

practice has been carried out, have been anything but encouraging. Of the three laparotomies done at one of the advanced hospitals before Santiago, the mortality was one hundred per cent. In order to accomplish successful abdominal work in war it will be necessary to use a great deal of forethought, so that the operators may not be hampered by the endless difficulties that are apt to occur in active campaign. It is possible to conceive of a field hospital so thoroughly equipped with material and personnel, and so favored by the condition of the weather, that in it a laparotomy may be performed with about the same safety as is experienced in a civil or fixed hospital. So far, the idea of establishing such a hospital has not been acted upon seriously. The subject is one replete with possibilities.

Louis A. La Garde.

**GURJUN BALSAM.**—Wood Oil. A viscid, copaiba-like turpentine, obtained from half a dozen or more majestic Asiatic trees of the genus *Dipterocarpus*.\* The "balsam" is collected by making deep "boxes" or gashes in the trunk of the tree, scorching them, and fitting a bamboo spout to their lowest parts. The yield is very great, and the drug forms quite an important article of commerce in the East. It is officially recognized by the Indian Pharmacopoeia, and extensively used there as a substitute for copaiba. In other countries it is considerably used to adulterate the latter drug.

It is an intensely fluorescent, thick liquid, of a mild, terebinthinous odor, and a bitterish, aromatic taste. By transmitted light it is of a deep sherry color, and perfectly transparent; by reflected light it appears opalescent and greenish-gray. It is soluble in chloroform and the essential oils, but not completely so in alcohol. It consists of thirty or forty per cent. of a mild-smelling essential oil associated with a composite resin, composed of a crystalline *gurjunic acid*, and an amorphous portion. As it is collected from several different trees, its appearance, and also probably its composition, are subject to considerable variation.

Uses.—In India and Asia generally as a substitute for copaiba in the treatment of gonorrhoea, etc., and as a varnish. It is occasionally to be got in this country, but is prescribed only as a novelty.

W. P. Bolles.

**GUTTA PERCHA.**—The inspissated milk-juice of *Palauquium Gutta* (Hook. f.) Burck (fam. *Sapotaceae*). (No longer official in the United States.) This remarkable substance is admitted into the pharmacopoeias of most countries on account of the elastic varnish which can be made from it, and of its value in the making of plastic splints in surgery. The plant is a large tree growing, now or formerly, in many parts of Southern Asia, and in the great islands of the Pacific. Gutta percha was first brought into European use in 1842, having been previously employed by the aborigines in the manufacture of knife and weapon handles. From the vicinity of Singapore, where it was previously abundant, from Penang and other accessible places, the tree has been practically exterminated by the wasteful method of collecting its valued product. It still exists, however, in abundance in the Malay peninsula, whence most of the gutta percha now comes, in Borneo, Sumatra, and other places. The method of collection is as follows: The trees are felled and the bark is stripped off, when the milky product beneath it collects upon the surface of the wood, and is scraped off and put into a hollow leaf or other convenient receptacle. This juice quickly coagulates upon exposure to the air, and the putty-like curd is moulded while yet soft into blocks or cakes of various sizes and shapes. It is of a light or medium brown color, often gray upon the surface, sometimes, when nearly pure, white or ash-colored, of a peculiar rubber-like odor, and a rather flexible consistence at common temperatures. At something above 120° F. it becomes very plastic, and may be moulded into any shape and welded, resuming its hardness upon

\*The following are mentioned in the Pharmacographia: *D. turbinatus* Gaertn., *D. incanus* Roxburgh, *D. alatus* Rox., *D. zeylanicus* Thw., *D. hispidus* Thw., *D. crispulatus*, and several others.

cooling. Ordinary gutta percha is an impure substance, containing inevitably, by the method of its collection, a considerable amount of coarse admixture of vegetable tissue, chips, etc., besides the residues of the evaporation of portions of the liquid juice, imperfectly separated from it in coagulating. It is soluble in chloroform, turpentine, carbon disulphide, etc., but not in water, alcohol, acids, or alkalis. Its purification may be effected by solution in one of the above, or by mixing with hot water and straining. The sheets, in which form it is generally sold for surgical use, are made by rolling it while hot between cylinders.

The principal portion, seventy-five per cent. or so, of good gutta percha, consists of an amorphous white mass or powder having the general properties given above, named *gutta*. It contains, further, from fourteen to sixteen per cent. of *alban*, a light flaky powder soluble in boiling alcohol, and from four to six and a half of *fluavil*, which is rather more soluble than either of the above (*Payen*).

