

Translations.

CATHETERIZATION OF BARTHOLOINI'S GLANDS.

Notes by Dr. A. Breda, assistant to Professor Carlo Rosanelli.

(Translated from the Gazzetta Medica Italiana.)

It is well known that these glands often become the seat of painful inflammation as a result of the first post-nuptial rites. The inflammation may spread from the vestibule to the ducts, to the bodies of these glands, and to the connective tissue surrounding them, and give rise to abscesses, fistulæ, and cysts. In Dessault's journal, a case is reported of a tumour formed from one of these glands being confounded with hernia. According to the latter, it is "not always easy to distinguish mucous cysts of the vulvo-vaginal gland from serious cysts developed in the meshes of the cellular tissue, in the canal of Nuck, or in an old hernial sac." Zeissi believes these glands are often affected, and confesses, with honest frankness, that in some cases they never heal.

Assuredly, phlogosis of such glands proceeds for some time without any objective alteration, and tends mostly, especially when the body of the gland is affected, to suppuration. The woman's modesty, whim, or interests may present to the practitioner difficulties both in diagnosis and treatment. If not, embarrassment in the diagnosis rarely occurs, and the cure can be made with sufficient confidence, when suitable and energetic treatment is employed, as in diseases of the lachrymal passages, for example.

The glands of Bartholini have several times been presented to us in a diseased condition. Two women, after an attack of vulvitis, showed redness at the orifice and catarrh of the duct of the left gland. Squeezing out, several times a day, of the material which accumulated there, and then to force injections of a weak solution of nitrate of silver into the canal, held closed by the finger, banished the redness and discharge in a week.

Another woman, admitted with condylomata at the vaginal orifice and catarrh of the excretory duct of the left gland, was treated by injections into the canal and repeated catheterization of it. Little by little it dilated more than

was expected; at last, there appeared at the orifice a red shining tumour, about the size of a hemp seed, which was considered a condyloma. This was attached to the upper wall of the canal about one-fourteenth of an inch from the orifice. So far as I know, condylomata in this situation have not been described by anybody.

In a case of cyst of the left labium majus, following phlogosis of the gland of that side, with paracentesis through the mucous membrane of the vestibule, there came out about ten drachms of chocolate-looking fluid. After the operation menstruation came on, and the opening closed; and then, in little more than a week, the tumour gained in volume, to arrive at which seven years had before been necessary.

Another woman had a similar tumour on the substance of the right labium, a deep vertical incision, the whole length of the tumour, was made, and about an ounce of liquid, principally purulent, escaped. By a finger in the cavity, it was found to be rounded, without any recesses, enclosed by a thick, rough wall. The wall having been separated from the margins of the wound, a portion, the size of two cents, was cut away, and the rest scraped with a spoon; the cavity was filled with cotton soaked in phenic acid. The cyst was subsequently cauterized and healed up.

A prostitute was discharged cured of vaginitis; twenty-one days after she came back with valvo-vaginal catarrh, with two erosions near the orifice of the left gland. The lower part of the labium was somewhat swollen. After four days she was seen again, and the labium was so large as to partly overlap that of the other side—it was about the size of a pigeon's egg, no fluctuation was detected. Pressure gave great pain, but did not expel any fluid.

In this condition, a small silver probe, very thin in the shaft, slightly curved with the convexity upward. Little by little, it was made to advance about two-thirds of an inch, and on withdrawing it, there escaped about five drachms of pus, almost pure, thick, uniform. It came out without any force, indeed, had to be pressed out. The redness and pain disappeared, and the swelling became somewhat less. The catheterization was practised four days; on the five succeeding days, weak solutions of ni-