HOURL-GLASS CONTRACTION OF THE UTERUS TREATED WITH NITRITE OF AMYL.

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I WAS called, at ten o'clock in the morning on February 28th last, by one of the midwives of the Royal Maternity Charity, to a patient with retained placenta. On my arrival, I found that the patient, a secundipara, aged 22, had been delivered naturally at three o'clock in the morning of a living female child. The midwife stated that she sent for me, because she had been unable to deliver the placenta. On examination, I found that the umbilical cord had been separated from the placenta. The external os uteri was quite dilated, as was the cervical cavity; but the os internum and the circle of muscular fibres above it, called Bandl's ring, the chief seat of hour-glass contraction, were firmly contracted, and only admitted a finger, by which the placenta could be felt in the uterus. I now learnt that the midwife, hoping to accelerate the third stage of labour, had given the patient a dose of ergot as soon as the child was born. I found it impossible to get my hand into the uterus to deliver the placenta. Bearing in mind the remarkable power which nitrite of amyl possesses in relaxing tension in the blood-vessels, I determined to test its action on the uterine spasm. The patient had three drops of the nitrite of amyl given her on a handkerchief to inhale, by Mr. Lingard. During the inhalation, the ring of muscular fibres round the os internum, which had been so rigid as to be absolutely undilatable, steadily yielded, until I could pass the whole hand into the uterus and detach the placenta, which was universally adherent. There was no hæmorrhage whatever, and the placenta itself presented a remarkably exsanguine appearance. On referring to the third edition of my father's work on *Obstetric Operations*, I found the following. "We possess in ergot a great, a dangerous power of augmenting the force of the uterus. We want an agent endowed with the opposite effect, that will control and suppress uterine action. I consulted Dr. Richardson on this point. He tells me the desired power exists in the nitrite of amyl. Three minims of this added to one drachm of ether taken by inhalation is the form he recommends. It does not produce unconsciousness; but it is an anæsthetic as well as a sedative of muscular action. It is the antidote or opposite force to ergot. In it we have the desiderated 'epechontocic agent'." In the case in question, the drug certainly acted admirably. It relaxed the irregular contraction of the uterus, and acted as a sedative and anæsthetic without producing unconsciousness. The case is also instructive as an example of the dangers which may result from the administration of ergot before the expulsion of the placenta. The tetanic action was no doubt increased by the traction which had been made on the cord. It is well known that ergot, when given before the birth of the child, may cause its death. I believe this results from the blood being squeezed out of the placenta by the uterus. Although in cases of irregular contraction of the uterus that organ is firmly contracted, the contraction does not separate the placenta. On the contrary, in the cases I have seen, the placenta has been firmly adherent, as it was in this case. I am not aware that nitrite of amyl has been used to relax uterine spasm before. In it we possess, I think, a new and trustworthy addition to the resources at command for overcoming spasmodic or trismic contractions, which will not always yield to other remedies.

ON THE EARLY TREATMENT OF PROSTATIC OBSTRUCTION.*

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It may be generally stated that, of males who have passed fifty-five years of age, about one-third sooner or later have enlargement of the prostate; of these, about one-half suffer therefrom, though, so long as micturition is efficiently and painlessly performed, there are seldom grounds for complaint.

It is exceedingly interesting, as indicating how relief may be afforded, to analyse the cases where the prostate is large but does not obstruct. There are at least two conditions explanatory of non-interference with micturition under these circumstances: first, where the hypertrophy is towards the rectum and the relations of the prostatic urethra are not altered; and, second, where the hypertrophied gland is lobulated, and channels are left between the masses, along which urine flows without

interruption. A careful consideration of these conditions has suggested that they are capable of artificial production, to an useful extent.

The teaching of the present day is, however, to the effect that mechanical treatment is not to be employed until either retention occurs or the bladder becomes inflamed; then such means may be resorted to. It may be asked, why the same treatment should not be applied as in the case of urethral stricture? The objection generally advanced is, that irritation will be produced. There is however, no evidence in support of this objection. On the contrary, the prostate is about the most long suffering organ in the body, and though it is subjected to a great variety of mechanical expedients, in lithotomy and other operations, it rarely becomes inflamed. It may just as well be said that, because strictures are found occasionally to be exceedingly irritable, treatment must be postponed until retention of urine or cystitis is provoked. But if intolerance to early mechanical treatment be proved, it is only postponing the day until the necessity becomes greater and the difficulty more apparent. If there be danger of irritating the prostate, it is none the less because its size is larger.

With the view of obtaining similar conditions to those occurring naturally in large prostates, where there is no interference with micturition, I have adopted a mode of treatment with specially-adapted bougies. The instruments are gum-elastic, two to four inches longer in the stem than usual, with an expanded portion an inch from the tip, which is made to enter the bladder. In this way the prostatic urethra is subjected to pressure on the insertion and withdrawal of the instrument.

As a rule, if dilatation be not too rapidly proceeded with, no irritation is aroused. On the contrary, greater toleration of urine follows, owing to the ease and completeness with which the bladder is then emptied.

In a few persons, it becomes necessary to establish a state of instrumental toleration, the frequency for doing this, as a rule, depending more on the manipulator than on the instrument. In some individuals intolerance of urethral interference is entirely due to the conditions of the urine. Such sensitiveness has been traced to the presence of uric acid in unnatural quantities and form. On the correction of this, patients previously intolerant of instruments have been found capable of undergoing the necessary mechanical treatment with the greatest advantage.

In advocating the early treatment of prostatic obstruction by the means referred to, I would say that I have already had sufficient proof of its efficacy. I have ascertained that the regular use of the dilators is capable of so moulding the enlargement as to prevent obstruction. Cases are under my observation where the symptoms indicated that an impediment to micturition was commencing to form. Such patients in this way have regained the power they were beginning to lose. In bringing forward my views on the subject, I do so with the feeling that little has been yet done towards preventing the progressive development of a condition which is often followed by very distressing, and sometimes embarrassing, results—results of which we are aware and which we desire to palliate, though we have hitherto been helpless in preventing them.

THERAPEUTIC MEMORANDA.

RHEUMATIC CHOREA TREATED BY SALICYLATE OF SODA AND CONIUM.

A GIRL, aged 19, had a slight attack of chorea in 1878. In the first week of January 1882, after exposure to cold and wet, she suffered for a day or two from pains in various joints; chorea then came on, and the pains ceased. I saw the patient on February 14th. Up to this time, she had taken arsenic with citrate of iron and quinine thrice daily, and thirty grains of potassium-bromide with twenty grains of chloral-hydrate every night at bedtime. She had, however, become gradually worse; and it was stated that she had not slept for the last fourteen nights. Her movements were violent and incessant. The left side was decidedly the more affected. Taking into consideration the assigned cause of this attack—namely, the exposure to wet and cold—the rheumatic pains at the onset, the existence of a febrile temperature (101°) and of a cardiac *bruit*, and the failure of the arsenical and sedative treatment, I ordered twenty grains of sodium salicylate with half a drachm of succus conii to be given every four hours. A black draught was given an hour or two before the first dose of the mixture. After the second dose of the salicylate and conium, the patient slept for more than three hours. The next night, she slept six hours. She continued to take the mixture every four hours for seven days; afterwards, every six hours. In twelve days, all choreic movements had ceased, and she was able to walk quite well. Aphonia and

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