

Medical Matters.

THE USE OF BISMUTH GAUZE IN GYNECOLOGIC WORK.

Dr. Solomon Wiener, of New York, writing in the *International Hospital Record*, says:—

Some substitute for iodoform gauze has long been needed in vaginal work. One of the most important functions of gauze impregnated with iodoform, or one of its derivatives, is to deodorise the accumulating secretions, which become very foul under the action of the ever-present saprophytic organisms. It is frequently necessary to leave gauze in the uterine cavity and vagina for from two to five days, and such gauze, if unmedicated, soon becomes exceedingly foul-smelling and offensive alike to the patient and to those around her. In addition, the presence of decomposing material has a most unfavourable influence on the smooth healing of wounds. Iodorom gauze, unless it be very strong, is little better than plain gauze in this respect. It may remain fresh and sweet for forty-eight hours, but if left *in situ* any longer it becomes very fetid, especially in the presence of the increased secretion stimulated by the irritating presence of sutures in the vagina. The odour of iodoform itself is objectionable to many people. In addition, one is never certain that, given a raw area and a duly susceptible patient, symptoms of iodoform poisoning will not supervene. Moreover, the iodoform gauze as put up in sealed tubes for use in private practice is quite expensive.

For the past four months, in the gynecologic service of Dr. Florian Krug at Mount Sinai Hospital, we have been using gauze impregnated with subnitrate of bismuth, with highly satisfactory results. It is prepared by taking two ounces of bismuth subnitrate, two ounces of glycerine, and one quart of water. The bismuth and glycerine are very thoroughly mixed, warm water is gradually added, and the mixture is continually stirred so as to make a fine emulsion.

A portion containing about 21 yards of gauze is passed slowly through the emulsion three times, so that it becomes thoroughly soaked, and is then wrung out. After the gauze is dried it is cut into strips of desired size, loosely packed, and sterilised by steam at seven of eight pounds' pressure for thirty minutes.

The gauze so prepared is snowy white in colour, odourless, soft, and smooth. There are no grains of powder macroscopically visible on it. From plain unmedicated gauze it differs only in its intense white colour and in being smoother and softer to the touch. From iodoform gauze it differs in being odourless, abso-

lutely non-toxic in the quantity used in any one case, much softer, less irritating, and less expensive. (Bismuth subnitrate is from 30 to 40 per cent. cheaper than iodoform.) Finally, it is far more efficient in its action.

I have used it in a great many cases, and have found that after incomplete abortions, curettages, plastic operations on the cervix and vagina, and aseptic vaginal celiotomies, it can be left in the vagina for a week, if desirable, and on removal it is still perfectly odourless.

The mucosa is pale and unirritated, and there is none of the stench so distressing to the patient and all concerned.

It should be noted that the gauze has not the power of deodorising foul-smelling pus. When, for instance, a pelvic abscess containing foul-smelling pus is opened and drained by a post-vaginal section, the gauze has little or no power to mitigate the fetor.

PAROTITIS COMPLICATING ACUTE RHEUMATISM.

Inflammation of the parotid gland is, says the *Lancet*, well known to owe its origin in a majority of instances to an infective process. Even in the case of mumps, the precise etiology of which is as yet undiscovered, the general features are of such a kind as to leave little room for doubt as to the bacterial origin of the disorder; while those parotid inflammations which complicate pneumonia, peritonitis, enteric fever, and the process of rectal feeding, are traceable in each case to micro-organisms. The latest addition to the list of causes of parotitis is acute rheumatism, which is generally acknowledged to be an infective disorder, although there is disagreement as to the actual micro-organism concerned. M. Courtois-Suffit and M. Beaufumé have brought together three cases of parotitis complicating acute rheumatism, two observed by themselves and one recorded by Gouget. They have been unable to find other examples in the literature. These three cases are remarkably similar to each other. In each instance the attack was acute and affected many joints; the parotitis occurred either at or just after the period of maximum intensity of articular inflammation, and in all three cases it was the right parotid gland which suffered. With the appearance of swelling and discomfort in the parotid region a slight rise of temperature occurred; but in no case did suppuration occur, and in the worst of the three all evidence of parotitis had disappeared by the sixth day. The briefness of the inflammatory process and its complete disappearance under treatment with salicylate of soda suggest a directly rheumatic origin.

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