Bauer (A. F.)

The May Curette and Applicator

By

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The rapid and progressive stride in the Science of Gynecology has naturally led to a demand for advanced methods and new and improved armimentaria.

Especially is this observable in the introduction of mechanical appliances in uteral trouble—as where it is desirable to expedite inevitable abortion, miscarriage, and premature delivery and remove their retentions; or where difficulty is found in delivering the placenta, through persistant adherence, hour-glass contraction, abnormal enlargement, clotted invertence, succenturiae or other anomalies of form; and again in cases of post partum hemmorrhage, puerperal septicaemia and the removal of mole pregnancies. The use of the hand, even when practicable, has long been condemned as primitive, barbarous and inhuman, obsolete and unworthy of a place in the chirurgical method of the modern practitioner.

It is, comparatively speaking, but a few years ago that there came to the relief of the obstetrician an instrument of incalculable value called the Curette, which for the future was to find a place in his bag as important as that of his forceps.

It is intensely interesting to watch the evolution of this ingenious device from the crude spoon-shaped tool of the last decade with which a man blindly groped in in the womb, scraping in spots here and there, hitting or missing the obnoxious retentions as accident willed it, with the instrument of to-day, which explores every inch

of the walls of the uterus and deftly removes the undesirable debris without inordinate pain to the patient or anxiety to the operator.

The primitive spoon-curette, the pioneer of the curette system, though better than nothing, was literally a dangerous weapon in the hands of the operator, as he was liable, even when exercising the greatest care, to injure the walls of the uterus and open avenues of infection.

Then came others of more approved designs, infinitely in advance of the original instrument, but still lacking important elements, which negatived their usefulness.

There was not one that was not open to criticism for some aggressive fault or important deficiency. The best fell far short of perfection.

For a time I looked in vain for the ideal curette. I sought for one that would get behind the retentions and drive, not drag them out; that would purge the uterus of its refuse without injury to its walls, that was fashioned with intelligent consideration of the elastic, clinging character of the wall of the uterus; that would act uniformly, and not scrape in spots; and, above everything one that offered facilities for the application of medicinal agents and antiseptics at the moment of operation—not before, nor after—but right on the instant of action.

At last, when least expectant, a new curette has been fashioned which seems to me a rational and useful instrument, constructed on accurate and scientific lines; I have given it a thorough test, and results of my experience in using it, make me an enthusiastic advocate of it. The instrument to which I refer is the MAY CURETTE AND APPLICATOR.

It consists of a single shaft of metal, ten inches long, terminating at one end in a spiral formation, and at the other in a flat shaped handle. The spiral formation describes two circles, and is so arranged as to make one complete central circle and one half at either extremity producing an olive-shaped curetting surface.

