

## **On currettes and curetting / by Alexander Keiller.**

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alarm prevail regarding its occurrence ; secondly, that hydrophobia is in ordinary cases a curable affection, provided prompt measures are used for its cure ; thirdly, that the phenomena of the disease point to its clearly specific nature, and to its being derived in man exclusively from the diseased secretions of rabid dogs and of allied animals ; and lastly, that the best means for ensuring the public safety consist in the widespread knowledge of the nature of the disease and of the measures to be adopted for the prevention and cure of the disorder. " Knowledge is power " in truth, in the presence of the sudden danger which a rabid dog or a serpent's tooth, or indeed any other untoward accident, may bring. The knowledge which points the way of safety can in no case be regarded as exaggerating an evil, even although such knowledge deals with details which to non-professional readers may appear unpleasant, and which usually fall to be considered by the physician and surgeon alone. Whilst the diffusion of technical information as a means of averting disease and death may be regarded as exemplifying " saving knowledge " of the most valuable kind.

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ARTICLE VI.—*On Curettes and Curetting.* By ALEXANDER KEILLER, M.D., F.R.C.P.E., Consulting Physician for the Diseases of Women to the Royal Infirmary, etc.

(Read before the Edinburgh Obstetrical Society.)

THE truth, if not the wisdom, of the proverbial phrase, *Tempora mutantur, nos et mutamur in illis*, certainly applies to this, the Edinburgh Obstetrical Society. The time was, and indeed has not gone long by, when we used to have very few written papers, and such as were then given were short compared to the more lengthy and more carefully-written communications which the spirit of change, if not of improvement, has brought about. I must not, however, and do not specially, object to this obvious change ; but having a keen recollection of the benefits derived from the old conversational style of conducting the Society's business, which was always practical, I merely refer to it now when, instead of saying the little I have to say, I must, in order not to be singular, do as others do, read any remarks I may have to make. My object in again bringing up this subject so soon after the reading of Dr Mundé's paper is not to find fault with that communication, or with the views therein expressed, but to tender the results of my own experience on a practical matter in which experience alone can prove the safest, because surest, guide.

From what was said on the evening when Dr Mundé's communication was read, I was strongly impressed with the idea that curettes and curetting would become so fashionable amongst us, that there might be a rushing after them, and that the already



sorely-tried and long-suffering uterus might thereby be the reverse of improved.

On that occasion I briefly expressed the opinion I then formed, and promised to exhibit at a future meeting the instrument which I had specially referred to as having, in my practice, long served the purpose for which so-called curettes have been invented and improved. I cannot now offer more than a very few and, I fear, very imperfect remarks on the subject, with which, however, I must beg the members present to kindly bear, seeing that what I have here penned has been very hurriedly done, and which, in all probability, would never have been done had I seen my way to escape the penalty justly due to unfulfilled promises. In treating the matter I shall endeavour to note the points which appear to me to be most worthy of remark, and that without attempting to follow any special order, or to critically consider Dr Mundé's paper, except in connexion with the views which no small personal experience has led me to adopt.

Before referring to the special instruments recommended to be used as so-called *curettes*, I must first and at once express the strong conviction I have been induced to entertain as to the immeasurable safety and, in most cases, superiority of the well-trained *hand*, a single finger of which, through its special tact, being often amply sufficient not only to discover, but, without extraneous or artificial aid, to remedy the various intra-uterine conditions for which the instrumental operation of *curetting* is now so strongly recommended. I firmly believe in what may be termed digital diagnosis, and digital curetting, and that in carefully-trained ambidextrous hands, there will be found an unequalled "gynecological armamentarium," which, being constantly carried about with us, is always within reach and ready for use.

While it may be positively affirmed that the living sensitive finger, educated by the lessons of experience, will ever prove more than a match for the cold, lifeless, and therefore insensible touch of metallic or other instruments, however ingeniously arranged or carefully applied, it is nevertheless obviously true, that in many cases, just because of the limited length, and at the same time bulkiness of the former, and the unlimited length and the comparatively slender proportions of the latter, there is often a necessity for such aids as are calculated to give artificial length and yet diminution to our required tactile movements, be they manipulative, instrumental, or both.

