

trate of silver were injected into the gland, which thus became sound, and the erosions (on which simple cotton had been kept) disappeared.

A similar case occurred during the last few days. From all this it seems that we may conclude:—

1st. That inflammation of the duct is often followed by that of the body of the gland of Bartholini.

2nd. That the latter has a strong tendency to suppurate, with difficulty of outlet.

3rd. That antiphlogistics frequently come too late.

4th. That for maturants, one should substitute, mostly, evacuation by catheterism.

5th. That this operation causes little pain, shortens the duration of the disease, does not deform, and, what is of more importance, does not destroy the function of the gland, and is to the gland itself a prophylactic measure.

Besides astringents and catheterics in liquid form, their use in solid form, and the progressive dilatation of the excretory duct, ought to be taken into consideration.

BRUIT DE SOUFFLE OF PREGNANCY.

(Translated from the *Paris Medical*.)

At the Academy of medicine, Prof. Depaul has undertaken to refute the opinions of Messrs. Bouillard and Glénard on the seat of the uterine *souffle* of pregnancy. We have spoken of this *souffle* in No. 37 of this Journal, and we were the first to call attention to the fact that an artery so small as the epigastric, could not give rise to a *bruit* so loud as the uterine *souffle*. We added that M. Glénard had boldly attributed to the epigastric that which comes from the iliac. The *Gazette Hebdomadaire* and the *Journal des Connaissances Medico-Chirurgicales* have both brought forward the same objection to M. G.'s theory. But as M. G. has himself renounced his idea, there will be no more question of the uterine *souffle* being epigastric. M. Depaul himself presented to the Academy a preparation of the epigastric artery to show the small volume of this vessel compared with the intensity of the *souffle*.

M. Depaul next combats the theory of M. Bouillard, according to which the *bruit* would be situated in the iliac arteries, in which we agree with M. B.

M. Depaul, who places the seat of *souffle* in the arteries of the substance of the uterus, cites in support of this theory, a case of Dr. Rapin, of Lausanne, who states that he caused the uterine *souffle* to cease by compressing with his fingers, the arteries of which he felt the pulsations on the inner side of the neck of the uterus.

There is here an evident mistake, for it is impossible to admit that compression of the arteries of the neck (those which are accessible) can influence the circulation of the sides of the uterus, because these last receive two arteries of considerable volume, and inaccessible to the finger, the utero ovarian. We say, moreover, that if M. Rapin caused the *souffle* to cease by internal compression of the neck, it proves that the *bruit* is not situated in the arteries of the uterine walls which have no relation to the neck of the uterus.

M. Depaul declares his intention of auscultating the uterus of a woman at the moment of opening the abdomen in the operation of cesarian section. It seems to us that this will prove nothing for or against M. Bouillard's theory. We do not believe that the compression of the iliac arteries by the uterus would be sensibly diminished by section of the abdominal walls. M. Depaul makes the following objection to M. Bouillard's theory. It is by no means rare to observe the uterine *souffle* one, two, or three days after delivery. M. Bailly has verified this opinion in 68 out of 78 labours, 15 times on both sides; 13 times on the right, and 26 times on the left side. In the cases when the *souffle* was heard on the left side, the uterus was inclined to the right.

If this deviation was not proved at the autopsy, what can be its signification? Cannot a uterus, still large from the first to the third day after labour, present an irregular and abdominal augmentation of volume on the opposite side to its deviation, and thus compress the corresponding iliac arteries?

We still hold to the opinion that the uterine *souffle* is situated in the iliac arteries.