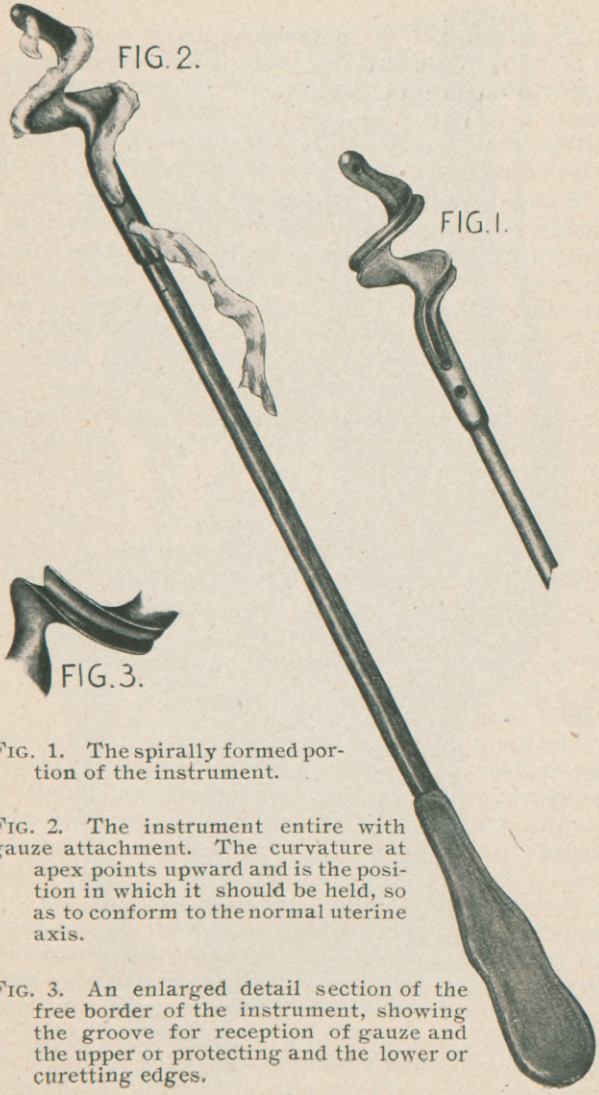

FIG. 1. The spirally formed portion of the instrument.

FIG. 2. The instrument entire with gauze attachment. The curvature at apex points upward and is the position in which it should be held, so as to conform to the normal uterine axis.

FIG. 3. An enlarged detail section of the free border of the instrument, showing the groove for reception of gauze and the upper or protecting and the lower or curetting edges.

The free border of the spiral formation is one-fifth of an inch thick, grooved, with two edges—one blunt to support and protect the wall of the uterus, the other sharp, to scrape it.

The spiral is perforated at the top and bottom so that strips of antiseptic gauze may be attached to the groove.

My attention was first attracted to the spiral shape of the spoon, as I knew it to be the only practical base of construction for designs of this character. The idea of the screw movement is of course as old as the hills. Archimedes, in the third century before Christ demonstrated the vis e tergo or backward force of a spiral. The ancient Egyptians and Arabic healers applied its force in surgical operations, as can be seen by examining the antiquities of the British Museum, or consulting Wilkinson's "Early Memphes". Why it should ever have been abandoned, when its value was so pre-eminent is a mystery to me. - But to return to the May Curette; the spiral winds its way easily between the uterine wall, and contents, enfolds and gets behind the retentions and by its vis e tergo action pushes them out

So powerful is the force of the screw that the slightest movement of the hand produces intensity of action, yet so even and gentle the pressure that the patient suffers no more pain than she would by the movement of a child in pregnancy.

The blunt edge of the free border or curetting surface of the spiral provides a free and easy sliding within the uterus, while the sharper edge uniformly does the work of curetting. The groove between these edges carries the antiseptisized or medicated gauze for topical application. The shield and the groove—without which no curette could be considered complete—are the most important features of the May instrument. They reduce the *pain of munipulation to a nullity, and prevent in a very perfect manner, injury to the sodden uterine walls.*

The mode of operation is simplicity itself. After the usual aseptic and antiseptic preparation you place the patient in a lithotomy position, insert the speculum and steady the uterus with a vosella, or with one hand on