The entire cavity of the uterus, especially when elongated and enlarged, as it is generally found to be, when it contains or retains morbid or other textures demanding recognition and treatment, often proves beyond the grasp of mere digital reach; and this difficulty of immediate tactile examination becomes necessarily increased by the usually closed condition of the os, and frequent narrowness of the cervical canal. Thus, it is no doubt that the



diagnostic and remedial use of intra-uterine appliances, be they of a curette or other character, are often called for. Ordinary observation and experience teach this necessity, and which I, with others, daily pursue, although with more caution than I at one time considered to be necessary.

In carrying out the manual system of examination and treatment, not only the general history and features of the case, but also and especially the local condition and uterine precedents of the patient ought to be duly considered, for it will be obvious that while it may be readily enough conducted in some women, as in most married and multiparous females, it may prove, and indeed usually proves, less easy of accomplishment, and therefore less admissible in the virgin and childless state. In the former, the most perfect digital investigation of the interior of the uterus may be successfully made by placing the patient in proper diagnostic position, and dilating and examining, with or without anæsthetic aid. In the latter, although by no means generally so easy, the practice is far from being inadmissible, and when occasion demands such a positive inquiry, there is no reason for rejecting it.

Here, as elsewhere, we must be guided by the special circumstances of the case in hand, and which common experience and common propriety, and though last, not least, common sense will go far to lead us aright.

Curettes, or instruments used for curetting purposes, frequently prove of great service not only in removing morbid and other productions from the interior of the uterus, but also in checking and correcting abnormal conditions of the lining membrane, which give rise to the development of intra-uterine rugosities and vascular conditions which so often prove the source of undue menstruation and irregularly profuse hæmorrhages.

When "intra-uterine fungosities" exist, causing menorrhagia, the sooner their removal is accomplished the better; but prudence and gentleness must be exercised in effecting their separation and expulsion. It is not absolutely necessary to attack them by the more or less violent process of scraping, which curetting too often assumes.

Profuse menstruation and irregular hæmorrhage are doubtless common evidences of vascular and fungoid conditions of the endometrium, which are quite remediable, however, without any special curette operation. In such cases the gentlest immediate pressure may suffice. I have often found the use of a simple sound, such as the one I am in the daily habit of introducing for diagnostic purposes, not only remove the hæmorrhagic symptom for which the instrument was used, but remedy the source of the hæmorrhage, which even a still milder form of pressure, viz., that effected by the injection of warm water, may equally well in some cases bring about.

All that is frequently necessary is simple dilatation, and, if



need be, gentle distention. I have often adopted this, the safest of all curetting measures, viz., that of laving and thereby gently washing out, instead of scraping and thereby tearing out, the hæmorrhagic or other exciting cause of the uterine disturbance.

This comparatively simple and safe method of clearing out, without irritating, the cavity of the uterus has, I am persuaded, been too long neglected, seeing that it can be usually accomplished without difficulty or danger. I have long practised it, and have by means of a very simple process frequently succeeded in washing out uterine contents which might have proved mischievous.

The result obtained here is exactly that of curetting, with the difference, perhaps, that it is or may be obtained without the risk of unduly kindling up uterine disturbance, which may be difficult to subdue. It is known to all who have had experience in the investigation and treatment of uterine ailments, that susceptibility to general and local causes of irritation varies very much in different cases. What may cause little or no mischief or discomfort in one case, may kindle up dangerous and even deadly symptoms in another.

The determining of the pathological condition of the uterus in hæmorrhagic and other cases being of the first importance, it is often necessary and proper to have recourse to artificial dilatation of the os, so as to admit of sufficient digital examination of the interior of the uterus. This is usually accomplished by sponge or other tents, the use of which alone will sometimes be found to put an end to the symptoms, for the investigation of which this diagnostic dilatation may have been practised. The *rationale* of unanticipated cures in such fortunate cases is similar to the *modus operandi* of so-called "curettes," whatever material they may be made of, or whatever form their construction may assume. In fact, sponge, tangle, or other tents may be thus made to act as sounds, stems, and other intra-uterine explorers frequently do, and as curettes do, or rather ought to be made to do; not certainly by scraping, or otherwise coarsely treating the too vascular lining membrane of the uterus, but by simply tracing, and to a certain extent compressing, its surface with the view of finding out whether anything foreign to its natural condition can thereby be ascertained and remedied.

The normal lining membrane of the uterus can, no doubt, bear a great deal of rough handling. Its own natural exfoliations prove it to be deciduous, and therefore changeable in its character; but it cannot be too studiously remembered that there is a mighty difference between a naturally induced process and one artificially and rudely forced.

