

**ABSCESS OF BARTHOLINI'S GLAND.****BY W. WASTEN.**

Cystic abscess of the vulvo-vaginal gland itself or of its excretory duct is not uncommon and is a very unpleasant affection, depriving the patient for some time of the ability of locomotion. Some patients, unfortunately, are subject to many attacks in succession, with but short intervals between, this condition continuing, occasionally for several years. In these latter cases a simple incision is generally insufficient for a radical cure. To effect this it has been proposed to remove a part of the wall of the abscess and to cauterize the cavity of the abscess, finally inserting a tampon. As another means of cure it has been proposed to enucleate the whole gland. Both these methods have the inconvenience that after their employment the patient is compelled to spend some time in bed, otherwise it is difficult to retain the tampon in its place, or to insure a healing by first intention of the wound. Besides this, either method results in a more or less normal disfigurement, as it is unavoidable to remove a part of the mucous membrane and some of the cellular tissue. Churchill is the only one who has proposed an incision with subsequent introduction of a seton.

About five years ago, I treated my first case of this nature, the patient being up all the time. Since that time I have radically cured three more cases, without a necessity of my patients taking to their beds. I, therefore, will describe my

plan of treatment by relating the history of one of those cases:

Mrs. U. had for eighteen months suffered almost constantly from recurrent abscesses of the excretory duct of Bartholini's gland of the left side. When I examined the abscess it was of the size of a hen's egg. I opened it by two small incisions, at its upper and lower parts. Through these incisions I introduced a small drainage tube, the ends of which I then tied together. The cavity of the abscess was then regularly syringed out, and tincture of iodine was injected from time to time. In about one month the cavity had disappeared, there remaining only a canal where the drainage tube lay. After the latter had been removed this canal continued, for a short time to secrete a purulent discharge and finally healed up. In shape the external parts presented no difference from those of the other side, and only in the former position of the drainage tube could be felt a thin cord of cicatricial tissue. The abscess did not recur.

This plan of treatment presents the following advantages: The operation leaves no cicatrix or disfigurement of the parts, and, which is more important, the patients during the time of treatment, are able to follow their usual occupation, not being obliged to keep their beds. For the drainage tube occasions no discomfort whatever. One patient was able to dance one week after its insertion.—*Sovr. Med.*