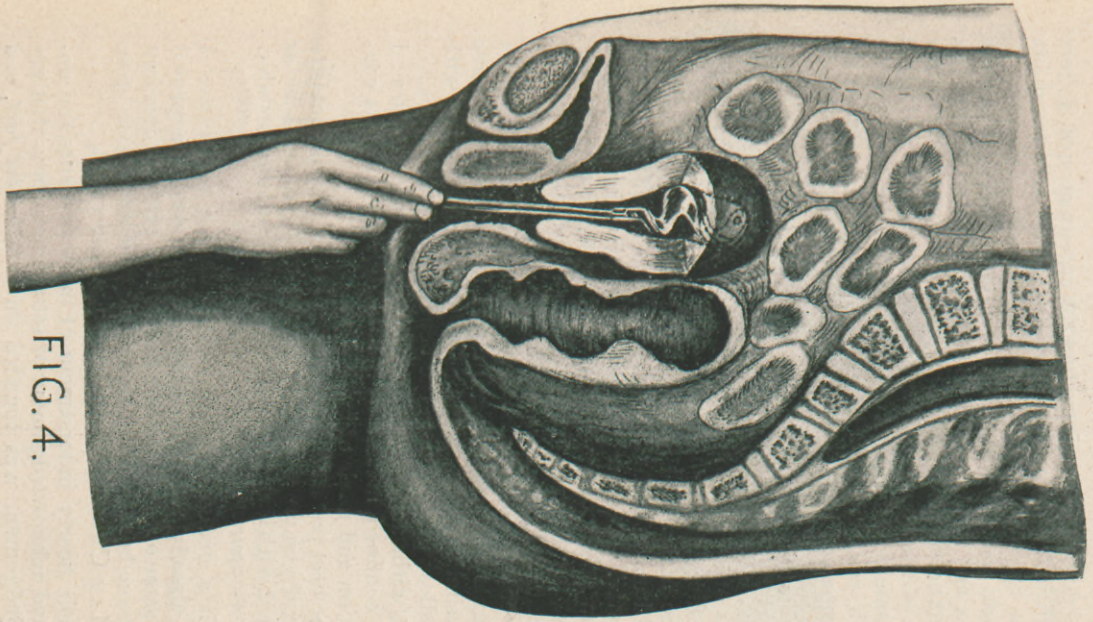

FIG. 4.

FIG. 4. A vertical mesial section of the body showing the mode of operation. The Instrument is *in situ;* the interus is empty and contracted upon the curette by reason of its adaptability to its contents.

the abdomen—then introduce the curette at once, if there is sufficient dilation for expulsion, and if not, you dilate the os by any one of the various methods in vogue.

Now place the tip of the curette within the uterine cervix and rotate gently to the right two or three times, when the entire spiral formation will be well within the body of the uterus. Then rotate to the left and right alternately to loosen everything within the uterus, after which you will find that a slight rotation to the right, accompanied by a gentle traction, expels the debris in entirety.

To me the chief charm of the instrument is its simplicity, both in conception and action. Even in the hands of a novice its manipulation would be harmless and efficacious.

The action of this Curette is clean, swift and sure. It will enter without pain an orifice one-fifth its own diameter. It embraces all of the requirements necessary for emptying, curetting and medicating the uterus perfectly. It relieves the patient of suffering, and the physician of trouble and anxiety. Such an invention must be a boon to humanity. Long did I seek for such a complete instrument, and now I have found it; I have no hesitation in proclaiming its merits and sharing with my fellow practitioners the benefit of my discovery.

Notwithstanding my appreciation of its excellence, I have confined myself to a bald description of its construction and mode of operation.

The best test a physician can give an instrument is to try it; if you do so, I feel assured that you will be as satisfied with it as I am, and will thank me for introducing it to your notice.

It is a matter of great congratulation to me that I have already received letters of pronounced approval from some of the best known members of the profession, who have been induced by my representations to give the MAY CURETTE AND APPLICATOR a trial.

Their hearty indorsement of my statements and unsolicited acknowledgement of satisfaction show that my own judgement was founded on *substantial fact*, and

that my testimony to the perfection of the instrument was not in any way exaggerated.

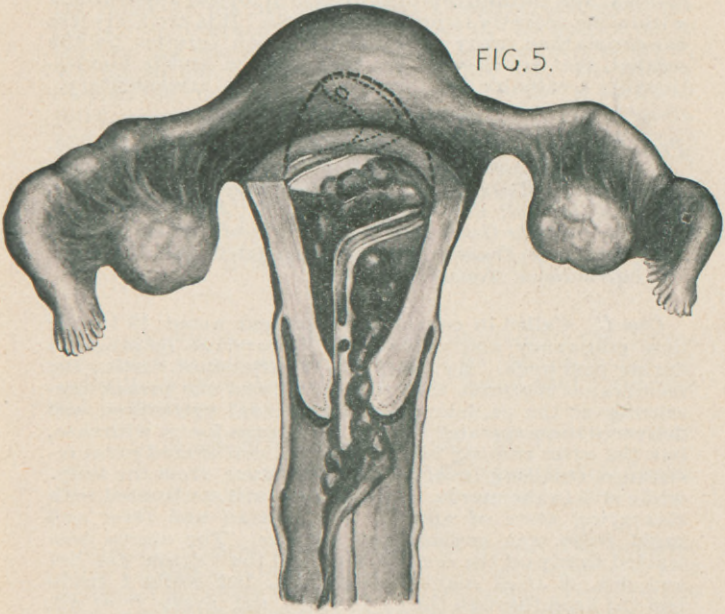

FIG. 5. The instrument passed through the cervix, and between the post abortive residua and the uterine wall. The spiral in its progress upward has exerted a backward force upon the detritus and partly expelled it.