Gutta percha is employed in medicine only on account of its physical properties. A nine-per-cent. solution of it in chloroform, with ten parts of carbonate of lead added mechanically to carry down coloring matters and impurities, is an excellent protective varnish for abrasions, excoriations, and small wounds, to be used in the same way as collodion. In sheets, from one-eighth to one-fourth of an inch thick, it is to be had of the instrument makers as a splint material. For cases in which there is a good deal of irregularity of surface to be fitted, as in fractures of the jaw, the bones of the thumb or great toe, or the metacarpal or tarsal bones, it is very useful; also in making splints that must be often taken off and reapplied. The form of the splint should be cut about one-fourth larger each way than the desired splint, as it shrivels when softened and when thrown into water at a temperature of about 130° or 140° F. or more. The limb having been prepared by adjusting the parts, shaving, bandaging, etc., as required, the softened splint is laid on the part and quickly moulded by the fingers to the desired form. A bandage where necessary is then applied, and cold water poured over all. When hardened the gutta-percha splint may be taken off, trimmed, and permanently reapplied. If it is desired to piece or weld the gutta-percha, it should be softened by dry heat, as over a lamp or gas. The fingers may be wet while handling it. Its use in submarine cables and other electrical apparatus is very extensive.

W. P. Bolles.

**GYNÆOLOGICAL EXAMINATIONS.**—**HISTORY.**—A proper history is a necessary preface to the diagnosis of every gynæcological case. It should not of necessity be lengthy, but certain facts in the life history of the patient, peculiar to her sex, which may have an especial bearing upon the condition of the female organs, should be carefully inquired into.

We will pass over the points common to all histories and simply emphasize those having a gynæcological bearing. The menstrual history should be thoroughly ascertained. The age at which the menses first appeared; the duration of the flow; the quantity and character; if accompanied by pain, whether it develops before, during, or after the flow; the regularity of the periods; and, finally, the history of the menopause—these are all subjects for inquiry.

In judging the condition of the menstruation as to duration, quantity, and regularity, it is well to remember that in this respect every woman is a law unto herself, and she must therefore be judged according to her own standard. But, her habit in this respect having once been established, she should not deviate from it.

The history of her pregnancies should be thoroughly investigated, as about two-thirds of all patients coming to the gynæcologist can trace their sufferings from a miscarriage, a difficult labor, or an abnormal puerperium.

Pain in some form or other is the most prominent gynæcological symptom, and is usually responsible for the patient's seeking the aid of her physician. The pain

may be in the form of headache, backache, pelvic tenesmus, or a sensation of bearing down; or it may be referred to some particular part of the pelvis. Its character and location

should be carefully ascertained. The condition of the bowels is a very important point for inquiry, as so many of the troubles in this class of patients are due to pelvic congestion induced by chronic constipation and irregular habits of going to stool.

Any bladder symptoms should be noted, especially burning or pain on micturition and frequency of the act, as they may be an indication of gonorrhoea, a disease which is now recognized as one of the most potent factors in the etiology of gynæcological cases.

The character, quantity, etc., of any discharge should be determined.

Finally, the presence of those symptoms known as neuroses, of a reflex character, should be recognized.

For the details of more extended history-taking the reader is referred to such works as those of Kelly, Reed, and Montgomery, the "American Text-Book of Gynæcology," etc. For ready reference, speed, and accuracy, we believe that the card-catalogue system, used in conjunction with outline diagrams of the various pelvic planes, in which it is possible graphically to note the size, situation, and shape of growths, displacements, etc., is of especial value in recording gynæcological cases. Rubber stamps of diagrams of the pelvis and abdomen have been devised by Dr. R. L. Dickinson, of Brooklyn, and their utility is testified to by many eminent gynæcologists (see Fig. 2417). Whatever system of history-taking is adopted it should be strictly adhered to, as routine habits will undoubtedly guard against error.

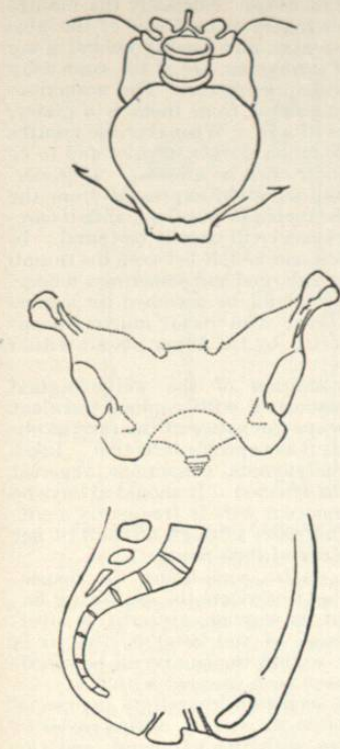


FIG. 2417.—Outline Diagrams for Recording Displacements, Growths, etc., in History-Taking.

