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CONTENTS.

Original Communications.

GYNECOLOGY AND OBSTETRICS.

By A. LAPTHORN SMITH, M.D., Lecturer on Gynecology in Bishop's Medical School, Montreal.

Dr. Robert Bell *(Br. Gyn. Jour.)* thinks that disease of the tubes and ovaries begins primarily in the endometrium, and that most cases of displacements are also due indirectly to the same cause. He, therefore, makes the mucous membrane of the uterus the principal object of treatment. In this point he agrees with Apostoli, but he differs from him in thinking that electricity has no advantages over iodized phenol (320 grains iodine to 8 ounces liquid carbolic acid), which he has employed in over 2,000 cases. He says that he has frequently seen cases of salpingitis get completely well under the treatment of the endometritis. He calls attention to the fact that the pain caused by an application to the endometrium is generally referred to the ovarian region. When there is a granular condition of the endometrium, or if there is a rupture of the perineum, he thinks that these conditions should be cured before commencing the iodized phenol treatment. It is interesting to note that he considers 16 to 24 intrauterine applications made weekly and double that number of glycerine of alum and boracic acid tampons applied bi-weekly a reasonably small number with which to effect a cure. I quite agree with him when he says that the toning up of the relaxed uterine walls is the true method of curing deformities (which is the name I give to flexions in contradistinction to displacements, which I limit to versions and prolapse). Unless there is metritis, he does not fear to turn the applicator around in the uterine cavity and to leave it there a minute or so. If there is metritis he first reduces it with tampons, &c. He says that this intrauterine medication is frequently followed by the cure of both versions and flexions. This has been my own experience with iodized phenol; but I must also say that my results with the positive intrauterine galvano cauterizations have been much more speedy in appearing, with few exceptions only requiring five or ten applications. He is mistaken when he says that none of Apostoli's disciples seem to have any positive idea how it acts, or which pole should be inserted in different circumstances. A careful perusal of Apostoli's book on chronic endometritis would make this point as clear as day to him.

Dr. G. R. Southwick *(N. Y. Med. Jour.)* reports several cases of uterine displacement cured by ventral fixation, that is, sewing the uterus to the abdominal wall. In former numbers of the *Journal* I have not