Although endometritic products, apart from pregnancy or abortion, give rise to hæmorrhagic and other discharges which curette treatment may radically remove, it is oftener in cases connected with



previously deranged utero-gestation where placental and membranous remnants are retained, their retention giving rise sooner or later to increased turgidity, and ultimately to recurrent or even continuous hæmorrhage, during the investigation of which their true source is usually ascertained, though previously unsuspected.

The ready diagnosis, successful removal, and consequent subsidence of the, it may have been, long-continued and dangerously exhausting discharges, usually prove exceedingly satisfactory in cases of this kind, where all that is required to effect a speedy and lasting cure is the removal of the adherent placental masses or villousities which nature may have been labouring under difficulties to discharge.

[Only the other day I witnessed an illustrative case along with Dr Pridie, whose note I here introduce.

"On 1st *September* 1878, I was requested to visit Mrs —, aged 27, 4½ months married. While in London, a month previous, she miscarried at about the 3½ month. On her recovering so far as to get up, she went out of doors as usual in London. A fortnight afterwards severe flooding came on; when it disappeared she came down by rail to Scotland, and was constantly moving about, walking or otherwise. On the day before I saw her, among other places she walked to the top of Arthur's Seat; in the evening she had to retire to bed on account of a return of flooding, which she had of late been so accustomed to as not to regard it as anything uncommon; but its increasing during the night alarmed them. Her husband's friends, being old patients of mine, made them anxious that I should attend her; it was, however, late in the morning before I saw her; she was then quite blanched, greatly exhausted, and still flooding; everything about the bed was saturated with blood, although the clothes had been removed two or three times. I was then informed of the miscarriage, and assured by her husband that at the time everything was believed to have come away. I introduced the hand into the vagina with difficulty, and with the point of the finger touched what I suspected to be a retained placenta, but could not grasp it, from the contracted state of the parts; as hæmorrhage was still going on I withdrew the hand, and introduced high up into the vagina a sponge with a tape attached, and plugged by means of a larger one as well. This arrested the flow of blood; some brandy and water was then given with opium. On her fairly rallying, she took full doses of an infusion of *secale cornutum*, and afterwards slept well at intervals. Next day her colour had returned, and she was able to take food as usual. On the 3d, after a dose of castor-oil, taken of her own accord, and which acted freely, she vomited some of the food she had taken the day before; at the same time both the sponges were expelled, without any return of the hæmorrhage. Though still weak, she had made up her mind as soon as possible to return to the South of England



by easy distances. This I objected to, from the danger of travelling with a retained placenta, and suggested that Dr Keiller should see her. In consultation with Dr Keiller, the small placenta, partly adherent, was removed with little difficulty. She has since, by good nursing and nutritious food, made a good recovery, at the same time taking small doses of sulphate of quinine at short intervals.”]

The terminating of such cases by the curette or otherwise is generally so evidently successful—the patient being, as it were, rescued from pending dissolution, and so shortly thereafter regaining her lost strength—that the party who has been fortunate enough to see and treat the case when perhaps little or no special tact or manipulative skill was required, beyond expediting the completion of the process of separation and expulsion naturally going on, receives undue credit for performing what may be deemed no ordinary marvel.

In his paper Dr Mundé dwelt on the great ease with which the curette can be used, spoke of the almost complete harmlessness of the instrument, and lauded its efficiency in strong terms.

I cannot think so well of the curette, and for this simple if not ample reason, that, although there may be little difficulty in using it, the very ease with which it can be used may lead to the abuse of a useful and safe instrument, and in many cases go far to counteract not only its harmlessness but its curative efficiency.

Dr Mundé in his paper expresses himself, I think, too strongly in regard to the absence of any difficulty in using the instrument he referred to, which was that of Dr Thomas, a drawing of which was exhibited to the Society. The curette he prefers and uses is no doubt a small instrument, and in most cases in which curetting is called for its introduction would not likely be attended with difficulty; but apart from the comparative ease in applying the “dull wire curette of Thomas,” there is something else to be considered, viz., the free discharge of what may by it be separated from the interior of the uterus. This I hold to be of consequence, and therefore make it a point to see that the os and canal of the cervix will offer little or no obstruction to the exit of blood or more firm substances requiring expulsion or free discharge.

The instrument which I have hitherto been accustomed to use for exploring and curette purposes is larger in its eye extremity, and therefore may require a more dilated condition of the cervical canal than the smaller eye of Thomas’s instrument demands; but, nevertheless, I consider it important not only to have sufficient space for the easy and painless introduction of even a small curette, which, in the gropings often necessary to overcome contractions, resulting, it may be, from chronic induration or flexion, or other cause of encroachment on the cervical space, frequently causes



irritation and denudation of surfaces, which it is better to avoid.

