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INTRA-UTERINE MEDICATION.*

BY J. ALGERNON TEMPLE, M.D., M.R.C.S., ENG.

Prof. of Obstetrics and Diseases of Women and Children
Trinity Medical College, Toronto.

It is well known to all the members of this Association that we are making a departure this year from our usual custom, and that instead of reading reports on the progress of the various branches of our profession within the past year, the chairman of each section has been requested to open a discussion in his special department, by choosing some subject for consideration. As chairman of the obstetrical and gynecological department I have selected for our consideration the subject of "Intra-Uterine Medication." It is not my intention to impose upon you any lengthy paper, nor do I intend to defend, or otherwise, this special subject; but merely to relate my own experience and pronounce my own judgment on this plan of treatment in certain uterine affections and thus draw from those present, interested in the subject, their own ideas and value of the procedure. I am well aware that this plan of treatment has its adherents, but it also has its opponents. There are some excellent men on our own continent who are strongly opposed to the procedure, while again in the old world some men equally good who are just as strongly in favour of this plan of treatment, and while I greatly respect both of these classes of practitioners, yet I unquestionably belong to those who believe in the great advantages of this plan of treatment in properly selected cases. To apply this system of treatment to all and every local uterine complaint is undoubtedly hurtful; to exclude constitutional treatment and depend entirely on local

treatment is also wrong, the two plans of treatment should go hand in hand. That injurious effects have probably arisen in some cases I do not doubt, but at the same time I am disposed to attribute these bad effects to neglect of certain precautions and not to the plan of treatment itself.* The more clearly the subject is understood and the dangers known of the indiscriminate use of this plan of treatment, the greater will be the good results. The conditions most benefited are diseases of local origin, such as we see following abortions or confinement, the condition known as subinvolution, uterine catarrh, diseased conditions of the mucous membrane of the uterus, chronic endometritis, profuse and frequent menstruation, metrorrhagia, a large and flabby and relaxed uterus, cervical hyperplasia, cervical erosions, supersensitive condition of the lining membrane of the uterus, and uterine fungosities; while tumors and polypi and conditions depending on diseases of the Fallopian tubes and ovaries are not thus to be treated. I am quite satisfied that in all these diseases constitutional treatment is of the greatest importance and must not be neglected, but still it alone will not produce a cure; it is necessary to treat the diseased uterus locally.

We come now to consider the mode of applying the remedies. For the successful application of any remedy it is necessary that the cervical canal be sufficiently patulous to allow of the easy passage of a probe, armed with cotton wool, and saturated in the remedy, to pass through into the uterine cavity. In the diseases to which I have just alluded such is generally the condition, but if not it must be dilated first. Secondly, all mucous secretion should first be carefully removed from the uterine cavity so as to enable the remedy to come into direct contact with the diseased surface. And thirdly, no uterine inflammation or tenderness in the surrounding vicinity of the uterus should exist. First remove such tenderness by leeches, scarification, hot vaginal douches and rest in bed, and gly-

* The reason assigned by those who do not approve of applications to the uterine cavity is that the mucous membrane is being constantly removed and renewed, and hence no good will come of applications. Such might also be said of the skin. Take a case of simple chloasma, because the epidermis is being constantly renovated are we not to treat this disease by local applications. So in cases of cystitis, the same thing would be applicable, and I might multiply such instances. To my mind it is not a sufficient argument against Intra-Uterine Medication.

*Read before the Ontario Med. Association, London, June 4th, 1885.