

course, state positively. I am inclined to give this treatment some credit in this regard.

As to the choice between intubation and tracheotomy I am inclined to join the adherents of the former, though I was equally successful in my first case of tracheotomy, and that was on a 6 months old baby for œdema glottidis, performed in haste, at night, with only a piece of a flexible catheter for a tube, which after a little had to be discarded. Then I had to cut another ring of the trachea, and the child made a good recovery.

### ANTISEPTIC TAMPONNEMENT OF THE VAGINA IN PELVIC INFLAMMATIONS.

*Remarks made before the Chicago Gynecological Society,  
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What I have to present refers to tamponnement of the vagina and supporting the uterus in cases of pelvic trouble, notably of inflammation and enlargement of the uterus, and as the work has grown upon me, other complications in the way of pelvic trouble have also been treated with a result that has rather surprised me. For it, I claim nothing original.

A year ago last fall I commenced the treatment of a case of general metritis and prolapsus of both ovaries with enlargement, which had brought the woman to a very low state. She had had all sorts of operations performed and advised,—repair of the neck of the perineum for laceration,—and had been recommended to have the ovaries removed. Upon examination I found the uterus immovable. I placed the woman in the genu-pectoral position and tamponned the vagina with absorbent cotton, saturated with boro-glycerine. The vagina was douched before the tampon was reappplied, and of course everything was removed during menstruation. This was kept up for three months and she began to have less neuralgia, which had made her life miserable. I kept up the treatment three or four months longer, when there was complete mobility of the uterus, and she went out of doors and to church. The neuralgia subsided, the tenderness of the uterus and the ovaries entirely disappeared, and her condition was so much improved that it seemed to me that this was an efficient means of treating pelvic trouble.

In the midst of this work I found that Dr. Engelmann, of St. Louis, was utilizing the same idea. He was using medicated applications, such as iodine, carbolic acid, sulphate of zinc, tannin, iodoform, etc., and he made this subject the text of annual address to the Gynecological Society of St. Louis. I think the gist of his paper was incorporated in the report I made to the State Medical Society last summer at Bloomington. Since then, in all sorts of cases of uterine inflammation, I have been making applications of the cotton tampon, resulting in considerable dissatisfaction with the material employed, and I have commenced the use of something else. It is a preparation of wool that is called "antiseptic wool."

This wool is finely carded, free from all oil and foreign substances. A piece is cut off, of such a length as will fit nicely into the vagina, and then with the patient in the genu-pectoral position, with the perineum retracted, this is stuffed into the vagina and left there. The upper end of this tampon can be soaked in any antiseptic solution, as boro-glyceride or listerine, and with a piece of string attached to the lower end of it, the patient can remove it and douche the vagina, in readiness for the next tampon, and in this way tampon after tampon can be introduced and the uterus held up to the highest possible level, and advantage taken of the natural drainage from the uterus of the superabundant amount of blood.

The inflammations of the uterus we are usually called upon to treat are not active, but chronic, and if we hold the uterus up so that it can drain itself properly through the veins, the nutritive changes which take place will be facilitated to the greatest extent. A small Sims' speculum can easily be applied without trouble to the patient, and this wool can be pushed into the vagina so that when the patient gets up she has a soft elastic cushion for the uterus to rest upon. In this way the greatest comfort is at once experienced. I have treated between twenty and thirty cases in this way. One case was a woman with a severe laceration of the neck of the uterus; the probe went into the cavity about  $4\frac{1}{2}$  inches. Local treatment had been freely employed in this case. She had pain in the legs and hips and profuse menstruation, and was a total wreck when I saw her. I put her in position and applied the tampon. I found after using four or five of them the pains had nearly all disappeared. I found also that the raw edges of the torn cervix were taking on a new mucous membrane, and I had the gratification of finding, after six months, that this uterus had been reduced to its natural size. It was with difficulty the laceration could be recognized through the speculum.

I have recently been called to see a woman who has inflammation of the ovary upon the right side. I found her in bed, where she had been five months continuously. Upon moving the uterus, I found there was a great deal of tenderness throughout the pelvic tissues and around the right ovary, the slightest touch producing the greatest suffering. The woman was put in the genu-pectoral position and the vagina plugged with this wool. She got out of bed the next day, and the next night went down to dinner. Now she is going all over Chicago. Before that she had been treated nine months by means of local applications, tonics, laxatives, and everything of that kind.

The result of the support of the uterus and holding the ovary up has been almost marvelous. I make these statements concerning this method of treatment for the purpose of calling attention to it, as I am still studying the subject. These tampons are removed after four or five days without the slightest odor upon them.

When the uterus is enlarged it becomes heavy, sinks, and presses the veins which carry the blood out of the uterus, and we have strangulation. By raising the uterus up, the blood flows freely and the

nutritive changes tend always to health. One outgrowth of the use of this tampon may be that many cases of laceration of the cervix, now operated upon, may escape operation. I have been surprised to see how very nicely patients get along, even though they have extensive lacerations, under this treatment.