It may be true that, as a rule, the application of a curette is far from difficult, and that, generally speaking, little or no preparation of the part involved is necessary; but such ease of application and uncalled-for previous preparation do not always obtain, for not only do difficulties frequently occur in the introduction of the instrument, but previous dilatation of the cervical canal is required.

I have so long and so often used the instruments I now exhibit, and which are to all intents and purposes curettes, that I think I now know the occasions on which they ought to be used, which, however, are much less frequent than I at one time held them to be.

So long as our instrumental or other artificial appliances are cautiously and judiciously used for the purpose of aiding, and not forcing, nature to secure a remedy for her occasional distress, we cannot fail to do good, especially in well-selected cases; but when we allow ourselves to be led to have frequent recourse to the rougher measures of scraping, shaving, or gouging, which the suffering uterus is too commonly subjected to, we need not be astonished if our cures are very exceptional, compared to what we may find recorded by "authorities" in whose guidance we naturally enough confide.

The present observations are more applicable to the sharper, and therefore more dangerous, form of instrument than to that of the "dull-wire curette" devised by Dr Thomas, and so highly extolled in the excellent communication with which Dr Mundé has been good enough to favour our Society.

I quite agree with Dr Mundé, and with the authors he has named, as to the comparative safety and merits of an instrument not only considerably blunted and smoothly rounded, but formed of a ductile or flexible material, and not, as in the various curettes formerly used and recommended, for cutting or scooping the endometrium, made of sharp-edged and inflexible steel.

In the use of such sharp-cutting curettes I have long ceased to be a practising party, and heartily concur in Dr M.'s observations to the effect that in this milder kind of uterine surgery (or what I now venture to designate the Surgery of the Endometrium), it is better to abolish the use of such risky instruments as those of an inflexible nature, and presenting sharp-cutting edges, unless absolutely required for the disintegration and separation of dense and too firmly attached neoplasms and other growths found to be inseparable by the dull-wire or other comparatively flexible and safe form of curette.

While I believe with Dr Mundé that the "dull-wire curette" of Thomas is a vast improvement on the older and sharper "subacute" (or rather too acute) curettes of Récamier, Sim, and others, that



its application is usually easy and harmless, and that its efficiency in proper cases and in proper hands—*i.e.* in the hands of those accustomed to interrogate and to treat the varying conditions of the uterine cavity—may, as a rule, be depended on; nevertheless my experience and observations as to the capabilities of even the dullest curette, while it corroborates his views as to the folly of subjecting patients to all sorts of useless treatment when such a ready and effective remedy is at hand, by no means lead me to join in his strongly-expressed opinion as to this, or indeed any such, instrumental procedure proving so constantly, positively, and immediately curative, *as to enable the ordinary family physician at the very outset of such special cases thus easily, safely, and speedily to effect their radical cure.*

It may be quite true that illustrations, even by the thousand, can be cited in proof of the curative value and the apparent innocuousness of the curette mode of treatment; but this does not meet the reasonable objection to the putting of even such a comparatively safe instrument into untried hands unchecked by due cautionary hints which appear to me to be called for, otherwise I would not have ventured the present observations, which probably in an unthinking moment I at our last meeting promised, not with the view of opposing even the frequent recourse to—but rather of securing the proper and prudent application of—*curettes and curetting.*

Although the uterine function or functions—for the uterine bag discharges various functions—be exposed to disorder from within and from without, it is gifted with a wonderful power of self-government and resistance, and which, with all its tendencies to remain anything but quiet, would enable it to recover itself better if less interfered with than it is.

I will not press this notion further, and only hint at it now, because I consider this a good opportunity of expressing the conviction which I must say is growing upon me—the conviction that although the uterus and the uterine system get functionally and organically out of order, it by no means follows that we are justified in rushing to the conclusion that matters can be sooner and best found out to be wrong, or best and soonest put right, by undue pokings, which the too ready adoption of anything like meddlesome measures necessarily imply. I greatly fear that, pressed as we often are to do something to remove the morbid conditions of women, be they imaginary or real, the scientific and proper practice of gynecology suffers with the sufferer.

