

her true condition and advised to visit me for operation. However, did not avail herself of that advice, and continued under treatment of three or four physicians, who saw her at different periods, and the last one who treated her, six months previous to Dr. Bailey being called in, pronounced her case one of pregnancy. For the past month she has suffered almost constantly from abdominal pain and has lost in flesh. When Dr. Bailey was called, the day previous to my seeing her, with him in consultation, he made a careful examination and diagnosed imperforate hymen. On examination I found her with an abdomen equal to that of a woman at the seventh month of pregnancy, somewhat tender on pressure, of a uniform enlargement, and scarcely giving a sense of fluctuation. On examination of the external organs of generation everything appeared normal, with the exception that the hymen was imperforate, and a fluctuating mass could be felt through it.

Her case was explained to herself and family, and an operation urged, but permission was not granted until two days afterwards. Then I made a free incision in the central portion of the hymen, having previously introduced a trocar and allowed about a quart of dark, molasses-like fluid to exude, then I opened and about the same quantity of fluid was allowed to discharge, when the tumor in abdomen disappeared; parts were thoroughly washed and cleansed with a solution of 1-2000 bi-chloride, which was kept up daily in the after treatment by Dr. Bailey. She made an uninterrupted recovery, menstruated in March and April, and presents now the appearance of normal health; has regained her flesh and color and presents a marked improvement in her condition.

When we consider the fearful mortality that has attended cases like the last, as spoken of in our early text-books, it would seem proper that a careful consideration of the method of treatment should be gone over, and perhaps one of the most valuable recent additions to our knowledge of this subject, is a paper published by Dr. Krug of New York, giving a report of a similar case, and what he suggests as the best method of treatment. In these suggestions I quite agree, that the patient should be fully placed under the influence of an anæsthetic, take out a portion of the hymen, make a thoroughly free opening, then cleanse out the entire uterine cavity, washing out thoroughly with

an antiseptic fluid; pack with iodoform gauze, repeating this as may be necessary until the uterus is thoroughly contracted and everything put in normal condition. This is a method I would certainly follow out in another similar case. The mortality has been greatly caused by the septic condition that comes from making too small an opening, and then not washing out carefully afterwards with antiseptic solution, allowing pus to form, and causing sepsis to occur by the dilated tubes carrying this condition directly into the peritoneal cavity.

I have presented these cases, not because of any especial credit due for treatment, or suggestions as regards line of treatment, but because they are somewhat rare, and, in our present advanced methods of the treatment of gynæcological cases, while little is to be offered new, yet when now and then a thought can be suggested it seems proper we should gather up whatever comes in the way of practical experience and present it for the careful consideration of our brethren.

ABSTRACT OF PAPER ON CHLOROFORM INHALATION.*

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The paper dealt fully with the causes of blood pressure, "Asphyxia," "Shock," and "Syncope." The heart was shown to control blood pressure directly and indirectly in the normal state. It was also shown that the heart had important relations in asphyxia. The speed with which this latter condition could be induced, or the success at resuscitation depended largely on the integrity of the circulatory apparatus.

The report of the second Hyderabad Commission was criticised on the two following points (1) That chloroform in ordinary inhalation did not depress the heart; (2) That this drug did not possess any danger to patients with "fatty heart." With regard to the first point, the experiments of Drs. Shore and Gaskell (*British Medical Journal*, Nov. 21st, 1891), were cited to show beyond doubt that the constant lowering of blood pressure under chloroform was due to the drug depressing the heart. It seemed probable that this was effected

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