

## GYNECOLOGY.

## ON THE ALLEVIATION OF UTERINE PAIN.

By Dr. ALFRED MEADOWS, London.

In cases where the pain is, nevertheless, constant and wearing, though its cause may not be very clearly defined, there we must resort to the employment of anodynes: and these we may use either subcutaneously or by the mouth, or better still, I think, by the vagina. I will only speak of the latter mode of treatment, because, of course, the two former are well understood. The advantages of this method are—first, that the anodyne is applied directly to the affected nerves; and, secondly, that the stomach and digestive organs are not so injuriously affected as when the same drug is given by the mouth. On the other hand the disadvantages are—first, what I may call the moral or sentimental objection to the practice of daily introducing a foreign substance into the vagina; and, secondly, the discharge which must necessarily take place of those portions of the pessary which are not absorbed. This latter objection formerly applied with much greater force when the greasy substance—cocoa-butter—was used, than it does now, because, as I showed long ago, in a paper which appeared in *The Practitioner*, "On the Use of Medicated Vaginal Pessaries," it is no part of the function of the vagina to digest fats; and the presence of such a greasy substance in the vagina tends to prevent the absorption of the active ingredients. Moreover, the discharge of all the unabsorbable part, including the whole basis of the pessary, is, in private practice, very objectionable. I have, therefore, long since discarded the use of the cocoa-butter, at least in all cases where an astringent is not required; and in its place I now use, as the basis of the pessary, a mixture of gelatine and glycerine, in the proportion of one part of the former to four of the latter. This makes an admirable mass, it readily melts at the temperature of the vagina, and any ingredient that is not astringent can be added to it; but as all astringents combine with the gelatine to form an insoluble compound, it cannot be used in these cases. There is one other point I mention in connection with these pessaries—namely, their size. Very commonly they are used as large as a Minie ball, or even larger. There is no necessity for this; and I think it is on every account desirable that they should be as small as possible. I therefore always use them the size of a suppository, which is quite large enough to carry any drug you may require. Another advantage of using the gelatine and glycerine is, that the latter promotes the secretion of the vaginal mucous membrane, and so favours the absorption of the active ingredient. The anodynes which I have found most useful are the alkaloids conia, atropia, and morphia—one to two grains of conia, one eighteenth to one-twelfth of a grain of atropia, and half a grain to a grain of morphia. These may be used once or twice a day, according to circumstances. On the whole I am inclined to believe that conia is by far the best and most efficient anodyne we possess for vaginal purposes. I am satisfied that it is in all ovarian cases, but am not quite so sure of it in the class of cases we are considering.

## SURGERY.

## CARBOLISED CATGUT LIGATURES.

In the *Wiener Medicinische Wochenschrift* will be found a communication from Dr. Czerny, of Bonn, on the use of carbolised catgut for ligaturing vessels.

He points out that catgut ligatures were used by Sir A. Cooper in 1817, and that it is the mode of preparation as advised by Lister, which is novel. The catgut is steeped for a considerable period in an emulsion of olive-oil, and a strong watery solution of carbolic acid. The Listerian dogmata, Dr. Czerny thinks, are somewhat too emphatic. But, although they have not met with very general assent, the modifications in the modes of treating wounds thus brought about have certainly been very useful, and the employment of catgut ligatures has met with somewhat general adoption. The writer then refers to the experience of several English surgeons in the use of carbolised ligatures, as Lister, Buchanan, MacDonnell, Bickersteth, Lund, and quotes Mr. Holmes' remark that for two years he had used such ligatures, and found them better than torsion; and four times as good as acupressure.

In Germany, Dr. Schultze has written a paper, published in Volkmann's *Clinical Reports*, on the antiseptic treatment of wounds; and Stilling appears to have employed catgut ligatures for the pedicle after ovariectomy. The author gives nine cases in which he employed catgut ligatures; one amputation of the thigh, in which case there was secondary bleeding, three of the leg, one shoulder, arm, forearm, and hand amputation, a Pirogoff's and a Chopart's amputation.

