TRANSACTIONS OF THE NEW YORK OBSTETRICAL SOCIETY.

Meeting of October 13, 1903.

The President, DR. EGBERT H. GRANDIN, *in the Chair.*

FOREIGN BODY IN THE UTERUS.

DR. A. BROTHERS.—Although a large number of cases of foreign body in the uterus can be found in medical literature, and a new monograph on the subject has recently been published by Neugebauer, the condition is still one of peculiar interest because of its rarity. I have known of two cases of foreign body in the uterus. In one case two medical men of this city were curetting a uterus when the tip of the curette broke off. Nothing was done in the matter, and the lady still carries the foreign body. In the second case, while making an intra-uterine injection with a glass catheter the patient made a sudden movement and the catheter broke off, so that several fragments remained in the interior. The case was successfully operated upon, and reported to this society by Dr. H. J. Boldt.

My own experience deals with a young woman who entered the Post Graduate Hospital in the early part of August complaining of dysmenorrhea and sterility, which was attributed to a stenosis of the internal os. Under anesthesia the cervix was dilated, and the obstruction at the internal os fairly overcome. In accordance

with the usual practice the interior of the uterus was slightly curetted, using special force at the region of the internal os, so as to completely dig out the fibroid ring at this situation. Suddenly the instrument broke and the steel loop of the curette remained in the uterine cavity. All efforts to reach and extract it with forceps failed. The blades of the instrument could not be separated sufficiently, owing to the small size of the uterus, to seize the foreign body. Indeed, all these attempts seemed to push the body further in. Owing to the smallness of the vaginal lumen the operation was difficult. The anterior lip of the cervix was seized in the grasp of two Jacob's tenacula, the anterior vaginal wall longitudinally incised, and the bladder pushed up to the fundus uteri taking care not to invade the peritoneal cavity. The anterior wall of the uterus was split with scissors between the Jacob's forceps, placed successively at higher levels until a point was reached half way between the internal os and the fundus. From this point the steel loop could be felt at a little higher level. It was seized with a pair of small artery forceps and readily extracted. The uterine wound was carefully approximated by means of interrupted chromicized gut sutures, and with the exception of a portion left open, because of a packing necessary to control too much oozing, the vaginal wound was also brought together. The lower part of the cervix was left gaping up to the level of the internal os, so as to thoroughly prevent any possible future trouble from the stenosis. The wound healed kindly and the patient made a good recovery.

The President then announced that owing to the illness of Dr. R. A. Murray, there would be no paper read, but that the evening would be devoted to the report of cases by the members and the discussion of the same.

Dr. H. J. Boldt.—I have some history cards here which I think are desirable for those who wish to have in addition to the history a separate classification of the respective operations which they have done, and also the classification of diseases of a certain kind, which they have treated. The card history here is complete, and on the back of the card there are diagrams, which may be filled out. It has given me great satisfaction since I have adopted it.[1]