## HOSPITAL REPORTS.

MERCY HOSPITAL, CHICAGO.

### CASE OF BONE GRAFTING IN THE LOWER JAW.

SERVICE OF JOHN S. MARSHALL, M.D.,  
DENTAL AND ORAL SURGEON.

(REPORTED BY A. C. BROELL, M.D., INTERNE.)

Miss S., aged 42 years, presented herself for operation on January 26, at the Mercy Hospital. Her previous history is about as follows: Nine years ago she was suffering with a disease of the lower jaw, which was diagnosed osteo sarcoma, by a homœopathic physician, who afterwards performed an excision for the removal of the disease. The piece excised extended from the first bicuspid tooth backwards to, and included one-half an inch of, the ramus. This physician also made an attempt to bring the fragments of the jaw into apposition, so that bony union might occur; no such union, however, resulted, but the jaw was so displaced that the median line of the chin was situated about one-half an inch to the right of the median line of the face.

Later on the patient began to suffer with neuralgic pains about the left temporo-maxillary articulation, and in the right arm. To relieve this pain, which was thought to be dependent upon displacement of the jaw, an operation was performed by Dr. Marshall some time ago, by means of which the cicatricial tissue was removed through the mouth, and reposition of the jaw was accomplished. The fragments were held in position by a gold rod screwed into the ramus, and attached to a gold cap applied to the first bicuspid tooth, and retained by oxyphosphate cement.

The patient this day (January 26) presented herself for the second operation, by means of which the gap now existing between the fragments, one inch and a half in extent, it was hoped, might be replaced with new tissue reproduced by bone-grafts. Having been previously prepared for operation, she was at once etherized. An incision was made about four inches in length in the line of the old scar, down to the mucous membrane lining the oral cavity. Both ends of the fragments were laid bare, and well scraped. The hæmorrhage which followed, though slight, was persistent, but was finally checked with a hot solution of bichloride of mercury (1:1000 of water.)

At the same time, having etherized a half grown rabbit, both its femurs were laid bare, and with bone cutting forceps twelve small pieces of bone, ranging in size from about two to six lines in length, two to three lines in width, and one line in thickness, having the periosteum attached, were removed from the epiphyseal extremities. These pieces were placed in a solution of the bichloride of mercury (1:1000),

which was kept at a temperature of 99° to 100° F., where they remained from five to ten minutes. After all oozing had stopped these pieces were transferred from the solution to the wound, being placed in two rows in such a way that the inner row had the periosteum towards the mucous membrane and the outer one had it towards the cutaneous surface, the ends of the rows being in contact with the denuded ends of the jaw-bone, and the cancellated structure of the pieces being in contact.

The incision was now closed with eight sutures of carbolized silk, with a few twisted strands of silk left in the lower end of the wound for drainage. The wound was dressed with iodoform and antiseptic gauze covered with oiled paper, the whole dressing being held in place by a bandage. Throughout the operation antiseptic precautions were scrupulously carried out.

The patient left the hospital on the following day. At home she improved rapidly, the wound healing by first intention throughout four-fifths of its extent; in the other fifth, near the drainage, the stitches cut through, retarding the healing somewhat. The remaining stitches and the silk left for drainage were removed on the sixth day. The entire wound healed without the formation of pus.

As far as can be ascertained at present, there are fair prospects that the operation will prove successful.

## MEDICAL PROGRESS.

### INDICATIONS FOR THE USE OF NITRO-GLYCERINE.

—DR. TRUSSEWITSCH, in an instructive paper on the use of nitro-glycerine published in the *St. Petersburger Medicinische Wochenschrift*, points out that the value of this drug in various affections—angina pectoris, migraine, and neuralgia (which he describes as angioneuroses), as also in sea-sickness, some forms of anæmia, faintness, palpitation, and other diseases—depends upon the existence of an irregular distribution of blood, which condition may be inferred from a certain degree of pallor of the skin, especially of the face, often co-existent with a weak pulse and a small rigid radial artery, which frequently is situated at some depth. When, on the other hand, headache and neuralgia occur in patients with chronic congestion of the subcutaneous veins of the face, nitro-glycerine is to be avoided; and similarly it is of no use in asthma, when the face is reddened in consequence of emphysema. If, however, a pale face exists with angina pectoris, migraine, giddiness, shock, toothache, or sea-sickness, the best results may be looked for by giving nitro-glycerine. The regulating effect of the drug exercises an influence over the congestion of internal organs similar to that brought about by blood-letting; and in these congestions, whether of lung, brain, or kidney, when they are of a temporary character, the pulse is generally found to be slow and of low tension—a fact which, as the author remarks, is sufficiently well-known in reference to the fever-free periods of acute hyperæmia of the lung and kidney. Dr. Trussewitsch lays down,