INTRAUTERINE INJECTIONS.

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IN the BRITISH MEDICAL JOURNAL, of January 11, Dr. Barnes has treated, with skill and judgment, a subject in pathology of considerable importance. Chronic endometritis, with uterine catarrh, is by no means of uncommon occurrence, and is a frequent cause of a distressing form of dysmenorrhœa, as well as of sterility, especially in early married life, but also at a later age.

Somewhat more than twenty-seven years ago a case occurred to me illustrative of some of the inconveniences which Dr. Barnes mentions as liable to happen in the treatment of such cases. A patient in private practice, six years married and without progeny, laboured under yellow vaginal discharges and membranous dysmenorrhœa, which I had reason to believe to be of gonorrhœal origin. After a prolonged treatment by vaginal injections and constitutional remedies with no beneficial effect, I found, on specular inquiry, an extensively denuded and granular state of the lower section of interior brought into the field of view. To this surface I applied a strong solution of nitrate of silver (one drachm of nitrate three drachms of water) on saturated lint, and maintained this *in situ* by additional dry lint pushed up through the speculum. In the space of two or three hours later I was urgently summoned to the patient, and found her labouring under most violent pains of the abdomen, which soon became tympanitic and exquisitely sensitive to touch. Opiates were freely given, and fomentations and poultices used throughout the night; at early morning the pain was mitigated and she slept. In the course of two or three days all the troubles disappeared, and she was restored to her customary health. Pregnancy took place within five or six weeks after this event, and was followed by two more pregnancies, all equally successful. I felt no doubt that the solution of nitrate of silver had been transmitted, by ciliary action, through the uterus and along the Fallopian tubes to the abdominal cavity.

Feeling encouraged by the result obtained in the preceding case, I injected shortly afterwards, in two similar cases, by means of a catheter syringe, a small quantity of the same solution within the uterus; and in both had like disturbances—being obliged to keep the patients under active treatment in my own house for two or three days with the aid of other professional counsel. Both patients, however, did well; both were cured of uterine trouble; and both bore children.

These cases, however, although satisfactory in the issue, were much too troublesome, if not dangerous. I have therefore since adopted the plan of injecting, by a graduated catheter-syringe, no more than twenty or thirty minims of a much weaker solution, viz., a grain and a-half to the ounce; and the moment this quantity has been introduced, I quickly draw back the piston of the syringe so as to bring away all the fluid that is not immediately absorbed. Under this plan I have not had an unfavourable symptom—with the exception, perhaps, of a little uterine tormina of short duration, and almost always a satisfactory result.

I have witnessed as severe peritoneal suffering from the injection of pure cold water as from the strong nitrate of silver solution; but water at a temperature of 100 deg. F. does not occasion distress beyond a sense of tormina of a few minutes duration. It is evident that fluids injected within the uterine cavity—even *without force*, and in small quantity, may mount, by ciliary action, through the Fallopian tubes into the peritoneal cavity with great quickness. The cold water injected on two occasions in very small quantity, the piston of the syringe being quickly withdrawn, could not have lost more than one or two degrees of its coldness before entering the peritoneal cavity, and its presence there was manifested in less than thirty seconds.

But of late years I have nearly abandoned injections into the uterus. I find it better and safer, and attended with much less trouble, when treating chronic endometritis, to apply remedies by means of Lallemand's porte-caustique. This instrument, although intended for the male urethra, is quite as useful for the female in cases of endometritis. The groove of the stilette, charged with an ointment of nitrate of silver of suitable strength, or with axunge, the surface of which, covered with finely powdered nitrate of silver, sulphate of zinc, perchloride of iron, or any other remedy, being drawn within the cannula, can be safely introduced through the first passages. On arrival within the uterine cavity, the stilette must be protruded and rotated by manipulation of the handle, by which means the remedy is brought freely into contact with all the surfaces of the cavity. This part of the process should be done slowly, in order to allow the charge in the groove to melt and lubricate the whole interior of the organ.

