

## GYNECOLOGY.

## THE ACTUAL CAUTERY IN THE TREATMENT OF CHRONIC CERVICAL METRITIS.

Dr. Getchell, of Jefferson Medical College, refers (*Philadelphia Medical Times*, Sept. 13), to the obstinate character of some cases of chronic inflammation of the parenchyma of the neck of the uterus, and the constitutional suffering by which they are marked, especially lumbosacral back-ache. He recommends the actual cautery as the most effective treatment. He says, 'You do not apply the powerful cautery to reduce the size of the uterine neck by destruction of the tissue by burning it away, but you apply it to set up a sub-acute inflammation, under the influence of which the induration and hypertrophy will subside, and the uterine structure resume its healthy elasticity. The strong caustics most frequently used in these cases are the acid nitrate of mercury, potassa cum calce, potassa caustica, and the actual cautery. As the last is the only one I ever use, I will describe the manner in which I use it, without further reference to the others. The idea of the actual cautery is always alarming to the patient, and may be said to remind us of the mediæval tortures; and if we were obliged to use live coals, bellows, and red-hot irons, I fear we should get few women to submit to the treatment; but by the use of these little sticks of charcoal, that I show you here, you are able to do away with all that is alarming about the actual cautery, and to apply it to the uterus without informing the patient what kind of an application you are about to make. These little sticks are made of nitrate of potash, charcoal, and pulverised acacia, in the following proportions—

R. Potass. nitrat., gr. xx;  
Carbonis ligni, ʒvj;  
Pulv. acaciæ, ʒj;  
Aque, q. s. M.

This paste is formed into sticks; the most convenient size I have found to be about two inches long and about as large around as the little finger; the ends of the sticks may be rounded to a point; after being allowed to dry they are ready for use. If you hold the end of one of these sticks in the gas-flame for a moment, you will convert from half to three-quarters of an inch of live coal; this you can do in another room, thereby avoiding the display of combustion before the patient. When once the end of the stick is thoroughly ignited you can put it down until you are ready to use it, without any fear of its going out, for it will continue to burn until the stick is consumed, which will require for a stick two inches long from fifteen minutes to half an hour. The patient being placed in a proper position, you introduce the speculum, which must be made of wood, ivory, or block tin; and I have often used the ordinary glass speculum. There is not heat enough from the caustic to do any harm, if a glass one is employed; but the wooden one that I here show you is the one I prefer. Having introduced the speculum and wiped the cervix dry, you take the caustic in the forceps and apply it, about four or five lines from the os, and to the lip that is most hypertrophied (for in some of these

cases one lip of the cervix will be three or four times the size of the other). Now, if you make slight pressure for a few seconds, you will destroy the tissue over a space of about the size of a three-cent piece and for about two lines in depth. The pain is very slight, but little, if any, more than that caused by the application of nitrate of silver. On withdrawing the cautery I sponge the parts with cold water. I then introduce a pledget of cotton saturated with glycerine, and direct the patient to remain in bed for the next forty-eight hours, and to keep her room, reclining on the lounge for the greater part of the time, for three days more. At the end of the first twenty-four hours you may remove the pledget of cotton by pulling on the thread, and then inject the vagina with cold water; this may be done every day until the slough comes off, which is generally in from five to eight days. I then paint the cervix every fourth day with the following—

R. Potassii iodidi, ʒss;  
Iodini, ʒiv;  
Glycerinæ, ʒj. M.

The actual cautery may be applied with advantage once every month, and the best time is from five to ten days after the cessation of the monthly discharge. If you have the full co-operation of the patient, you will be able to reduce the most densely hypertrophied cervix in from three to five applications. In regard to danger from the use of the actual cautery, of course it would be very easy for a bungler to do harm with it, and great care should always be exercised in the use of any caustic: so far, I have never had any difficulty with it, and I have been using it for several years, and believe it to be more manageable and less likely to do harm than the potassa fusa that is so often used in these cases. I wish you to understand that I only recommend you to use the actual cautery in those cases in which the parenchyma of the cervix is the seat of hypertrophy and induration intractable to agents of less power.

## SURGICAL CLINIQUE.

## TUBERCULOSIS OF THE SPINE.

From a Clinical Lecture by Professor Gross, Jefferson Medical College. Reported by John B. Roberts for the *Philadelphia Medical Times*.

This little child has angular curvature of the spine from caries of the bodies of the vertebrae, as is shown by this projection in the middle of the dorsal region. This affection, frequently called Pott's disease, is dependent upon deposits of tubercular matter in the areolar structure of the vertebral bodies, and is in its nature essentially like the tuberculosis of the hip and other joints that is found so frequently in children of the strumous diathesis.

After deposition has occurred, softening and disintegration take place, utterly destroying the bodies of the vertebrae, so that the weight of the head and shoulders causes the spinal column to bend forward, and the spinous processes, which are not affected by the disease, to make a protuberance upon the back. The amount of deformity produced is governed by the number of vertebrae involved, and when several of these are de-

stroyed the contour of the chest is very materially changed, the ribs and sternum being forced to assume a horizontal position.

The pus formed may be discharged in the neighbourhood of the disease, or, by travelling downward, form a lumbar or psoas abscess.

The affection occurs in children of a strumous diathesis, and usually before the age of ten; though cases are occasionally seen where the patient has attained adult years.

The child first becomes weak and delicate, has cold extremities and a tumid belly, and is awakened during the night by spasmodic pains in the chest and abdomen resembling neuralgia. Pain upon pressure is then noticed, and difficulty in progression then occurs, as shown by the peculiar gait assumed by the little patient, who walks with the body inclined forward, the head bent backward, and the feet wildly separated and scarcely raised from the floor, to avoid concussions of the spine.

As the disease advances, paralysis of the extremities may supervene from compression of the spinal cord, caused by the angularity of the column of the seat of morbid action; and, as the pressure is first brought to bear upon the anterior portion of the cord, the function of motion is generally impaired before sensation.

The treatment of caries of the spine consists essentially in absolute rest in the recumbent posture, so that the vertebral column may be relieved from sustaining the head and shoulders, which tend to increase the deformity as long as the diseased bones are compelled to support them. As soon, therefore, as the affection is recognized, the child should be confined in bed, upon a firm level mattress, without any, or at most with a very low, pillow, and should be kept there until repair takes place. This is accomplished by the formation of osseous material around the seat of disease, bridging, as it were, the gap left by the destruction of the bodies of the vertebrae, and affording support to the head and shoulders. In this position the patient must remain, not a few weeks or months, but until the cure is completed by the occurrence of firm ankylosis.

As the disease is a manifestation of constitutional vice, such internal remedies as will build up the system must be employed: hence cod-liver oil, quinine, and the ferruginous preparations should be administered, and the child given the benefit of the best possible hygienic surroundings.

## TREATMENT OF GLANDULAR AFFECTIONS.

Dr. F. Page Atkinson, (*Edinburgh Medical Journal*), after alluding to the uncertainty which prevails in the treatment of glandular affections, asserts that, according to his own experience, and speaking generally, acute glandular inflammation requires the administration internally of the effervescent citrate of potash, and the application locally of a sedative, or the tincture of iodine.

As regards quinsy, he says he can predict with certainty that any patient will be quite well and able to resume his duties on the fourth day, and that he has had a single case which went on to suppuration, when the following plan of treatment