THE USE OF LAMINARIA TENTS.

By Sir William Sinclair, M.D.

Sir William Sinclair introduced the subject of laminaria tents for the purposes of diagnosis and treatment in disease of the non-pregnant uterus. He believed there was no known substitute for the laminaria in gynæcology, as there was no substitute for opium and its derivatives for the relief of pain.

It was to be hoped that the "fashion" of rapid

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mechanical dilatation with screw contrivances and graduated bougies had run its course and that its memory would remain only as a discreditable episode in the history of gynæcology. He drew an analogy between the rapid methods of dilating the non-pregnant uterus and the unnecessary and injurious employment of forceps, Bossi dilators, and such-like mechanisms in midwifery practice.

The almost invariable reply to inquiries from those who had largely or entirely given up the use of tangle tents was that they produced sepsis. No opinion could be more erroneous or based on a more slender foundation. The objections might be traced to two causes—one historic, the other practical and remediable. The latter depended upon the prevailing method of manufacture. Tangle tent-making has been for long a German domestic industry without competition, and consequently the tents at present supplied to us are dear and dirty. The historic cause of suspicion was extremely interesting to trace, but could not on the present occasion be recorded in detail. Concisely stated, it amounted to this: Even the pioneers of gynæcology in Scotland, such as Simpson, Keiller, and others, were in the habit of using the same tents more than once without disinfection; they were at work before Lister and antisepsis; they often used tents under conditions which we now recognise as contra-indications; and their technique in introducing them was always extremely defective, and frequently such as to court disaster.

It was suggested that one reason why tents are so much more commonly used in Germany at the present day than in this country was that "Listerism" took hold in Germany sooner than in England, and the practice of dilatation by laminaria being of later growth in Germany, it did not meet with the same prejudice, because disinfection prevented consequences too familiar at and before that time to practitioners in this country.

The speaker then gave a demonstration of the material which is obtained from Iona, and explained the method of making the finished tent as practised in that island. The

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essential point of difference from any previous manufacture of laminaria is that every cell of the tangle is saturated with a disinfectant. Consequently to secure asepsis to the utmost practical extent all that is required is to slightly soften the tent in a hot, strong solution of the same antiseptic immediately before introduction.

The tents are made in the island of Iona from laminaria digitata out of the Atlantic, specimens of which, fresh and desiccated, were exhibited. They have been distributed to a considerable extent to gynæcologists for experimental purposes, and hitherto they have given uniform satisfaction.

The progress of the manufacture of the ordinary tents and of a variety of unusual forms for specific objects is now sufficiently advanced to permit of an early announcement of how the articles are to be distributed and obtained for use by medical practitioners.

Dr. Heywood Smith was sure they would be glad to hear that there was soon to be a good supply of laminaria of an unusually fine quality for tents. The London makers generally sent them out too short, which might lead to their passing beyond the external os, and so rendering their extraction difficult. Hitherto, also, the larger sizes were made by being built up in sections pegged together, a process which might cause irregular dilatation or even to the breaking up of the tent, whereas now they learnt that laminaria could be supplied of very considerable size—quite as large, in fact, as ever would be needed. It was occasionally found in the use of tents that their expansive force was not sufficient to overcome the rigidity of the internal os, and the tent being constricted at that situation into a modified hour-glass form rendered its extraction very difficult.

Dr. Amand Routh had had an opportunity of testing the tents and had found them quite as good as those sold in London. He did not, however, use them as often as Sir W. Sinclair advised, for he had not found that any bad results followed the use of rapid dilatation by bougies, especially if the relaxation of the cervical tissue was insured by the introduction into the vagina of a glycerine tampon two hours previously.

Dr. Boxall remarked that the main objection offered to the use of tents was their inherent possibility of infection. But by dry heat laminaria tents can be not only sterilised but improved in quality, a process which could be accomplished, if necessity arose, in the domestic oven immediately before use.

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Dr. Herman did not think laminaria was as much out of fashion as Sir W. Sinclair supposed. It had been used for thirty years or more in the London Hospital. He did not like tents made of several pieces of laminaria glued together, for the glue was very possibly septic; he preferred solid pieces of laminaria. He was surprised to hear anyone say that the dilating force of laminaria was weak, for Matthews Duncan had shown by experiment that laminaria was capable of expanding under a pressure of 640 lb. to the square inch.* He agreed with Sir W. Sinclair that a laminaria tent was the best way of dilating the cervix of the unimpregnated uterus when required for the purpose of exploration.

Mr. W. Gandy expressed his satisfaction that the use of the laminaria tent should have been discussed, and felt much interested in Sir William Sinclair's description of their manufacture. Some years ago he used nothing else to dilate the cervix, and he felt that with ordinary care, to avoid sepsis, there could no harm befall the patient. He wished to ask Sir W. Sinclair if he considered the dilatation by this means sufficient for the purposes of curetting.

Dr. Inglis Parsons found that the uterus was not damaged by forcible dilatation when it contained anything that required removal, such as retained products of conception or a polypus. For a case of stenosis of the internal os some rupture of the endometrium was liable to occur if too much was attempted at one sitting. He always advised doing the dilatation on two or three occasions, the first time under an anæsthetic, but not beyond the size of a No. 12 male catheter. The two subsequent dilatations could be done without an anæsthetic. His results in stenosis and dysmenorrhœa had been much better than when the dilatation was done at one sitting. One objection to the use of the tent for stenosis was that it sometimes failed to dilate the internal os, and was removed with difficulty on account of the expansion above the constriction. There was no fear of sepsis if the tents were dipped in liquid carbolic. On the whole he thought dilatation with metal dilators was the better method of the two.

Dr. Herbert Spencer was as surprised as Dr. Herman at Sir William Sinclair's statement that laminaria tents had gone out of fashion. They had been used continuously at University College Hospital for the last twenty-five years. Students were taught to use them and were examined upon them, and text-books gave full particulars as to their preparation and use. He could not imagine that any gynæcologist would dilate a rigid senile cervix in order to explore it with the finger by rapid dilatation, which in such a case meant laceration. He thought

* 'Clinical Lectures,' Appendix VIII.

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it best to keep the tents in a 1 in 1000 solution of perchloride of mercury in alcohol.

Dr. TATE said that for some years past the use of tents had been given up at St. Thomas's Hospital. One reason was the great pain which the patient experienced during the time they were dilating the cervical canal; another reason was that every now and then unpleasant results followed their use. Dr. Tate had never seen any trouble follow as a result of the slight laceration of the cervical canal which sometimes resulted from the use of graduated metal dilators. He did not believe that such lacerations were a cause of endometritis, as Sir W. Sinclair stated.

Dr. LEWERS said it was important to bear in mind the degree of dilatation of the cervix required in choosing between dilatation by rapid method or dilatation by laminaria tent. In many instances it was certainly impossible to dilate the cervix sufficiently to allow of the introduction of the finger into the uterus by the rapid method without causing laceration. It had to be borne in mind that when a laceration occurred it could not be remedied in any way at the will of the operator. It might be a slight and unimportant laceration, or it might extend right through the uterus into the broad ligament or peritoneal cavity. In cases of this sort Dr. Lewers used tents the day before he required exploration, and then, under an anæsthetic if necessary, passed a few sizes of Hegar's bougies.

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