The novice will do well to remember, if he wishes to avoid embarrassment both to himself and to his patient, that all subjects of a delicate nature should be approached in an open, frank manner, devoid of subterfuge or insinuations of any kind, and coupled with the kindness and dignity of manner befitting a gentleman.

That the patient will submit to an examination should be taken as a matter of course, as at the present day most women know that such a procedure is a necessity and are prepared accordingly.

**ANÆSTHESIA.**—In virgins it is desirable when possible to examine under anæsthesia, for as a rule, a first examination of such patients is very unsatisfactory, and therefore productive of no positive diagnosis. Nitrous oxide is an ideal anæsthetic for such a case.

If it is possible to avoid it, a vaginal examination should not be made in *virgines intactæ*. In the majority of cases a rectal examination will answer all purposes. The method of recto-abdominal palpation to be used will be described later.

Not infrequently in married women, if there happens

to be an unusual rigidity of the abdominal muscles or a superabundance of fat, it is desirable to employ an anæsthetic, especially when the advisability of an operation is dependent upon an accurate diagnosis. When an examination is decided upon it should always be carried out in a thorough manner, and this necessitates that a systematic plan of procedure should be followed.

**NURSE.**—Whenever possible, a third party should be present, not only for the comfort of the patient, but as a protection to the physician from the malicious charges which the records show are by no means uncommon. If the physician can have a nurse at his disposal, this plan is by far the best, as the ready assistance and soothing influence of a trained female assistant go far toward rendering the ordeal less trying to the patient, and enable the physician to conduct his examination with much greater facility. When a nurse is not available, a female friend brought with the patient may often be of great assistance in holding a speculum, etc., but there will be many occasions when the general practitioner will have to conduct his examination unaided. While an assistant is certainly desirable, she is by no means indispensable.

**TABLE.**—The question as to what is the best table for gynæcological examinations is one that is often asked by the novice. The simpler the table the better. A costly complicated table or chair is not at all necessary, and a great many gynæcologists work with one of the simplest construction. An ordinary solid table, four feet long, two feet wide, and two and one-half to three feet high, will answer for all ordinary purposes. The foot of the table should be raised about two inches, and should be fitted with foot-rests. An extension arm or leaf attached to the right-hand corner is of great utility when employing Sims' position, as it allows the legs and feet of the patient to have a proper support, when the buttocks are drawn to the edge of the table.

A valuable adjunct, in the writer's opinion, is a pair of Edebohls' leg-holders.\* They consist of two perpendicular rods that are attached to the corners of the table and have slings at their upper ends. The feet being fastened in the slings, are elevated to such an extent that the thighs are flexed upon the abdomen and rotated outward. This insures the greatest amount of relaxation of the abdominal muscles, and successfully prevents the approximation of the patient's knees. It is therefore of especial value in nervous patients.

**Placing the Patient upon the Table.**—If a nurse is not available, the physician should understand how properly to place the patient upon the table, so that he may not appear awkward or render the ordeal unnecessarily embarrassing. A screen should always be at hand, behind which the patient is instructed to retire in order to loosen all tight clothing about her waist, and especially to unfasten her corsets.

In all cases the patient should empty her bladder before going on the table. This is a detail that is frequently neglected, and it is the cause of an unsatisfactory examination in many instances. It is likewise of advantage that the lower bowel should be emptied, and when possible the patient should be instructed to take an enema before coming to the physician's office. The patient should be first placed in the dorsal position to permit of the bimanual examination. A stool or chair is placed at the foot of the table and the patient is directed to stand upon it, while the physician holds up a sheet between the patient and himself. She is then instructed to lift up all her skirts behind and sit down upon the edge of the table. She next lies down and the sheet is thrown over her, while her feet are adjusted in the foot-rests. The folds of the sheet are then wrapped about each leg so that there is no part exposed but the vulva.

**THE EXAMINATION.**—The examination for purposes of diagnosis should consist of two parts—the first without instruments, and the second with instruments. It may be possible to arrive at a diagnosis by the bimanual touch

\*New York Jour. of Gyn. and Obstet., January, 1896.