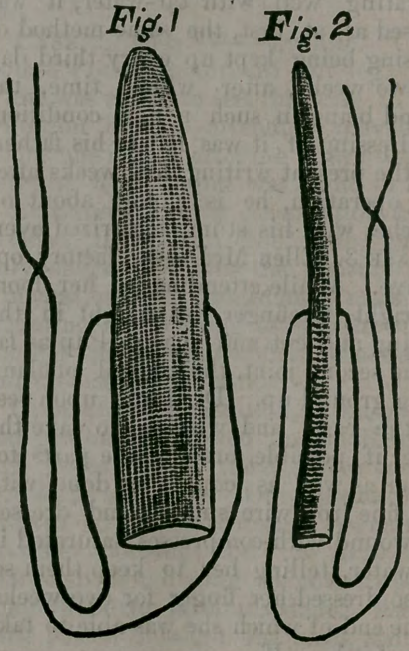
THE PITH OF DRIED CORNSTALK AS A UTERINE TENT.

By W. T. Goldsmith, M.D., Atlanta, Ga.

The author prepared an article, which was read before the Georgia Medical Association, upon the use of "The Pith of the Cornstalk as a Uterine Tent." By request of the managing editor, I offer a brief synopsis of the practical points of the paper. In the paper referred to, I say:

I have the pleasure of bringing before the profession a new candidate for their consideration as a uterine tent. It is the pith of the dried cornstalk. It may, or may not, have advantages over other materials manufactured into tents. I will permit the profession to determine this matter. To my mind, there are many points of superiority. These points will be developed as I proceed with the reading of this paper. I will, however, pause long enough to show the ease and rapidity with which they can be made. You take a joint of the dried stalk; strip it of its cuticle, and compress the pith, slowly and firmly, between the thumbs and index fingers. You see how compression, made in this way, diminishes its bulk. By continued pressure, you easily reduce it to four or five times less its original size. You can compress it to any intermediate size; or, it may be used without compression to carry medicaments to the interior of the uterus. Because of its ready compression to any desired bulk, you have the tent entirely under your control. Slight compression will give you moderate dilating power. Compress it as much as possible, and you can get a dilating power equal to the seatangle or sponge. You may compress the pith first, and afterwards, with a sharp knife, trim to the desired length and size; or, you may first cut the pith to the size you wish it to dilate, and then compress it for easy introduction. Any curve may be given the tent by selecting a piece of pith that has been curved in its growth. The pith absorbs fluids readily, and, when compressed, expands by such absorption to its original size.

The wood-cut shows the degrees of compression to which the pith may be subjected. Figure 1 shows a piece of pith (with a string passed through it by means of a needle) cut to the size, to which the cervical canal in a given case may be desired to be dilated. Compressed by the thumbs and fingers, it is reduced to the size of figure 2. The cut represents the actual size and preparation of a tent. To reduce figure 1 to figure 2 required *one minute and a half* by the watch. After introduction into the cervical canal, figure 2 will expand to the size of figure 1. More rapid expansion may be had by pricking the surface of the compressed tent, or by forming a canal through the tent by first inserting a wire through the length of the pith before compressing it.



In speaking of sponge tents, Dr. Sims declares he never uses them if he can possibly avoid doing so.

Indeed, so dangerous does he regard them, and so necessary, if possible, is it

to find a substitute for them, that he asserts that "he who will give us an efficient, safe, and cheap substitute for sponge tents will confer a great boon upon surgery."

I offer the cornstalk tent as a "safe and cheap substitute." It remains to be seen if it shall, in the hands of the profession, prove "efficient." As above stated, I have used this tent for the last seven years, testing it before giving it to the profession. During this time, I have not had a single accident from its use, and have introduced it many hundreds of times.

Its advantages I will enumerate as follows:

It dilates effectually, but not too rapidly.

It is smooth, soft, and can be removed without force.

It produces no lacerations, abrasions, or irritation of the mucous membrane.

It can be medicated with any substance as easily as the sponge or cloth tent.

It is of vegetable origin, and, hence, does not become putrid and poisonous to the patient.

It may be retained, non-compressed, for days, without injurious results, if no pain occurs.

A number of small tents, filling up the cervical canal, may be used for more rapid expansion.

It can be prepared, in a few minutes, of any desired curve, size, and length.

Any degree of compression may be given it, or it may be used without compression.

It may be perforated, like the seatangle, and its power of absorption increased, by pricking its surface.

It will not break upon introduction in the cervical canal; after introduction, it absorbs the secretions, and can be bent without breaking upon removal.

