arrow-heads. It is certain that the portions of bowel between the two sides of each loop are perfectly approximated, and also as each loop is locked with those on each side of it, the spaces between C and B, and between

FIGURE 3.

E and D, are also completely closed, the lateral tension of the adjacent sides of the successive sutures drawing the wound together at these points, instead of apart.

FIGURE 4.

The suture is obviously stronger than the continuous one, being interrupted, and stronger than the ordinary interrupted, because, from the method of insertion, each stitch supports its neighbors. It is *simple* and easy of

insertion. It is much more *rapid* than other forms of interrupted suture; one lock-stitch covers the ground of two Halsted's and nearly four Lembert's, with perfect safety, because of the tension in two directions, and because of the lock arrangement. As demonstrated, there is *absolute insurance against escape of contents* of stomach, bladder or bowel.

At the Post-Graduate Laboratory of Anatomy and Operative Surgery, we are conducting an exhaustive series of experiments with this lock-stitch, the results of which will be given later and at length. The results, however, have thus far been most gratifying, but possible disadvantages may have been overlooked, and for this reason I wish to offer the suggested suture for the consideration of the profession.

MAY WE NOT FREQUENTLY DO GREAT HARM, RATHER THAN ANY GOOD, BY OFFICE TREATMENT OF FEMALE GENER- ATIVE ORGANS?*

BY MILO BUEL WARD, M.D.

Clinical Professor of Gynecology, University Medical College.
KANSAS CITY, MO.

The office treatment of female patients, for fancied or real diseases of their generative organs, is so common a practice that nearly every woman has been subjected to some form of treatment through a speculum, during her life.

In presenting this question for your consideration, the writer has no thought of condemning in a wholesale way local applications to the vaginal vault and presenting cervix, of such remedies as are harmless, in the treatment of conditions indicating the necessity for such applications. It might be well at the very beginning, however, to make the statement that, so far as my experience goes, the cases are rare among the great mass who come to our offices presenting *only* such trouble as may be seen through the speculum, and, therefore, require *only* the application of soothing drugs to the presenting parts.

Another statement that will hardly admit of successful controversy is that patients who are suffering from serious pelvic disease requiring frequent local treatments—if such are thought to be indicated—will be more harmed than benefited by coming to our offices. This leads to the statement that patients who are really suffering from disease of their generative organs, should remain at their homes, or be put in a hospital, where quiet can be enforced during the period of treatment, rather than come to our offices and undergo the physical and nervous strain incident to such an undertaking. Let us ask next: What are we to accomplish by the local treatment of diseased pelvic organs? Before enlarging on this proposition, we are willing to admit that such diseases as can be observed through the speculum may be benefited by judicious applications. How much of the uterus can be seen through the speculum? The answer is, only a small and trifling portion of this organ. What we mean by "trifling" is, that aside from malignant affections it is very rare to have diseases of the presenting cervix which cause suffering to any great extent and, perhaps, never invalidism. This, then, leaves the uterus proper and its adnexa beyond the reach of local application. We readily admit that the endometrium may be treated by local applications in our offices, but we do not think it ever should be, and because of the fact that it frequently is, the writer has been led

*Read before the Jackson County (Mo.) Medical Society, July 13, 1899.

to sound this note of warning. I insist that any treatment of the endometrium by the usual methods employed in our offices is a most dangerous procedure. Is it not a fact, however, that it is a custom for physicians to make applications to the endometrium almost as regularly as they attempt to treat women for diseases of the generative organs?

To me it is inexplicable that, with our present knowledge of the pathology commonly found in the appendages of women complaining of pelvic diseases, physicians should entirely ignore one of the most common causes of these conditions, namely, the passing of sounds and other instruments which abrade the endometrium and excite septic infection. If the endometrium is to be subjected to applications of medicine, this should be done only after thorough preparation of the patient and complete dilatation of the cervical canal, a régime which can not be carried on in safety in our offices. The carrying into the endometrium of small quantities of medicine on a cotton probang can not be expected to accomplish very much in the treatment of endometritis. This phase of the subject may be dismissed by stating that the management of endometritis, when of sufficient gravity to require treatment, should be made a surgical procedure, with every precaution that we are expected to exercise in these days of aseptic surgery.

