

greater moment it seems to me is it to decide what sort of sycosis one has to deal with, because the prognosis and therapeutics of the case follow at once upon that, and also to settle if possible the debated question as to whether the sycosis of Liveing & Fox be a veritable entity or not. If I might be allowed to venture an opinion I should say that I do not think it exists and that a sycosis which is not an eczema or an acne is parasitic in its nature, and that a sycosis which is clearly non-contagious is either a severe local acne or some modification of pustular eczema.

MONTREAL, October 5, 1884.

### GYNÆCOLOGICAL REPORT.

By E. H. TRENHOLME, M.D., Prof. Gynæcology University of Bishop's College.

Dr. Hoffman of Berlin, in a late report upon the progress of Gynæcology in Germany, speaks very favorably of the *running* suture employed by Schede of Hamburg—the cat-gut is prepared by immersion for 12 hours in a sublimate solution of 1-2 : 1,000, it is then soaked in juniper oil, by which it acquires great flexibility and strength. In several post-mortem cases the suture has been found firm and even after seven days. This running suture has been used in complicated plastic operations on the perineum and vagina with excellent results. Prof. Schroeder has used the same suture in closing intra-abdominal sacs in complicated laparotomies.

The advantages of this suture are so apparent that doubtless hereafter it will be a favorite mode of co-apting divided surfaces, both in gynæcological and general surgical practice. This form of suture was suggested to his class by Dr. Trenholme more than a year ago, although he did not employ it himself.

### HYDRASTAS CANADENSIS.

Attention has been directed by the German Gynæcological Society to the valuable therapeutic value of this drug, prepared by Park, Davis & Co., of Detroit.

Prof. Schatz has tested its action, which he finds is exerted upon the mucous membrane, exciting their vessels to contract. In the female generative organs it diminishes the blood supply of the mucous membrane. It is found to act favorably in cases where ergot fails.

In metrorrhagias due to myomata, in hemorrhages in the purpureum, in metrorrhagias of

young persons, from 15 to 18 years of age, and in those forms of endometritis where the curette has failed, its action has brought about favorable results.

In most cases the drug was used about a week before menstruation began, and the dose employed was 20 drops three times a day.

### *Boro-Glyceride.*

Dr. W. Thornton Parker, of Morristown, N. J., strongly recommends boro-glyceride in the local treatment of vaginitis, leucorrhœa, etc. Dr. P. prefers it to the sulpho-carbolate of zinc. It acts gently and efficaciously. The preparation manufactured by Messrs. Thurdon, Metcalf & Co., of Boston, is that which he uses and commends to others. A simple mixture of borax and glycerine does not yield the same satisfactory results.

### INTRA-UTERINE TREATMENT.

Bandl (of Vienna) at the same meeting gave a paper upon this subject.

In cases of sterility where we can detect no alterations to account for it, he advises to draw down the uterus with tenaculum to about two fingers' breadth of the introitus vaginæ. This, of course, cannot be attempted if there is inflammation of the uterus or its adnexa, nor if the attempt gives rise to much pain.

Dr. B. claims for his method fuller and more certain information as to condition of the mucosa, and its canal, while at the same time it is less disagreeable to the patient.

The sound used in this way enables us to determine the extent upward to which the disease extends. By examining (first clearing the cervix of mucus) if we find the sound is stained by secretion, we know that catarrh of the body (as well as of cervix) exists. Hemorrhages can be determined in the same way. It is also to be noted that gentle movements of the sound do not cause hemorrhage if the mucous membrane is in a healthy state. Of course no examination should be made shortly before or after menstruation.

The cause and seat of a menorrhagia can be recognized in this way with certainty. Dr. B.'s method of employing intra-uterine treatment is as follows: Place patient on her back and the neck of the uterus is engaged in a tubular, or Sim's speculum, when it is seized with a slender long-stem tenaculum, inserted about  $\frac{1}{2}$  c. m. above this, as the uterus is then gently drawn down and the speculum removed and replaced by a shorter