

The indications for washing out the cavity of the uterus are of two kinds: either for disinfecting purposes, or for controlling hemorrhage. In a considerable number of cases both indications are present. Injections for disinfection are made after delivery when the temperature becomes febrile, in cases of foul liquor amnii or lochia, in cases of death of the fetus during delivery, and on prophylactic grounds in all cases in which examination of the cavity of the uterus is demanded. Injections for controlling hemorrhage are made in cases of simple atony of the uterus, or when the membranes and placenta are retained; the latter indications do not often occur. In such cases the cavity of the uterus must be thoroughly cleaned out, except in cases of abortion, when the narrowness of the cervix prevents the introduction of the hand.

In case of hemorrhage in the late days of childbed, cold douches should be used, with ergotin subcutaneously and internally, and the application of ice-bags.

As regards the results of the hot douche treatment of hemorrhage, it is worthy of remark that in none of the 80 cases of hemorrhage was there any considerable after-bleeding: of these 80 cases there were 36 of severe hemorrhage; and there were 18 cases in which it was very slight, 6 of which were treated without ergotin. These cases of post-partum hemorrhage were partly of fluid blood, partly of the passage of clots. Two cases of hemorrhage occurred on the 12th and 14th days after delivery, the others usually on the same day, or within the first six days. As regards the number of irrigations necessary in any case, there were seven cases in which a second douche was given on account of severe atonic hemorrhage. The second injections were made ten minutes after the first as a rule; in one case one hour after the first. Richter states that there is an absence of blood in the lochia after the use of the hot douches; but Regnault cannot confirm this from his own experience. Richter also states that the application of an ice-bag after the hot douching predisposes to hemorrhage, which is also contrary to the experience of Regnault. Another good result of the hot douche is the increased bodily temperature which follows it, the early improvement in the state of the pulse and of the general state. And it is noteworthy that Regnault has not seen a single case in which any unfavorable symptom could be attributable to the use of the hot douche.—*Centrbl. für Gynäkologie*, October 4, 1884.

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Diverticulum of the Bladder in a Woman; Urethral Ectasia or Vaginal Urethrocele.

Professor CARL SANTESSON, of Stockholm, describes a case of this rare affection, which he treated in 1861.

The patient, æt. 48 years, had twice been pregnant, the labors being very difficult, though in neither case were instruments used. The second child was born twelve years before she presented herself for treatment. She dated her trouble to a period soon after the second labor. The first symptoms were itching and a feeling of heat in the vagina, pain in the vagina on coition, and whenever she did exhaustive work; there was also difficulty in micturition, and an alternation of retention and incontinence of urine.

On examination the anterior vaginal wall was found depressed at the vaginal orifice, above the urethral promontory and behind the urethra, where was found a smooth, elastic tumor, as large as a nut. There was nothing else abnormal about the vagina or uterus. The tumor consisted of a long pouch, about $1\frac{2}{3}$ inch long, and $\frac{3}{16}$ inch wide; it communicated with the urethra by an opening situated at the junction of its upper and middle third, which was sufficiently large to admit a No. 16 sound. Pressure on the tumor caused no urine to flow out

through the urethra; the urine returned to the bladder. A catheter introduced along the anterior wall of the urethra passed into the bladder without difficulty. When the beak of the catheter was turned downwards, it went into the pouch, and could not be introduced further. If the desire to micturate was not immediately satisfied, the patient was unable to retain her urine; it escaped involuntarily, and caused considerable pain. The urine was acid, the sp. gr. 1.014, slightly mixed with mucus, but contained no abnormal matters.

As the patient could not then submit to a radical operation, Santesson first used the silver cautery on the interior of the urethra, between the bladder and the pouch, and subsequently cauterization of the vaginal surface of the tumor with fuming nitric acid, and thus, by making an eschar, reduced its volume. This treatment gave temporary amelioration, the tumor was reduced, and there was no more incontinence; the patient was able to retain her urine for two or three hours whilst walking, and just as long at night.

Three years and a half later she returned for further treatment, the old troubles having returned. Santesson excised an elliptical piece from the vaginal mucous membrane over the tumor, and united the borders with sutures. A part of the mucous membrane became gangrenous, but the cicatrix was so much larger and more resistant. The wound was completely cured in about five weeks, and the cicatrix looked like a small tumor about the size of the end of the finger.

Santesson has been able to find only six similar cases in literature, reported by Foucher, Gillette, and Duplay, in France; Priestley and Lawson Tait, in England; and G. Simon, in Germany. It seems very improbable that the affection is so extremely rare; and the paucity of the literature would seem to be due to the fact that cases are overlooked. As regards their origin and etiology, they may be classified as congenital and acquired ectasia; the first depending on a vicious development, as when the vagina opens into the urethra, and being obliterated at a certain distance from this canal, forms a diverticulum communicating with it; or when an incomplete development of the urethra gives rise to a greater or less solution of continuity in some part of its wall. As regards the varieties of acquired ectasia, Santesson draws a distinction between that formed by partial dilatation of an otherwise normal urethra, and without solution of continuity; and those due to the fact that a pre-existing cavity (as open abscess or cyst), situated behind the urethra, has communicated with its calibre. To the first he gives the name *diverticula vera*, to the second *diverticula spuria*.

The diagnosis must depend upon a most careful examination. Santesson considers the plan of treatment proposed by Foucher, that of making two elliptical incisions over the most prominent part of the tumor, as the best, and the only one which is rational. This operation he performed in the case reported. The diverticulum should be completely opened, and the edges of the wound closed with sutures over a catheter introduced into the urethra. Care should be taken, however, that the external and internal orifices of the urethra be not involved in the incision.—*Nordiskt Medicinskt Arkiv*, Bd xvi., Hft. 4.

The Treatment of Retro-Uterine Hematocle.

In a paper published in a recent number of the *Archiv für Gynäkologie*, Dr. PAUL ZWEIFEL advocates more frequent interference with these effusions than has hitherto been considered good practice. It seems to us, however, that the facts he adduces do not strongly, if at all, support his contention. He advises incision per vaginam, under antiseptic precautions, followed by frequent washing out of the cavity in which the blood has been contained. He relates four cases