As to whether the gut is absorbed or transformed into tissue, Professor Czerny does not venture a positive opinion, as he has very rarely observed a case in which there was healing without suppuration. But the suppuration is less, and there were no appearances of irritation in the stumps afterwards. Dr. Czerny concludes from what he has seen of their use at the bedside, that catgut ligatures are not worse than acupressure or the ordinary ligature, but that, when they are applied to large vessels there is a risk of secondary hæmorrhage.

In twelve experiments on dogs, different arteries were tied with catgut ligatures. The wounds generally suppurred more or less. The author never found the loop and knot of catgut absorbed, at least, up to thirty days. In carmine coloured preparations the catgut appeared sharply separated from the surrounding living tissues. Dr. Czerny thinks, on the whole, that, it would be safer and better to use silk for ligatures, cut both ends off short, and close the wound. The practice of some ovariectomists, especially Mr. Spencer Walls, supports strongly the author's view.

## DIAGNOSIS OF LIPOMATA.

A character peculiar to lipomata resides in the property belonging to all fatty tumours of hardening under the action of cold. When after the use of ice or the ether spray, in the case of a doubtful tumour, the growth is felt to become harder, the presumption is that the case is one of lipoma.

## THE PRODRROMATA OF CHOREA.

Dr. Schmidt, of Kitzingen, states that the essence of chorea is considered to be spinal irritation. Children on the eve of the disease are often found to present tenderness of the last dorsal and the lumbar vertebrae. Then follows a series of irregular symptoms, frontal headache, itching of the nose, rheumatic pains in the neck and shoulders, gastric disturbance. Next, we have lassitude and unsteady gait, then flashing of light, inability to fix the head for reading, the sleep broken by alarming dreams, night terrors. The duration of these prodromata varies from ten to eighteen days.

## CHLORAL IN PUERPERAL CONVULSIONS.

The following case appears in the Transactions of the Edinburgh Obstetrical Society, reported by Dr. Alexander Milne. A woman in labour with her fourth child, and progressing towards conclusion, was frightened by the noise of a falling body, and went into a convulsion. The child was born, and uterine action finally terminated, but still the fits continued at short intervals. Sixty grains of the remedy were given, and no cessation of eclampsia took place, until about fifty minutes were passed, when the patient fell into a heavy sleep which lasted eight hours. She awakened confused, but free from headache or sickness, and made a good recovery.

## PUERPERAL TETANUS.

W. Craig, M.B. reports in the Transactions of the Edinburgh Obstetrical Society, a case of this rare disease occurring in a subject aged thirty-seven. She had previously given birth to seven children, and made good recoveries after each labour. Her eighth child was delivered by a midwife, who failed to remove the placenta, which was retained by inertia of the uterus. This occasioned violent hæmorrhage, and Dr. Craig was called in. The case made fair progress until the ninth day, when tetanus set in; with opisthotonos on the tenth, and the woman died in forty hours. She was treated with Indian hemp.

## SUBCUTANEOUS INJECTIONS.

Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, &c.; it is neutral, can be kept easily, and is of all liquids the one which approaches the nearest to the composition of the subcutaneous cellular tissue. Glycerine is, indeed, almost a normal substance for cellulose-adipose tissue.

## SYPHILITIC MENINGITIS RAPIDLY CURED BY IODIDE OF POTASSIUM.

The symptoms were as follows:—Persistent cephalalgia, contraction of the muscles of the nape of the neck, dilatation of pupils, alternate redness and paleness of the face, slowness of speech, groaning, contraction of limbs, vomiting, &c.; pulse 88 to 92; temperature normal. On the eighth day a treatment consisting of mercurial frictions, and from a half to one drachm of iodide of potassium internally was begun, and then the latter remedy alone was employed; the amendment was most rapid after three days. The use of the iodide was suspended, as a trial, and the headache came back but resumption of the remedy again removed it, and at the end of eight days the patient (a syphilitic woman) left the hospital entirely recovered. —*Annales de Syphilographie.*