When the speculum is in position, entirely within the vestibule, for examination or operation the handle is directed at such an angle as to be out of the way of the operator. The tendency to slip out of place is overcome by its lightness, and by a nice adjustment of its set-nuts.

A nasal speculum is a disagreeable tool at best, on account of the sensitiveness of the nasal cavities, but this one carries as little discomfort with it as any effective speculum can.

These instruments are manufactured for me by Charles Truax & Co., of Chicago.
719 West Adams Street.

OOPHORECTOMY FOR PROLAPSE OF RIGHT OVARY INTO DOUGLAS' CUL-DE-SAC.

Read before the Medical Society of the District of Columbia, April 18, 1888.

BY J. F. HARTIGAN, M.D.,
OF WASHINGTON, D. C.

This was a very unpromising case. The patient, æt. 36, unmarried, has been under my treatment almost constantly for the past nine years. When she was only a month old her mother died of phthisis. Being a puny, delicate, bottle-fed infant, she was raised with great difficulty. In early childhood she was a subject of chorea.

I was first called to see her in January, 1879, for pleuritis and pneumonia. In the summer of the same year she had intermittent and typhoid fever, the anæmia following leading to ascites and dropsy of pericardium. On account of several attacks of hæmoptysis she went to England in November, 1879, on a visit to relatives, and stayed fifteen months. The trip was partly beneficial, although while away she had three hæmorrhages. Several lighter ones occurred after her return, but with the exception of the occasional coloring of the sputum, none have occurred for five or six years. These hæmorrhages were not vicarious, as they came on without regard to the periods of menstruation; besides, the other symptoms, as

cough, expectoration, etc., pointed to manifest lung disease. About the year 1884 nasal catarrh appeared, associated with endometritis and hyperplasia of the cervix, which would yield to treatment for a while, but return from time to time. Another circumstance in the case, which may be well to mention, occurred last October. After a heavy dinner she said she would have to sit down, complained of a swimming of the head, everything appearing dark before her, and immediately lost her senses and slid off the chair. The servant in her alarm dragged her to bed by the shoulder, dislocating it. This was easily reduced upon the administration of ether, although several weeks elapsed before she had the full use of her arm.

Her first pain in right inguinal region dates back to October, 1886, when, as she states, while riding in a street car she was severely jolted by the car running off the track; pain followed immediately, which subsided the same night, recurring when she walked or rode.

In May last she suffered a severe exacerbation while in Virginia. On my return from abroad last October I found her practically bedridden, with marked evidence of phthisis. Under the use of cod-liver oil and other building-up treatment she improved to a remarkable extent, but still complained of a dull sickening pain in right inguinal region. This was aggravated by any attempt to walk across the room, upon defecation, and before, during or after menstruation. I now for the first time discovered retroversion of the uterus, and on digital examination, prolapse of the right ovary into Douglas' cul-de-sac. How long the latter condition existed I am unable to say, but probably its starting point was in October, 1886, as already mentioned; the symptoms in the interim being mitigated principally by rest in the recumbent position. It is needless to say that all palliatives, such as bromide of potassium, counter-irritation, hot water injections, and endeavor at reposition by the genupectoral method with lint soaked in glycerine, proved of no avail. Even different kinds of pessaries seemed to aggravate rather than relieve her symptoms, so that hypodermic injections of morphia, and by the stomach, became the rule. These would only give temporary relief, however, the effects wearing off in two or three hours.

