Midwifery.

ON TENTING.

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The operation of dilating the uterus with tents is one which is often difficult, and always more or less painful and dangerous. The object of this paper is to explain a few simple contrivances whereby the difficulties (and, therefore, to some extent, the pain and risk) may be diminished.

When the uterus is to be *fully* dilated, it will often be most convenient to commence with laminaria, and when the os internum is sufficiently patent to admit the point of the index, to complete the dilatation with sponge tents. I shall assume this course to be pursued, although no doubt it is sometimes preferable to carry out the whole process with laminaria.

It is a good plan to commence by dilating with graduated sounds. As a rule (open no doubt to a good many exceptions) a normal uterus can be dilated with sounds, even at one sitting if necessary, up to No. 12, without the use of any force involving danger, or even much pain. The usefulness of this is obvious. A larger tent, or two instead of one, can be used, and so a start is gained, and the operation may be completed, perhaps, in one sitting less—no slight advantage, as it means that the patient has so much less time to be exposed to the pain and danger of tenting. Of course, in many cases it is unnecessary, the uterus being already morbidly patulous enough to admit a tent larger than No. 12.

In cases of fibroid, and in some cases of acute flexion, the difficulty of introducing a tent consists chiefly in the crookedness of the uterine canal. If, under such circumstances, after dilating with graduated sounds, a small ordinary uterine sound be passed—or better still, Sims' uterine probe—a laminaria tent may be easily slipped in beside it, the uterus being straightened by the probe, on withdrawing which a second tent can be introduced in its place.

In ordinary cases, Dr. Barnes' tent introducer, made on the pattern of a catheter cut short, with the stylet projecting, is very convenient. But in difficult cases, where the uterus is distorted, and considerable power of directing the point of the tent is required, it seems too feeble. It easily bends. If the strength of the spike were increased, the tent would have to be weakened by enlarging the perforation. The plan above described, to some extent evades the difficulty, by getting rid, for the time, of the distortion. But it is not always applicable. To meet this difficulty I contrived the forceps shown in the figure.

It is made by Messrs. Mayer and Meltzer, of Great Portland Street. The inside of the blades is furnished with small teeth, like those of a rasp. It closes with a simple catch, so that the hand is not fatigued, nor the attention distracted by the effort of holding it shut. The tent is held so firmly that it forms with the forceps practically one instrument, which bears a general resemblance to a uterine sound with Sims' handle. I believe that with this forceps a tent can be inserted the whole distance in any case where a sound can be passed. Of course it can be used either with solid or hollow tents. I have found it very convenient, especially in difficult cases.

A great difficulty with laminaria tents is their tendency to slip out. They do not fall out. They are extruded. This is especially liable to happen when the uterus is flexed. The tent is seldom found quite free in the vagina, but with its point just below the point of flexion, with the cervix well dilated, but the os internum in *statu quo*. It is often recommended to retain the tent by plugging the vagina, but this is objectionable, as it increases the risk of septicæmia, by retaining the discharges. And it is often ineffectual, for if the uterus has much tendency to extrude the tent it will do so, maugre the plug. It is generally recommended to choose a tent half an inch longer than the uterus. But if a tent be taken about one-third inch less than the length of the cavity of the uterus, it can be passed quite into the uterus. A second longer tent should then be passed, if possible the whole distance, otherwise just into the cervix, to dilate the os externum. It will not be extruded, for No. 1, resting with its base just