A back and forth rotation will cause the free border or curetting edge of the instrument to detach any adhesions and small retaining particles from the uterine walls. And the entire debris will come away entwined around the instrument.

I append a *few* of the many kind expressions of my professional friends.

I consider the MAY CURETTE AND APPLICATOR an invaluable instrument for removing secunda and post abortive residua, and for uniform distribution of topical applications within the recently impregnated uterus. It is certainly less dangerous than many of the sharp spoon curettes on the market, that are misused for that purpose, and is unquestionably a valuable addition to our surgical armamentary.

DR. JOHN B. MURPHY,

Prof. Surgery, College of Physicians & Surgeons (Medical department State University); Attending Surgeon Cook Co. Hospital; Alexian Brothers Hospital; West Side Hospital & Post Graduate Hospital; Consulting Surgeon St. Joseph's Hospital; Mem Deutsche Geselischaft for Chirurgical; Society Chirurgical Paris France; American Association Obst. & Gynec. International Medical Congress.

Case C. Called in consultation, patient about 19 in her first pregnancy and syphilitic. Miscarriage in progress during past week. My colleague, the attendant, finding the membranes ruptured, the foetus dead, and the breach presenting at the os, determined on manual extraction, and delivered the macerated body of a 5 months foetus with ease, but the after coming head was large, and offered great resistance, resulting in accidental severance from the body, while still in the uterus. I was called, and confronted with this trying state of affairs. The woman had fever and rapid pulse, was anxious and nervous. The uterus contracted firmly on the severed head and the vagina was hot and dry. I tried manual extraction, but while I could feel the head through the os I could not grasp it at all. Then we chloroformed her and tried Loomis' forceps and Braun's hook in turn, but all of no avail. As a *dernier ressort* I sent for a May Curette—I did not possess a set of them at the time—the patient was again chloroformed, I introduced a Sims speculum, placed the tip of the Curette in the os and turned the instrument into the uterus with the greatest ease. I now steadied the uterus with one hand on the abdomen and with much misgiving and anxiety began my manipulation by making two or three turns of the instrument, with slight traction, when to my utter astonishment, and my colleagues inexpressible satisfaction, the head popped out of the uterus and rolled upon the floor, speedily followed by the placenta which came away with the withdrawal of the instrument.

DR. J. B. WALLACE, Chicago, Ill.

Case B. A colleague summoned me to administer chloroform in a case of miscarriage. He had delivered her of a four months foetus; adhesions retained the placenta, and he wanted to resort to manual extraction. He could feel the placenta with his finger, but could not extract it without introducing the hand. I related my experience in similar cases by the use of the MAY CURETTE, and upon his suggestion returned to my office to get it. He wanted me to perform the operation, but finally I induced him to try it. We placed our patient crosswise on the bed. He readily entered the uterus with the instrument, rotated it back and forth with slight traction, and out came the entire placenta and membranes. My colleague was delighted, without anaesthesia, without pain to the patient, without any fuss or disturbance, he had removed the obnoxious retention within five minutes time. "I'll buy one of those CURETTES," he said, "before I go home."

G. STALFORD, M. D., Des Moines, Iowa.

In regard to the MAY CURETTE AND APPLICATOR, let me say, that I have used the instrument for the removal of the secundines after abortion, and have found that it answers the indications very well.

