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RAPID DILATATION OF THE CERVIX.*

BY L. M. SWEETNAM, M.B (TOR.)

GENTLEMEN :

I HOPE to be able to interest you this evening for a short time in considering the subject of Rapid Dilatation of the Uterus.

In the evolution of the knowledge of uterine disease we have reached a point from which I believe we are justified in looking backward with considerable satisfaction upon what has been already achieved, and in looking forward with a sanguine spirit to what may yet be accomplished. More especially for the past quarter of a century, earnest, able and eminent men have been engaged, both in the old and new worlds, in the study of the uterus in health and disease, and unquestionably their efforts have enlarged our knowledge of this organ and increased our power of dealing with the diseases which attack it.

We are surely, if gradually, reducing the number of incurable diseases of the uterus, and thus enlarging the range of possible recovery.

The respect entertained by the profession and the public at large, for the work of the gynæcologist is daily increasing, while current gynæcological literature testifies to the great industry and patient skill employed in cultivating this special department of medical science.

The rapid dilatation in favor to-day had its

outcome from an instrument by Schatz (*metra noicter*); two intra-uterine stems connected by a metal crescent are inserted into the uterus by a special forceps. When the forceps is removed, the stems separate and dilate the cervix according to the tensile strength they possess.

The indications for rapid dilatation are:—

(1). Dysmenorrhœa with or without sterility, where this condition is associated with contraction at the external or internal os, or at any point in the cervical canal, or marked hyperæsthesia of the endometrium.

(2). Flexions of the uterus, whether this be consequent upon subinvolution or the thinning and softening of an ill developed organ.

As a preliminary step to intra-uterine applications, or a digital exploration of the cavity of the uterus, or the removal of growths.

Persistent vomiting, with or without pregnancy, in the absence of gastric and cerebral lesions.

Preparatory treatment: In view of the hyperæsthesia and congestion usually present, especially in cases of long standing, a little preparatory treatment is frequently indicated. A pledget of absorbent cotton saturated with a ten per cent. solution of Boro-glyceride in glycerine, applied twice a week, remaining in position for 24 hours, with a thorough use of the hot water douche in the interval, will in a few weeks very materially improve the condition of the uterus where the tenderness and congestion persist. Wylie urges the employment of a mixture of one part each of alum and Boro-glyceride to fifteen of glycerine, as a substitute for the ten per cent. solution of

*Read at a meeting of the Toronto Medical Society.