GYNECOLOGY

UNDER THE CHARGE OF

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Treatment of Postoperative Retention of Urine.—The use of pituitrin in the treatment of urinary retention in women after operations and in the puerperium is very strongly recommended by EBELER (*Zeitschr. f. gyn. Urol.*, 1913, iv, 55), who has tried it in 21 puerperal and 24 postoperative cases, with excellent results, finding that by its use he was able in all cases to avoid catheterization. All the injections were given deep into the muscles; they are best given when the bladder is fairly full, and the patient feels the necessity of having it emptied. An injection of pituitrin given under these circumstances is nearly always followed within five minutes to ten minutes by an increased desire to micturate, this usually culminating in a spontaneous evacuation of the bladder; in some instances, however, this does not take place until after the lapse of a few hours. If the injection is given with the bladder only about half full, the action is less marked, but is still distinctly noticeable; if given when the bladder is empty, there is no appreciable effect whatever. Ebeler does not advise giving an injection upon the first intimation on the part of the patient of a desire to pass water, but thinks it is better to wait until there is very distinct discomfort in the bladder region. When once a voluntary micturition has been secured, it has seldom been found necessary to repeat the injection; in only 8 of Ebeler's 45 cases was a second dose required. In all instances the bladder was completely emptied, so far as could be determined by percussion, without using the catheter.

Treatment of Uterine Hemorrhage by the X-rays.—Although great activity along this line has been manifested in recent years throughout Europe, but comparatively little has appeared in the American literature upon the subject; a paper recently read before the Philadelphia Obstetrical Society by PFÄHLER (*Amer. Jour. Obstet.*, 1913, lxvii, 860), reporting a series of cases with exceedingly encouraging results, is therefore of considerable interest. This report comprises 23 cases of more or less severe uterine hemorrhage; in 21 of the patients fibroid tumors were present, the other 2 were examples of "metropathia," without demonstrable cause. In most instances a marked diminution in the size of the tumor was noticed following treatment, in addition to the effect produced upon the hemorrhage; indeed, in 12 out of the 16 patients who have ceased treatment, the tumor has entirely disappeared. In 2 of these patients, the growth extended to the umbilicus, but after five and four years respectively it can no longer be found. Pfahler says that he has never seen malignant degeneration of a myoma follow x-ray treatment, and does not consider the danger from this possibility very great. Where the patient is very anemic,

he always insists on rest in bed after the first series of treatments, as these are often followed by somewhat increased hemorrhage. In one of his cases treatment was followed by amenorrhea and disappearance of the tumor; after a time, however, menstruation was reestablished in normal amount, and the patient has continued in perfect health. The treatment is given in series of from three to nine applications, generally on successive days, each series being followed by an intermission of about a month. If bleeding has not ceased after six treatment-series, the case should be considered unsuited for this form of therapy, and surgical intervention considered. Pfahler believes that the best results will be obtained if the cases are carefully selected by a trained gynecologist and treated by an expert Röntgenologist. He does not, as a rule, advise applying x-ray treatment to women aged under forty years, although in exceptional instances this may be permissible.

The Use and Abuse of the Curette.—In an article which FRANK states is intended primarily for the *general practitioner*, he (*New York Med. Jour.*, 1913, xcvii, 808) calls attention to the excessive fondness which apparently still exists among the profession for the curette, a condition which not infrequently leads to serious consequences. In running over the records of 2000 consecutive cases seen in his dispensary service, Frank has found that considerably over one-fifth of these women had at some time or other been curetted; several of the patients upon whom this operation had been performed were unmarried, or had not yet reached the age of puberty. Of 721 cases of abortion, either spontaneous or induced, nearly every second patient had been curetted; in 20 instances the operation had been performed post partum, in 32 cases sterility was the indication, in 36 menorrhagia or metrorrhagia, and in 40 leukorrhea. Frank considers that in practically all these cases the curette had better have been left unused. Whereas 50 per cent. of the cases curetted post abortum showed subsequently inflammatory lesions of the adnexa or parametrium, these were present in only 12 per cent. of an equal number not curetted. To curette post partum is, in Frank's opinion, never justifiable, as it only breaks down the natural defenses of the uterus, and opens wide paths of invasion to infectious organisms. While careful and light curettage post abortum may be justifiable, and at times even necessary when the patient is in a hospital, surrounded by all the facilities which it provides, Frank believes that the general practitioner will come out much better in the long run if he refrains from applying this treatment under the unfavorable conditions usually found in private practice, and adopts almost exclusively the purely expectant policy in treating these cases. He believes, further, that in the small percentage of cases in which curetting apparently does good in sterility or "endometritis" (i. e., leukorrhea), it is really the preceding *dilatation* which has been of benefit. Frank does not wish to be misunderstood as desiring to banish the curette altogether, since it has, when properly used, a position of vital importance in our gynecological armamentarium; this position is as a diagnostic rather than as a therapeutic weapon, however. In cases of irregular bleeding—especially the climacteric and preclimacteric menorrhagias and metrorrhagias—it