A. B. MARCUSSON, A. M., M. D.,
Surgeon in Chief Red Cross Medical Service.

Case F. Patient was in labor 24 hours. On examination I found a brow presentation; applied the forceps, and delivered her under Chloroform anaesthesia. The placenta came away and the uterus contracted in the usual and normal way. Thinking all was well I left the nurse in charge of the patient, and departed. I had gone but a block when a messenger overtook me, excitedly bade me return at once, the patient was dying. I hurried to the house and found her in a precarious state; the uterus had relaxed, filled with blood, and a profuse post-partum hemorrhage had all but brought the dreaded scepter to her door. Luckily for her safety, and my reputation, I had with me a large May Curette and a bottle of Monsells Solution. I saturated a strip of gauze with the solution, wound it around in the groove of my curette and turned it into the bleeding uterus, rotating it alternately from right to left and from left to right. The instrument simultaneously forced out the blood clots, and swabed the bleeding mouths of the vessels with the iron solution; the result was marvelous; the

flow checked instantaneously, and the uterus contracted firmly upon the instrument; I allowed the curette to remain within the uterus, and turned my attention to restoring my patients vitality; after a lapse of 10 or 15 minutes I removed the instrument carefully, and left the room, one hour later I left the house. Her recovery, although slow, was complete.

Dr. Samuel B. Ellis, Dayton O.

I have used the May Curette and Applicator in a number of cases; I consider it a safe and useful instrument, admirably adapted for the purposes for which it is intended, and a scientific advancement over previously employed methods.

Dr. P. F. Schembs, 400 N. Ashland Ave., Chicago.

Case A. Period of gestation 9 weeks. Patient has been flowing more or less during the past 10 days.—On examination I found the vagina full of coagulae, the os soft and platulous, and the uterus sensitive. She had temperature of 102; chills; a rapid feeble pulse, blanched features, and extreme exhaustion. After the usual preparation I introduced the small May Curette and quickly removed a large amount of offensive detritus. The patient's condition changed like magic and in three days she was doing light house work. In conversation with her later she informed me that she suffered no pain during the operation.

Dr. J. M. Lynch, M. D. 116 128th St., New York.

Case D. On May 10th Mrs. E. R. age 28, called at my office for treatment; she said she missed her regular period, and two weeks later while cleaning house became unwell; has flowed profusely and continuously during the past 10 days. Complained of pain and heaviness in the pelvic region, constipation, anorexia and headache. I suspected abortion but could not get her to consent to an examination, because she believed impregnation had not occured; she remained obdurate, and finally caused me to prescribe internal medicine for her, without examination. My treatment availed little or nothing, and on her third visit I gained her consent to an examination upon the promise that I would not scrape her womb, stating that she had that done a few years ago and could not again endure the pain. I placed her

on the chair, produced a small May Curette with gauze attached, and told her that I would put medicine on the cloth and apply it to her womb with the instrument. Upon her consent, I moistened the gauze on my Curette with Iodine and introduced the instrument into the uterus, made a few rotations and withdrew it. I found entangled upon my instrument what proved to be the debris of a recent ovum. What a grand invention; what a happy thought the construction of the MAY CURETTE really is. The most enthusiastic cannot praise it beyond its merits. In this case I purged the uterus of its refuse, and applied Iodine simultaneously, and that so quickly and gently that my patient was not even aware of what had been done, although she soon realized that "that office treatment" completely restored her health.

DR. F. G. HUWATSCHEK, Eversonville, Mo.

I have thoroughly tested the MAY CURETTE AND APPLICATOR; have used it as a curette, as a medicator and as both combined, I have removed whole placentae, placental fragments, ovums and membranes; have checked uterine hemorrhages, sepsis and endometritis by the use of it and will state that I consider the instrument *ne plus ultra.*

J. H. THOMAS, M. D., 360 Blue Island Ave., Chicago.

I was among the fortunate first ones to procure the MAY CURETTE AND APPLICATOR, I have used it much and am perhaps an enthusiast regarding its merits. Nevertheless I perdict that the time will come when this instrument will be indorsed in every text book on midwifery and gynecology in the world.

ALBERT W. MOORE, M. D., Bristol, Ill.

An incident occurred in my practice which illustrates the desirability to possess the MAY CURETTE, when occasion requires it. Sometime ago I attended a patient in miscarriage, the foetus was expelled, but the placenta retained, so I decided to wait on nature and tamponed the vagina—this was before I had acquainted myself with the May Curette—after a lapse of an hour the family grew apprehensive and called in another physician. Upon his arrival, he promptly evacuated the uterus with the May Curette and thereby won the confidence of my patient and received his fee, while I lost both.

CHARLES E. KREMI, M. D., 338 W. 18th St., Chicago.