the labor. In case of obliquity, pendulous abdomen, and inertia, much aid is often derived from a wide bandage, say two yards long, twelve to eighteen inches wide, and of strong material. This bandage is passed across the abdominal protuberance, the ends brought together behind the patient,

and thus steady pressure made at each pain. Of course, the counter support of the back will be necessary by means of a pillow or other soft support held firmly in place by the knee or foot of the person manipulating the bandage. When the pressure of the presenting part is to the hollow of the sacrum, upon the back is the proper position, with the hips elevated. If towards the pubis, place her in a kneeling and almost horizontal position, even upon the knees and face for a short time. (*Chicago Med. Examiner*, July 1, 1873.)

Dr. H. Gibbons, San Francisco, Cal., confirms much that Dr. Smith advances. (*Pacific Med. and Surg. Journal*, Sept. 1873.)

Dr. F. A. Burrall, New York City, contributes a paper on the knee and elbow position in *Amer. Journ. Med. Sciences*, Jan. 1874. See also *Annual Address before Philadelphia County Medical Society*, 1874, by the author of this address.

Excessive Vomiting of Pregnancy.—Dr. M. M. Pallen, St. Louis, Mo., reports a case where all remedies had failed, death seemed imminent. He punctured the membranes, and in one hour she was enabled to eat and retain her food. Abortion followed in forty-eight hours, and she rapidly recovered. (*St. Louis Med. and Surg. Journal*, Sept. 1873.)

He is guided by these rules: if she cannot retain anything, even cold water; if she is daily losing flesh; if all remedies have failed; if there be insomnia and restlessness, and the pulse under 100; if the pulse is 120 or more, and there are tinnitus aurium, delirium, and dimness of vision, it is too late, she will die. He believes the cause of this affection to be, not displacement, but some disease of the womb itself, as granular erosion of the cervix, congestion with enlargement, or endo-cervicitis. (*Ibid.*, Oct. 1873.)

See a paper by Dr. A. H. McClintock. (*Obstet. Journal*, May, 1873.)

Dr. Girabetti employs enemata of bromide of potassium. At first about ℥iss increasing daily by about 15 grs. (*Tribune Med.*, Nov. 1873.)

In several instances we have found good results from the employment of suppositories of ext. of belladonna and morphia with cocoa butter, pressed up to the os uteri, and maintained there.

From our experience with chloral, we would anticipate valuable results, applied as above.

Temperature of the Sexes; an Indication of Development.—Dr. J. Stockton-Hough, Philadelphia, arrives at the following conclusions from his researches: Males have, as a rule, from the beginning to

the end of life, a higher temperature, and a less frequent pulsation than females.

Children have a higher temperature at birth, which declines to the sixth year, increasing to maturity, and declining as old age advances. The pulsations follow a reverse order. Males appear to have a greater variation in temperature than females.

From all which, he concludes that the woman approaches more to her condition as a child than man, and is less highly developed. The male is a secondary evolution from the female. (*Phila. Med. Times*, Nov. 8, 1873.)

Maternal Influence upon the Fœtus in Utero.—Dr. F. Staples, Winona, Minn. (*N. W. Med. and Surg. Journal*, 1874), and Dr. F. K. Bailey, Knoxville, Tenn., present some remarkable instances of marks resulting from fright. (*Med. and Surg. Reporter*, May 31, 1873.)

Opium in Labor and as a Preventive of Abortion.—Dr. Hiram Corson, Conshohocken, Pa., regards the remedy as a valuable preventive of abortion. Hence he cannot regard it as a "parturifacient," and questions the views of Byrd, Kennedy, and others. (*Med. and Surg. Reporter*, May 31, 1873.)

Hydrometra.—Dr. George E. Walton, Cincinnati, O., gives a case with an exhaustive paper on this subject. (*Lancet and Observer*, Feb. 1873.)

Report of Committee on Obstetrics to the Wisconsin Medical Society, by Dr. W. L. Lincoln, contains much of value, especially as to quinia as a parturifacient, chloroform and ether in labor. (*N. W. Med. and Surg. Journal*, May 1873.)

Opium in Puerperal Inflammation.—Dr. F. Staples, Winona, Minn., successfully treated a case resulting in general peritonitis by pushing the opium only to a rational extent, but perseveringly, together with the free use of stimulants and nourishment. (*N. W. Med. and Surg. Journal*, Jan. 1874.)

Dr. T. Curtis Smith, Middleport, Ohio, agrees, but regards opium as allaying morbid irritability and leaving nature untrammelled. (*Kansas City Med. Journal*, Oct. 1874.)

Uterine Disease.—Dr. F. K. Bailey, Nashville, Tenn. (*Med. and Surg. Reporter*, Dec. 20, 1873.)

Relation of Faulty Closet Accommodation to Diseases of Women.—Dr. Wm. Goodell, Philada., treats this subject with his usual acumen. Thus are induced constipation, over-distension of the bladder with its corresponding troubles, flexions and versions of the womb, vesical catarrh, etc., all reacting upon the system, and setting up a train of troubles. (*Phila. Med. Times*, Aug. 23, 1873.)

Ovulation and Menstruation.—Dr. Emil Henke, Missonla, Montana, contributes a valuable paper upon this subject. (*Med. and Surg. Reporter*, April 4, 1874.)

Able and Exhaustive Paper on the Cranioclast, by Paul Mundy, M.D., New York. (*Amer. Journal of Obstet.*, May, 1873.)

Clinical Notes on the Electric Cautery in Uterine Surgery.—Dr. J. Byrne, N. Y. (*Ibid.*)