The application of medicine to the vaginal vault for diseased appendages is quite as scientific as it would be for us to wash our faces in bichlorid solution, for the cure of postnasal catarrh.

Women suffering from diseased ovaries and tubes, who go to their physician's office for treatment two or three times a week, are surely objects of commiseration. Such patients would derive infinitely more benefit from the rest which they might obtain by spending two or three hours in bed the days they usually make these visits than they can receive from any treatment, however skilfully applied, by way of local applications to the vaginal vault.

In cases of hyperplasia of the uterus, great benefit is derived from topical applications, which may be done in our offices.

For displacements of the uterus, the local treatment at our offices often gives comfort, if no attempt is made to replace a retroverted uterus by means of instruments in the canal of this organ. Tampons of cotton or lamb's wool saturated with boroglycerid, or any proper remedy, placed high in the posterior fornix, with the patient in the knee-chest position, will afford temporary comfort and give some permanent relief by means of the depletion, the result of the medication. What should eventually be done with this class of cases is not my prerogative at this time to discuss. This, then, leads to the conclusion that in the treatment of the genital organs of the female it is essential that, first of all, a proper diagnosis be made regarding the pathology of the case under consideration. If the patient is suffering from conditions that may be benefited by local applications, with the assurance that no harm will come to the patient from either the treatment or the physical effort to reach our offices, then such treatment is laudable and should be encouraged.

There is no doubt that it has been the experience of every practitioner to have patients come to him for examination who have been under treatment for an indefinite period, and yet do not know—because they have never been told by their attending physician—the cause of their suffering. Let us, then, be thorough in our primary examinations, and if we can not satisfy our-

selves the first time the patient comes, make a second, or third, or fourth appointment, until we are as certain as possible of the condition with which we have to deal, and then we can give the patient an intelligent prognosis.

Another objection to the routine office treatments is the question of the septic condition of our instruments. How many of us take the trouble to thoroughly sterilize our specula and other instruments used in the treatment of women there. Has it not frequently occurred to each of us that there is great danger of carrying infection from one patient to another unless our instruments are on each occasion thoroughly sterilized? It is safe to say that this precaution is frequently not taken, and therefore much harm is caused by even the simplest instrumental examination and treatment.

I am well aware that it is not a popular chord to strike, to criticize in the mildest terms office treatment of female patients, because this class of practice is a source of large revenue to the great mass of our practitioners. However, so many cases have come under my personal observation, of patients who have been under treatment for long periods of time, and by a number of different physicians, whose conditions when examined presented no indication for local treatment, but who were suffering from the gravest pelvic disease, that I have been led to make this mild protest against what appears to me frequently *very careless work* on the part of practitioners of medicine. I think it is our plain duty to state frankly to our patients our diagnosis of their condition; what the treatment is intended to accomplish; and the length of time likely to be required to bring about the desired results. I admit that this frankness will frequently cause patients to migrate to other physicians, but a knowledge of that fact should not swerve us from doing what we consider to be right and scrupulously honest in our professional transactions.

In conclusion, I can not refrain from calling the attention of the profession to the importance of a constant watchfulness over patients during the climacteric changes, and, in fact, from this important epoch for years afterward, if there is any history of pelvic pains, bloody discharges, and rapid loss of flesh and strength. The symptoms of malignant invasion of the uterus are so insidious that it requires the most careful observation to detect them before they have made such progress that relief can not be promised the sufferer.

We are then expected to treat conditions found, on thorough examination, in an intelligent and scientific manner, strenuously avoiding every method which does not promise benefit and may cause harm, urging our patients to report regularly for examinations in case there are any symptoms which point to some lurking disease which may go on to serious consequences.

Therapeutics.

Treatment of Scarlet Fever.

Notwithstanding the opinion of the great majority of physicians that there is no specific for scarlet fever, there are a few physicians, notably Illingworth and Clement Duke, who believe that biniodid of mercury in doses varying from 1/2 to 1/24 grain acts as a specific, arresting fever and preventing desquamation. Shakhovsky, on the other hand, believes salicylic acid will prevent all complications, such as uremia, dropsy, diphtheria, anginas, and lymphadenitis, and remove them when present.

He employs the following formula:

R. Acidi salicylici gr. xv
Aqua destil. ferrid. 3ii
Syrupi aurantii. 3i