

EXPEDIENTS IN GYNÆCOLOGICAL PRACTICE.¹

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HAVING always held the opinion that a multiplicity of instruments is but a poor substitute for skill, it has been my aim to make the few instruments which I habitually carry in my bag answer many purposes. As some of these devices may prove useful to others I shall venture to lay them before the society.

(1.) *Wool wadding* for vaginal tampons and the application of acids to the uterine cavity I have found much more serviceable than cotton-wool, because it absorbs fluids more rapidly, as you see, and can be wound upon the instrument more easily, and it never gets matted. If cotton-wool, however, be used, its absorbent qualities may be much increased by boiling in hot water. For tampons it will be found occasionally convenient to affix several to the same string, at distances of about three inches.

(2.) For *intra-uterine applications* I employ the wire stilets from the common English catheter. If the ends of these be roughened with a file, they answer the purpose quite as well as the silver instruments with handles, which are sold for one or two dollars. If it be desired to leave a wad of wool, saturated with a styptic, in the cavity of the uterus to check hæmorrhage, this may be readily effected by inserting the wire into a catheter, about three inches of the closed end of which has been cut off; let the wool then be twisted loosely round the protruding end of the wire, soaked in the solution, and introduced; if the catheter be then held firmly and the wire withdrawn, the wool will be left in the uterine cavity. The catheter and wire are cheap and efficient substitutes for Sims's whalebone staff and silver canula. For the removal of such wads from the cavity Dr. Sims has devised a modification of a corkscrew, which works well, but may be dispensed with if the operator will simply lay a piece of twine upon the wool alongside the wire, and will by careful manipulation roll the wool round the two at once; the two ends of the twine then being tied together, the wool is passed into the cavity; the next day the patient can extract it by drawing upon the loop of twine which passes through its centre.

(3.) *Uterometer*. Many appliances have been attached to the uterine sound to mark the distance to which it enters the uterine cavity. This object may be perfectly attained with the ordinary sound, when introduced through the speculum, by putting a little dab of grease near its end; this will be pushed by the external os out upon the instrument, as it enters, and on withdrawal will indicate the depth to which the sound has penetrated. Occasionally the grease will partially adhere to the os, but by watching it during the withdrawal

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of the sound it can easily be seen whether the upper or the lower margin of the grease marks the length of the uterine cavity.

(4.) *Syringes.* In the middle of one night, about a year ago, I was trying to check profuse hæmorrhage from a carcinomatous uterus by injecting through an elastic catheter a solution of liquor ferri perchloridi by means of a hard-rubber syringe. I was disturbed to find that its barrel had so warped as to allow the fluid to escape round the piston rather than be forced through the eyes of the catheter, which were probably plugged with blood clots and the tissues of the growth. In this emergency I saved myself a long journey home in search of another syringe by unscrewing the cap of the barrel, applying my mouth to its open end, and blowing into its cavity while the syringe was held perpendicularly. The force of gravity, of course, kept the fluid at the bottom of the barrel, whence it was forced through the catheter by the inflation. The hæmorrhage was at once arrested. Lately I incised a Bartholin's gland which was in a state of chronic suppuration. The pus that issued was so offensive that I thought it advisable to wash out the cavity of the abscess. I accomplished this, in the absence of a syringe, by filling my mouth several times with water and squirting it through a clean catheter into the cavity of the abscess.

(5.) *Aspiration*, with any of the instruments, is often a tedious process and requires considerable apparatus. In removing fluids from the abdominal and pelvic cavities, I have partially avoided these obstacles of late by using the aspirator needle with simply a long rubber tube attached. By allowing the latter to hang down I make a siphon, which exercises considerable aspiratory action. The flow is of course started and maintained for some time by the abdominal tension, supplemented by pressure of the hands or of a swathe. Regurgitation, which might be feared toward the end of the operation, with the introduction of air into the evacuated cavity, is prevented by letting the end of the tube lie beneath the surface of the fluid in the basin.

A common Davidson's syringe, affixed to the canula and allowed to hang down, will act in precisely the same way, while the flow may be accelerated by squeezing the bulb, as has been pointed out by Dr. Flint in connection with tapping the chest.

That the simple tube will answer for all fluids from the abdomino-pelvic cavity, except the thick mucilaginous variety of the ovarian fluid which can never be extracted by aspiration, I can affirm from experience.

(6.) *Rubber tubing* of various sizes I never fail to carry in my bag. Little pieces of it drawn over knives and trocars protect their edges and points much more efficiently than corks, and do not fall off so readily.

(7.) This knife (instrument shown) on a long staff is designed for operations in the interior of the womb; I protect the cervix or, if no speculum be used, the vagina by passing the blade into a rubber tube through a longitudinal incision at about its middle; the tissues are thus protected from the sharp edge during the manipulations necessary to bring the knife into the proper position; by the free end of the tube, which projects from the vulva, I then drag the tubing up the staff of the knife, uncovering the blade.

(8.) I used to be much troubled by the *sticks of solid nitrate of silver* not

fitting my holders, and by their breaking when the ring was forced down. By pushing them into pieces of tubing of suitable size and cutting off enough of the latter to uncover their points, I make them fit the holder and preserve them from being broken.

(9.) *Urethral Dilators.* I have rarely had difficulty in dilating the female urethra with my fingers, beginning with the little one; but on several occasions the outer half of the urethra has been so unyielding, owing to chronic urethritis, as to resist all my efforts. In the first case I overcame the resistance by inserting dressing forceps, — such as are specially adapted to general gynecological purposes by the narrowness of the blades and the length of the handles, — and opening them forcibly. This procedure effected the object, but the blades kept nipping the walls of the urethra, and their tips caused considerable laceration of the canal. To obviate these casualties, I next time passed the blades into a piece of tubing through a longitudinal slit two inches from its end; the instrument, thus protected, could be opened very wide without the possibility of injury to the urethra; the free end of the rubber can be held so as to prevent its accidental escape into the bladder. Although this improvised dilator may not be quite so convenient as Simons', yet it will prove a very handy substitute.

(10.) *Elastic Pessaries.* The well-known rings of watch-spring, covered with soft rubber, have been popular because of their comparative harmlessness and the ease of their introduction. The chief objection to them is their dilating the vagina so much laterally as to shorten it in length, and if they are long worn they weaken its walls. To prevent this lateral distention I one day slipped on a common rubber band, which worked well as far as the pessary was concerned, but was found, two weeks later, to have nearly amputated the cervix uteri by the friction of its sharp edge. For the band I substituted a ring made of tubing by pushing its two ends over a piece of an English catheter about three fourths of an inch long, and of the same size as the tubing. This improvised elastic band had, of course, no edge which could cause ulceration by pressure or friction, but would slip off the pessary when the latter had been lubricated by oil or the natural secretions of the vagina. A piece of silk tied round the apposed portions of the band near the ring at each side rendered it immovable, and gave me an instrument which acts admirably in many cases where Hodge's pessary and others are contra-indicated by the presence of a hymen, a tender prolapsed ovary, etc., etc.

I offer this pessary to general practitioners as being very efficient and perfectly safe. Though I believe that specialists are best qualified to choose the pessary which is adapted to an individual case, yet I deem it all important that every practitioner should be able to treat any ordinary displacement of the womb; for this purpose it is desirable that he should have a pessary that is easy of insertion and harmless in its operation, even if it be not quite so well adapted to support the uterus, as more complicated and harmful instruments.

