

hydrostatic douch-can, will permit of the passage into the uterus during the act of curetting of a constant stream of weak antiseptic solution, which carries with it, as it escapes through the cervix, all clots and loose fragments of tissue. If the solution be used hot enough it will also check bleeding.

If the flushing curette be not used, the clots and tissue debris should be wiped away by means of probes covered with absorbent wool. The instrument commonly used for this purpose is "Playfair's probe." This consists of a wooden rod capped with metal. It is objectionable, because blood, etc., is apt to lodge between the wool and the metal, or soak into the wood, and be a source of sepsis. Where the probes are made wholly of metal (steel or aluminium), they are not open to this objection, being easily sterilized by boiling or being heated in a flame. They are, however, somewhat expensive (costing three or four shillings each).

For the last two years I have used wooden skewers ("pheasant skewers") instead of Playfair's probes, and have found them to answer admirably. I buy them from the poulterers in bundles of a hundred. To prepare them the ends must be roughly rounded off with a penknife, and the skewers boiled or steamed for an hour or more to sterilize them. When wanted for use the end should be wetted and the wool rolled on in a thin film. They are so cheap (costing sixpence to one shilling a hundred) that one can afford to destroy, after each operation, all the probes that have been used. No probe is used twice, and in this way the risk of carrying septic infection from one uterus to another is reduced to a minimum. When it is remembered how frequently curetting is performed in septic cases, it will be seen that this risk is no imaginary one.

*Application of Caustic.*—Having thoroughly washed or wiped out the cavity of the uterus and cleared away all clots and debris, we should apply to the raw surface left some powerful cauterizing or disinfecting agent. For a long time I used to sear the interior of the uterus with Paquelin's cautery. The objection to its use is that the caustic effect is not distributed evenly over all the raw surface. The internal angles and part of the fundus are apt to be missed, whilst the cervix may be so severely burned that sloughs form. At each spot it sears, its germicidal influence is of course intense; but it does not affect all parts equally, the sulci, crevices, and lateral angles escaping. For this reason it is better to swab out the uterus with a caustic liquid such as iodized phenol, applied on a wooden probe armed with absorbent wool. Any excess of the caustic that trickles out of the cervix must be at once removed with absorbent wool or gauze sponges.

*Packing the Uterus.*—A long narrow strip of

iodoform gauze (one inch wide and one yard long) should be ready at hand, and the uterus firmly packed with it, the end being left hanging out of the cervix into the vagina. This gauze packing serves four useful purposes—it soaks up all excess of iodized phenol, it checks bleeding from the denuded surfaces, it protects the raw surface from infection from the vagina, and it ensures the drainage of the uterus. The vagina must be wiped free from clots, etc., and then lightly packed with iodoform gauze. A pad of antiseptic absorbent wool is placed over the vulva and fixed with a T-shaped bandage. The gauze may be removed on the third day, and thereafter the vagina douched night and morning with lysol or iodine water. In all cases the patient must stay in bed for ten days after the operation.

*Results.*—The immediate risk of the operation is extremely small, and the ultimate result excellent, if the operation be skilfully performed, in suitable cases, and due aseptic precautions be taken. Conversely, if the surgeon use unnecessary force or bungle his work, or disregard contraindications, or neglect the rules of surgical cleanliness, the patient runs the gauntlet of such disasters and complications as rupture or perforation of the uterus, laceration of the cervix, pelvic cellulitis, pelvic peritonitis, salpingitis, pyosalpinx, septicemia and pyemia—truly a formidable list! Not one of these evil sequelæ ought, however, to occur if the surgeon follow the indications I have laid down in this paper.—Dr. Christopher Martin in *The Provincial Medical Journal*.—*The Times and Register*.

#### AORTIC ANEURISMS. THEIR PRESENT STATUS WITH REGARD TO TREATMENT, MEDICAL AND SURGICAL.

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To review this method briefly, there have been some sixteen cases reported of the introduction of wire within the sac, with two cures. It is to be specially noted, that in both the successful cases the method adopted differed in exactly the points which have been mentioned as to be criticized in Dr. Abbe's cases. In the first place, silvered copper wire was used, which is almost without elasticity, and but a fraction of the enormous quantities used by other operators was introduced. In Loreta's case, six and a half feet was the amount, and in Morse's case four and a half feet. Both these patients recovered, and I may add that they were the only cases operated on by this method of which this may be said. All the other operators used immense lengths of wire, as in the cases which I have quoted. What are the practical points which we may learn from the history of this procedure?