At last oöphorectomy was proposed as holding out the last chance of relief from her deplorable condition. To this she and her father readily consented. Accordingly on March 31st I performed the operation at Providence Hospital, assisted by Dr. Joseph Taber Johnson, whose kindness and valuable advice I desire here to acknowledge. There were also present Drs. Bulkley, Crook, H. L. E. Johnson and Osmun, Dr. Cole, the House physician, administering the ether. After the usual incision in the median line, not

much difficulty was experienced in reaching the ovary, and separating it from its adhesions behind the cervix. No oozing of the pedicle followed the removal of the organ with the tube, which, in addition to the prolapse, presented a hæmatoma partially organized, apparently involving one-third of its substance, and commencing cystic degeneration. The patient made a fine recovery, chatting and laughing the next day. Only once the temperature reached 100°. On removing the stitches the seventh day not a particle of pus was seen anywhere; everything was perfectly dry, there being primary union along the whole line of incision. She has had no pain whatever since, has menstruated normally, commencing the third day, and although it lasted five days she would not have been conscious of the fact had not the nurse called her attention to the napkins. Her previous sickness was on March 13th. The night following the operation there was some pain in the line of incision, and nausea, but no morphia or medicine of any kind, except for her bowels, has been administered. It is now eighteen days since the operation. She is sitting up without any pain, although for months previously she was confined to bed on this account. Instead of laying awake at night racked with suffering, she sleeps soundly, relishes her food, and, to use her own language, she intends hereafter to enjoy life. I will keep her in the hospital yet, however, for five or six weeks, hoping that all chances of a return of the old lung difficulty will subside.

The results in this case so far are very flattering, and beyond reasonable expectation. It is also interesting from the fact that the displacement was on the right side, about 25 per cent. only into Douglas' cul-de-sac being found in this situation, the large majority of those reported being on the left side, for well known anatomical reasons.

I may add in closing, the satisfaction that any one of the three conditions presented by the specimen, viz., the prolapse, the hæmatoma, and cystic degeneration, fully justified the operation.

ON THE TREATMENT OF LARYNGEAL AND PULMONARY PHTHISIS BY A SPRAY OF HOT VASELINE IN CONJUNCTION WITH MENTHOL AND IODOFORM.

BY HOWARD SMITH, M.D.,
OF CHARLESTOWN, MASS.

For two years the writer has employed a spray of pure hot vaseline, medicated with menthol, iodoform and ol. eucalyptus, singly or in combination, in the treatment of laryngeal and pulmonary phthisis, with results which warrant him in describing the method with some detail and in

asking a trial of it at the hands of other practitioners.

The employment of fluid cosmoline is best avoided, because it is frequently irritating and somewhat gummy, while the translucent, semi-solid product of the Chesebrough Mfg. Co. is pure, unchangeable and perfectly bland.

In order to conveniently warm and spray this vaseline the atomizer figured above was devised, which being charged, is held over a lamp or other source of heat until the contents are thoroughly liquefied and the nozzle has become as warm as can be conveniently borne by the patient, an essential point which is believed to contribute much towards a successful result.

One nostril is then closed by the nozzle of the instrument, and the rubber bulb is worked vigorously during inspiration, by which the spray is drawn deeply into the lungs, as is evidenced by the sensations of the patient and the reappearance of the spray upon the expired breath.

The nasal passages and bronchial tubes being thus coated, the inspired air must, for some time afterwards, be impregnated with any volatile substance with which the vaseline is medicated, and thus the remedy is carried still further along the respiratory tract.

Rosenberg, of Berlin, has obtained excellent results in the diseases mentioned from endotracheal injections of a solution of menthol in olive oil, but the writer considers a warm spray of mentholated vaseline preferable, particularly because the former requires the attendance of the physician twice daily, while the latter can be administered by the patient himself.

He remarks upon the antiseptic properties of menthol, having found it, in a gaseous form, to be destructive to pure cultivations of the tubercle bacillus, and also states that the well known anæsthetic effect of the drug is cumulative; that is, lasting for a longer period after each injection, and enables the patient with laryngeal phthisis to eat at once without pain. (See article by Beehay in *Braithwaite* for July, 1888.) The strength employed by him is 20 per cent., but 1.5 per cent. has been found enough for use in the atomizer by the patient himself.

Iodoform was several years ago much employed in the treatment of pulmonary phthisis, dissolved in ol. terebinth and sprayed by means of the steam atomizer. The results were encouraging, but the combination was extremely disagreeable to patients and attendants. Cod-liver oil is an excel-