The introduction of the cornstalk tent is usually no difficult matter. I introduce it before or after inserting the speculum, but prefer the latter method as a rule. After bringing the os into view, by means of the speculum (which can easily be done, except in cases of anteversion, when the tenaculum will aid in bringing it into view), the tent is carried to the os uteri, affixed to a stick eight or ten inches in length, by means of a needle fixed in the end of the stick. Holding the small end of the tent in the os, the uterine probe, or a small rod, is placed firmly upon the tent, near the point of insertion of the needle. The stick, in which the needle is fixed, is withdrawn, and the tent pushed gently, but firmly, up the cervical canal by the probe. Between the end of the tent and the probe, the latter being held firmly against the tent, a kind of universal joint is formed, permitting the tent to take the surest and easiest direction into the uterus. Frequently, the uterus ascends before the tent (especially if a little too large), as it is being pressed into the cervical canal, and, in straightening the canal, where there exist curvatures from flexions or versions, the probe end of the tent falls back upon the posterior wall of the vagina. The speculum is withdrawn an inch or so, while the probe, with the tent almost at a right angle with it, lifts the tent into the cervical canal, out of sight, where it is left, a string having been attached to it, by which it may be withdrawn. I endeavor always to carry the large end (probe end) of the tent a short distance within the os uteri. When this is done, it is less liable to escape from the canal into the vagina. The size of the tent should always admit of easy introduction. Slight force will, however, do no harm. It is well to place a packing of cotton, with glycerine, around and upon the os uteri before removing the speculum.

As stated, I allow the patient to withdraw the tent when not used as a dilator. The physician, in removing the tent, should do so with the fingers, and never through the speculum, as air may be admitted to the uterine cavity, and bad results follow.

Typical cases are given in the paper submitted to the association. A pamphlet, containing twenty-five pages, upon

uterine tents would doubtless present other points of interest to the readers of the RECORD, but its motto being "*Quicquid Præcipies Esto Brevis*," I forbear to occupy more space.

TANSY IN PRURITIS VULVÆ.

Dr. Richard L. Butt, of Midway, Alabama, extols the use of tansy (*tanacetum hortense*) for the relief of pruritis vulvæ. He has found a poultice made of the leaves of the plant, and applied as hot as the patient can bear it, to be efficacious when leeches to the thighs, washes of borax, lead, zinc, nitrate of silver, sulphate of copper, etc., had been tried in vain. The editors of the *American Practitioner*, which records the above, think that possibly the mode of using the tansy, in poultices as hot as can be borne, has something to do with the success which has attended the treatment in the hands of Dr. Butt.—*London Lancet.*

POND'S AMERICAN SPHYGMOGRAPH.

(Read before the Philadelphia County Medical Society.)

BY FRANK WOODBURY, M.D., of Philadelphia.

Having, by request of Professor DaCosta, and under his direction, made some trial, in the wards of the Pennsylvania Hospital, of the sphygmograph invented by Dr. E. A. Pond, of Rutland, Vermont, I wish to exhibit this instrument to the Philadelphia County Medical Society, and to communicate the results of our observations. The invention is protected by a patent issued by the United States to Dr. Pond in 1875. This instrument was first brought to the notice of the profession in November, 1875, when it was exhibited by Dr. Pond, at the meeting of the Suffolk District Medical Society, an account of which will be found reported in the Boston *Medical and Surgical Journal*, of December 23, 1875. Since that period, the inventor and his son, Dr. Wallace R. Pond, have shown it at a number of medical meetings, but not in the form in which it is now seen. The form originally was simply that of a sphygmoscope, which idea was naturally followed by the conception of the addition of a recording apparatus to convert it into a sphygmograph. Many improvements were gradually added until the instrument assumed its present shape, under which it was first presented before Dr. Stella's section of the International Medical Congress, held in this city during the centennial year.

This sketch of the history of the invention is given because much of the same principle of construction is adopted in the sphygmograph of Dr. Keyt, of Cincinnati, who published a description of his instrument in January, 1876, in the New York *Medical Journal*, volume xxiii., page 26, in an article entitled "The New Sphygmograph, or Instrument Adapted as a Sphygmograph, Sphygmometer, Cardiograph, Cardiometer, and to Other Uses." It is unfortunate for Dr. Pond that no full description of his instrument had appeared anywhere previous to this publication by Dr. Keyt, for, although the principle of construction was undoubtedly verbally explained by Dr. Pond, at the meeting of the Suffolk District Medical Society, the invention has been credited to Dr. Keyt by writers, among others, Dr. F. G. Smith, in the American edition of Dr. Carpenter's work on Physiology, published in 1876. In a private letter from Dr. E. A. Pond, dated Rutland, April 24, 1877, he says: "I have been five years at work on it, and completed it about two years ago, and have been using it myself, to perfect it, before bringing it out, and am just commencing to bring it to the notice of physicians," which explains his delay in publication, evidently desiring it to assume its permanent form before publishing it fully.

The instrument differs from that of