two months, when it was first administered; for a few days no effect was apparently produced, but the attacks became afterwards milder and less frequent, and ceased completely within twelve days. The use of the remedy was now discontinued; the fits return; it is again administered, and the epileptic convulsions disappear. M. Guer-sant, who frequently employs the oxide of zinc in the convulsive affections of children, has remarked that it often occasions diarrhoea. The same effect was produced in the present case, but the diarrhoea was not troublesome; the oxide of zinc, therefore, acts not only as an antispasmodic, but as a revul-sive; and if it be advisable to prevent its action on the bowels, this may be readily obtained by combining it with the extracts of cicuta, hyosciamus, or opium.

London, July, 1841.

CASE OF CONGENITAL OBLITERATION OF THE OS UTERI,

CURED BY OPERATION.

By Dr. VON WATTMANN.

CHRISTINA LECHNER, 18 years of age, of sanguineous temperament and strong constitution, began to feel, when 15 years of age, a painful sensation of fulness in the abdomen, with occasional pains about the sacrum and loins, which ran down towards the knee; these symptoms were soon followed by a burning feel about the external organs of generation, headache, vertigo, &c. The catamenia, however, did not make their appearance. In the month of October, 1837, the patient caught cold, and all her symptoms were aggravated for some days. On the 1st of February, 1838, she was again severely attacked, and as the medical man who was called in suspected some organic obstacle to the discharge of the menstrual fluid, the girl was sent to an hospital on the 6th. The genital organs were small; a soft tumour, which seemed to be an enlarged uterus, was felt above the pelvis towards the left side. On making an internal examination, it was found that the vagina terminated in a *cul-de-sac*, no communication whatever being discoverable between it and the uterus. The operation was performed in the manner which will presently be described. A large quantity of thick dark blood was discharged through the canula, and from 12 to 14 ounces through the bent tube. The patient was then put to bed, and injections of warm water were thrown up twice a day; she complained of some pain in the lower part of the abdomen, with scalding on making water. Some fluid blood escaped daily through the tube; on the 20th the discharge was mucopurulent, and partly resembling the lochia; on the 10th of March it had very considerably diminished; on the 20th the tube was removed, and the opening was quite supple, and sufficiently large to admit the end of the finger. The discharge now soon ceased, and the patient was able to leave the

hospital on the 23rd of March. She has remained quite well ever since, the catamenia recurring regularly, without pain or other disagreeable symptom.

REMARKS.

Whenever, at the age of puberty, a young woman is affected with colicky pains of the abdomen for several months in succession, when we can feel a fluctuating tumour over the pelvis, and when, on examining through the vagina and rectum, we find evidence of the existence of an uterus—in such a case we must give exit to the retained menstrual fluid. Before we proceed, however, to any operation, we must make a most careful examination through the vagina and rectum. It frequently happens that the upper part of the vagina forms a very narrow *cul-de-sac*; hence, the intestine and bladder may be separated from each other by a short interval only, and might be wounded by a careless operator. Should any rudiment of an os tincæ exist, we at once have the point at which the opening into the uterus should be commenced; but when this rudiment is absent, we are compelled to trust to our sense of feeling, and endeavour to discover some point of fluctuation with the index finger of one hand in the vagina, and by firmly pressing with the other the tumour over the pelvis.

The instruments used are a male catheter, a trocar, (Flürant's), a long silver probe, a director, bistoury, forceps, and a bent tube, the diameter of which is about five to six lines at the broadest part, and two-and-a-half at the narrowest.

Before the operation, the rectum and bladder must both be carefully emptied, and the catheter should be left in the bladder as a guide to the operator. The latter now passes the index finger of the left hand into the vagina, and fixes the nail firmly against the point at which he judges proper to introduce the trochar. Having guided the canula and fixed it in the axis of the pelvis, he pushes the trochar until the sense of resistance ceases; the canula should next be passed up, until it enters the uterus, which is known by the discharge of dark blood. When this has ceased, the long probe is introduced into the uterus, the canula withdrawn, and a director conducted along the probe to the orifice in the uterus. The end of the bistoury is now placed in the director, and being carefully conducted to the uterine opening, the latter is enlarged by lateral incisions until it will admit the point of the index finger. Finally, the bent tube is passed into the opening until about one-third of it only remains in the vagina.

The after treatment is very simple; during the first two or three days, absolute rest and diet must be observed; after the third day, injections of warm water should be employed, to cleanse away the blood and secretions from the wound. The reaction is generally very slight; the discharge of blood ceases about the 14th day after the operation, and the presence of the tube excites little pain, except during violent motion of the body.—*Medicin. Jahrbücher. January, 1841.*