The comparatively unsettled behaviour of the womb structures in the periodic and oft-repeated changes before, during, and after menstruation, pregnancy, and delivery, lays the uterus, above all other organs, open to the charge of, as it were, inviting interrogation and supervision. This naturally changeable nature, especially of the inner surface of the uterus, explains in some measure



its marvellous tolerance of the soundings of sounds, scrapings of curettes, and such like gynæcological inflictions.

It is not by any means always advisable to have a specially constructed instrument for every conceivable purpose, and for this obvious reason, that the possession of special tools too often foster an itching after opportunities to use them, especially if their use has been lauded by those whose assurances of success lead us to go and do likewise.

In thus urging the exercise of prudence in regard to the recommendation and use of intra-uterine appliances, I may be charged with having an undue dread of their danger, but my present desire is not so much to influence those who know in what cases and how they ought to be applied, but to caution others who may be induced to trust too much to their innocuousness.

I confess, however, to having a special dread not of the proper but of the improper use of any instrument, such as might be had recourse to by the unscrupulous, who may in an evil hour be led away by the apparent ease and safety of its application.

I am here on the present occasion not to condemn, but only to caution anent a practice which I think is very apt to be inaptly used and unintentionally abused.

I have no objection to offer against the opinion expressed by Dr Mundé, as to the dull wire curette "occupying a high place in the modern gynæcological armamentarium," but I am anxious that it, like all others, even of our most serviceable implements, be handled at all times with the utmost caution, otherwise I do not think I would have been rash enough to promise any special observations on the subject, or to have troubled the Society with the present remarks, which have been hurriedly considered, and, I feel, very imperfectly expressed, but which I know will be accepted in the spirit I now offer them.

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ARTICLE VII.—*The Sewage Question.* Number VI. By ANDREW FERGUS, M.D., Glasgow.

(Continued from page 256.)

ATTEMPTS have been made to purify sewage by application to the land in two different ways, viz., surface irrigation and downward intermittent filtration. At first it was supposed that growing crops would absorb directly all the organic matter, and that it was only necessary to allow the sewage to pass *over* the land to make it pure enough to pass into streams or rivers at its journey's end. Experience proved, however, that this process was not sufficient, and now in surface irrigation as well as in downward inter-



mittent filtration, the purifying power of the earth as a filter is brought into play. We have already mentioned the power of the air to oxidize organic matter. Filtration through earth utilizes this power, and it must be continually renewed by the re-aeration of the earth. There must be an intermittent supply of sewage; if it is applied continuously the purifying power is lost, and the sewage will pass away, retaining all the original soluble organic impurity. When the sewage is applied properly, *i.e.* intermittently, as it sinks down through the earth, its place is supplied by air, which oxidizes the organic matter and renews the power of the earth filter. When we come to consider downward intermittent filtration, we shall see how carefully this principle has been attended to. The first question to be considered by any local authority who wishes to introduce surface irrigation, is the amount of land required to carry out the process successfully. It was supposed at first that one acre of ground to every hundred inhabitants would be an ample allowance for the requirements of any town. From a table at page 32 of Messrs Robson & Mellis's book, we find that the amount of land used at thirty-two principal places where irrigation has been adopted, is an average of 389 acres for a daily flow of one million gallons of sewage; some of the towns more, some less than this average. The kind of soil best adapted for this purpose has already been considered; but the situation of the proposed sewage farm is also of great consequence. If possible it should be at a lower level than the town, that the sewage may flow to the land by gravitation, and thus avoid the expense of pumping, a process which, even in a sanitary point of view, is not satisfactory. When purchasing land for sewage purposes, authorities would do well to acquire more than is absolutely needed at the time, that provision may be made for the future growth of the town; and besides, by possessing such extra land surrounding a sewage farm, the authorities would protect themselves from the danger of legal proceedings on the score of nuisance. Another reason for making ample provision of land is the fact, that more of it is now used for a given quantity of sewage than was supposed necessary in the early days of sewage irrigation. The surface of the ground must be prepared by laying it out in slopes, the fall of which must vary according to the nature of the soil, being greater in light porous ground than where there is heavy clay soil, that all parts of the surface may get its due proportion of sewage. If the fall is not sharp in porous soils, all the sewage will be absorbed by the portion of soil near the carriers, and two evils will arise—first, the lower portion of the bed will be deprived of its supply of sewage; and, second, part of the sewage will pass so rapidly down through the light soil that it will escape purification. As the absorbing power of heavy clay soils is much slower, then the slope must be much less. It may vary from 1 in 25 in very porous soils, to 1 in 150 where the soil is heavy clay, the object to be