In my experience, this mode of application of remedies to the interior of the uterus has not been followed by any metritic or peritoneal disturbance whatever, and frequently has resulted favourably.

OBSTETRIC MEMORANDA.

THE USE OF ERGOT.

At the Birmingham meeting, my attention was excited by the remarks of Dr. Evory Kennedy in reference to the uncertainty of ergot, and I notice in the JOURNAL of October 5th a statement much to the same effect by Mr. Bassett. At the commencement of my practice, in the year 1857, owing to the teaching of Dr. West, I entertained much the same opinion; but patient observation has given me a higher estimate of the value of ergot, and I believe it to be a very useful remedy in many cases of difficulty and danger; viz., 1. In those cases where uterine pains have nearly ceased, the head is low down, and simply *vis a tergo* is required; 2. Where, after the expulsion of the child, the uterus does not contract to expel the placenta; 3. In cases of abortion, where, with detachment of the decidua and death of the ovum, the uterus does not contract, and, in consequence, great hæmorrhage ensues.

Having, in these different stages, often witnessed the greatest service from the use of ergot, I am inclined to believe that the time or period of its true action has not been generally ascertained. The preparation which I am in the habit of using is a concentrated decoction prepared by Battley and Co. of London, and, when I administer it, I can calculate with great confidence that, though in a few minutes the uterus may contract, yet in twenty minutes afterwards, almost to the second, the true period of its action will be shewn, and the uterus will act strongly and forcibly.

Now, whilst thus believing in the action of ergot, I have equally as much confidence in the use of opium in its proper place. After a long exhaustive first stage, when uterine action falters, and the patient seems exhausted, I administer forty minims of Battley's liquor opii, with the result of procuring either refreshing sleep or rest, or else of so arousing the exhausted nervous system as to induce at once uterine action. 2. I give it in cases of *post partum* hæmorrhage, attended with great nervous excitement. (In ordinary *post partum* hæmorrhage, nothing excels the syringing out the uterus with a solution of perchloride of iron, according to my experience.)

I am inclined to think that the unsettled state of our opinion in reference to ergot, plugging, etc., is not creditable to us as a body, one section being ready to denounce them, another to laud them as the only correct treatment, instead of ascertaining the cases to which they are most appropriate, and using them accordingly. Ergot may act more strongly on the circular than on the longitudinal fibres of the uterus; but that it does act very strongly and to the purpose on the latter, both in abortions and labours, I unhesitatingly aver; and the question which I ask myself in a difficulty is, which is the best remedy for my patient? When in a country district I have been a long distance from home-help and forceps, I have as often blessed the value of ergot, in its regular periodical action, as I have at other times the value of opium.

In conclusion, I would suggest that either a committee be formed at the next annual meeting to investigate the value of ergot in labours, and ergot and plugging in abortions; or, failing that, that the question be thoroughly ventilated and discussed by them in the department devoted to obstetrics.

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THERAPEUTIC MEMORANDA.

GUARANA.

CASE I.—A. B., aged about 45, has in the course of business much harass, and at times unusual pressure of headwork: these times are almost always followed by a violent attack of "sick-headache." He wakes with an oppressed feeling and nausea, and dull splitting pain just behind the eyes, which gradually becomes intense and prostrates him for the whole day. In an ordinary attack he gets some relief towards night, and if he sleep, wakes up next morning free from pain, but with great depression. A long entertainment, late hours, or hot rooms, may give rise to similar attacks, but the cause is essentially one that depresses and exhausts the nervous system, not one that irritates the stomach. He has no symptoms of indigestion, and in the intervals between his headaches his general health and vital power are very good. I mention these details because what we want now is to distinguish cases in which guarana will relieve from others which it will not, and I believe the former will be found to resemble such an one as this in the prominence of "nerve-symptoms" rather than dyspeptic. The patient can remember similar attacks ever since childhood. His two