Cloudy fluid is common in streptococcal infections. Chylous effusion is usually opaque and must make the physician think of chronic tuberculosis or endothelioma of the pleura. It is exceedingly common in injury to the left subclavian vein or the main thoracic duct. Purulent effusions which are odourless are as a rule thin in the early stages. Tuberculous septic pyothorax usually gives a greenish-yellow purulent fluid. Where the effusion is offensive, the observer must immediately suspect the presence of lung or bowel communication with the pleural cavity, and his mind will run on a differential diagnosis for the primary lesion as between abscess of lung, bronchiectasis, empyema with broncho-pleural fistula, and pus in the abdomen, where subphrenic abscess is by far the commonest finding.

TRANSUTERINE INSUFFLATION AND SALPINGOGRAPHY

BY

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The usual methods of uterine and tubal insufflation, whether by gas or by radio-opaque substances, are somewhat tedious to carry out, and their use often involves a certain amount of physical as well as psychological trauma to the patient. The following method, in which a simplified type of cannula is used, was evolved by me some twelve months ago, and has proved to be satisfactory either for gas-insufflation in the consulting-room or for injection of radio-opaque fluid in the x-ray department or operating theatre.

The Apparatus

The insufflation cannula (Figs. 1 and 2, B) consists of a hollow metal tube with a conical, rather sharp, screw-tip; this can be screwed into the cervical canal tightly enough to prevent leakage around it. At first sight this might seem a traumatic procedure; but repeated examinations made after its use have failed to show that any damage has been inflicted on the cervix, nor is the process of insertion and screwing-in attended with more than very minor discomfort. The proximal

FIG. 1

end of the tube is expanded so that a rubber tube can be slipped on to it from the ordinary CO₂ or air-insufflator apparatus, and into this same end can be screwed, if lipiodol is to be used, an adapter with bayonet-fitting to take any standard S.I.M.A. syringe (Fig. 1, E). The cannula also has a stylet (Figs. 1 and 2, C), which reaches about three-quarters of an inch beyond the distal end. The purpose of this is to guide the cannula into the cervical canal, from which it is automatically extruded during the process of screwing-in.

Method of Use.—The patient lies in the left lateral or the lithotomy position. A narrow, warmed and lubricated Fergusson's speculum with obturator (Fig. 2, A) is passed and the obturator withdrawn. Illumination is provided by angle-poise lamp or headlamp, and when the os presents it is mopped dry and cleaned with a suitable antiseptic; for this purpose I have found it convenient to use cotton-wool swabs held in Desjardins' gall-stone forceps (Fig. 2, D). The speculum is steadied with the left hand, and the cannula, armed with its stylet, is passed with the right hand. The stylet, guiding the tip of the screw-cone through the external os into the cervical canal, is now loosened, and the cannula is screwed home gently but firmly; the stylet is now removed and the

speculum may also be withdrawn. If the patient is in the left lateral position she is now asked to turn on to her back; meanwhile the cannula is simply steadied by the operator, for it will not disengage itself. The gas or lipiodol connexion

FIG. 2

is now fitted at the distal end of the cannula, and the routine insufflation carried out with the minimum of assistance and fuss.

Comment

1. It is claimed that this method has the merit of simplicity.
2. An air- and oil-tight connexion is ensured, and hence leakage, which may produce false impressions, is avoided.
3. The use of vulsella, which are painful and traumatic when applied to the cervix, is rendered unnecessary. This is particularly valuable, since distortion of the uterus and appendages by traction and countertraction is avoided. Indeed, the cervix can actually be pulled down during insufflation or injection, if desired.

4. During the process of "screwing home" the patient may complain of some pain; this is usually slight, and ceases as soon as the screw is fixed in the cervix.

The cannula was originally made for me by Mr. A. E. Christmas of Frome, to whom I am greatly indebted for many helpful suggestions, and is now being manufactured and marketed by Messrs. Down Bros. Ltd.

THE PITRESSIN DIAGNOSIS OF IDIOPATHIC EPILEPSY

BY

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As a rule in hospital practice there is little urgency for a rapid diagnosis to be made in cases of suspected idiopathic epilepsy, and doubtful cases can be submitted to prolonged observation until an actual seizure has taken place. There are, however, certain occasions when it is necessary to establish a definite diagnosis as early as possible. In the average hospital case the required period of observation will be a matter of days or at the most a week or so, but when irregular seizures occur at infrequent intervals this period may have to be extended into months before a definite diagnosis can be established. It is with a view to curtailing this period of observation that an attempt has been made to determine a method whereby the condition can be diagnosed with a degree of certainty in the absence of seizures.

Indications for Use of the Method

The circumstances under which it may be necessary to give a rapid opinion on the existence or otherwise of this condition