FISCHER'S MAGAZINE

THIS BOOK

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MAY, 1924

SUCCESS CONSISTS NOT SO MUCH IN SITTING UP AT NIGHT, AS BEING AWAKE IN THE DAYTIME.

Fischer's Magazine

Devoted to the advancement of the Science of Electro-Physio-Therapy and to the interests of those earnest and enlightened medical men who are practicing it.

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A Few Pointed Paragraphs

"**Stanford Medical College of California** announces a course in **Physical Therapeutics** to occupy a part of the third year curriculum of undergraduate work. A six months' course is now available at the same University Hospital to any graduate in medicine who has completed at least one year's hospital work in medicine and surgery."

"**Columbia University** is contemplating extensive laboratory equipment and apparatus for their Medical School. The **Harvard School of Medicine** has announced a graduate course in Physiotherapy."

"A course of lectures on **Physical Therapeutics** has been for some years a part of the undergraduate work at the **University of Pennsylvania** and **Jefferson Medical College of Philadelphia.**"

"Instruction in these modalities is being given in **McGill University** in **Canada.** The **Army** is running classes in **Physical Therapeutics** for the proper education of physiotherapy aides for the **Government Hospitals.**"

"The **Lane Medical Library** at San Francisco is arranging a collection of reprints on **Physical Therapeutics** readily available to physicians and medical students, as a stimulation to acquire the best knowledge of this essential adjunct to medical therapeutics."

"A course in **Physical Therapeutics** has been organized in the **Medical School** in the **University of Brussels.**"

"The day when Physiotherapy was looked upon as of doubtful propriety has passed away. It has come 'into its own' as a recognized classic branch of the art of healing."

"WISE MEN PROFIT BY THE HANDWRITING ON THE WALL."

Treatment of Hemorrhoids by Electrolysis

By H. W. SIGMOND, M. D.
Crawfordville, Ind.

At one time there was confusion as to the true nature of this affection. It is now generally recognized as a pathologic condition involving, primarily, the blood vessels about the termination of the bowel. When Bodenhamer employed the term "hemorrhoidal disease," he adopted the most appropriate designation the affection has ever received. The simplest and best clinical definition that we can give and correctly state what we mean would be: "Hemorrhoids or piles are tumors originating in a pathologic condition of the hemorrhoidal blood vessels."

The cause of hemorrhoids are predisposing and exciting. The predisposing causes are: the upright carriage of man. He maintains the erect attitude for about two-thirds of the twenty-four hours. Climate and season are also factors, occurring as it does least frequent in mild or temperate climates, because the torrid climate has a tendency to diarrheal affections and in very cold regions the act of defecation is postponed or unduly hastened, thus leading to constipation and straining. Diet and habit are also causes. Overeating, particularly of rich and highly seasoned foods and the use of alcoholic beverages are conducive to hepatic engorgement, constipation and intestinal toxemia. The middle

period of life is the age most affected. As for sex, they are generally more prevalent in the males, owing to their heavy lifting and hard work.

Exciting causes are constipation and the act of defecation. In constipation the stools always require strong muscular effort to expel the contents in a direction opposite to the return blood current. Straining at stool, purgatives and other drugs, certain articles of diet, pregnancy, parturition and tight lacing are all exciting causes.

In this paper we will use the classification of external and internal hemorrhoids:

By external hemorrhoids we mean all of those situated below or upon the distal side of the muco-cutaneous line. They are either covered by the skin or skin and muco-cutaneous tissue of the anus and are fixed in their position outside of the external sphincter muscle.

Of the external pile we have the varicose pile, the thrombatic pile and the connective tissue pile or tab. For the external piles some have recommended positive galvanism. My experience has not been very satisfactory with it. Under local anesthesia I find that one can remove the clot or cut off the cutaneous tabs without much pain or discomfort. In fact, I can do it quicker surgically than by electrolysis.

Internal hemorrhoids are located above or upon the proximal side of the muco-cutaneous line and invested wholly by mucous membrane. It is dealing with these that our electrical treatment is the treatment of choice.

If the operator has a good galvanic outfit and understands the polarity effect he can get excellent results, does not confine his patient to bed, does not run the chance of an infection and does not expose his patient to the dangers of an anesthetic.

In order to secure the desired results the action of the two poles must ever be borne in mind. Electricity is a dependable

agent, acting in its various forms according to well known laws which must govern its uses. The special properties of each pole are physical and therapeutic. Each is the opposite of the other. Thus at the positive, oxygen is produced; at the negative, hydrogen. The positive produces an acid condition; the negative, an alkaline. Positive is a vaso-constrictor and stops bleeding, while the negative is a vaso-dilator and favors it. The positive is a dryer of tissue and hardens it while the negative produces moisture and softens it. The positive exerts a sedative influence while negative irritates it. The positive coagulates the albumin of the blood while the negative liquifies and disintegrates organized structures.

There are several methods of treating hemorrhoids electrically, and all of them have their advocates. On the other hand, all methods are condemned by those whose experience with them has not been satisfactory. I have tried several methods, but prefer the positive pole, using the needle. The preparation of the needle is as follows: (1) Take an ordinary cambric needle and insulate it by winding silk thread around it from one-fourth inch from the eye to within one-fourth inch of the point. (2) Stick the point of the needle into a cork for about one-eighth of an inch, thus leaving one-eighth of an inch above the cork. (3) Shellac the needle from the upper end of the thread down to the cork, thus leaving the part above the thread unshellacked and uninsulated to fit into the needle holder. The part in the cork is also uninsulated. After the shellac has thoroughly dried, remove the needle from the cork and it is ready for use.

For local anesthesia use quinine and urea hydrochloride or novocain. Inject the pile and wait a few minutes for the anesthesia to take effect. The negative pole is attached to a large moist pad and strapped to the abdomen so as to make and keep good contact, thus assuring one of a steady current, because if the current breaks it is uncomfortable to the patient. Attach the positive pole to the needle and insert the needle in the pile. Insert it into the top of the pile

carrying it up to the thread; thus your uninsulated point is in the pile. The idea of the thread is to make a shoulder to prevent your inserting the needle too deep and by using the thread for a guide you can always know that you are just in deep enough and not beyond where you want to stop. The shellacked insulation is in the wall of the pile and your current then goes into the pile. Use about ten or fifteen milliamperes until the pile gets a decided blanching or ashy appearance. Puncture the pile as near the top as possible, because if you get too close to the base, you get more after-pain.

For about two days you will notice no decided change in your patient, but on about the third day you will see a smile of satisfaction. Always warn your patient that it will be a day or so before you expect much of a change and he will not be disappointed at not getting immediate relief.

Treat each pile separately, using a new needle for each pile, because the positive pole causes the needle to roughen, deteriorate and thus it will break off when used the second time. A good way is to treat one pile at a sitting; however, some treat all of the piles at one time. This I believe causes too much strain on the patient; whereas by treating one pile at a visit he notices no inconvenience.

It is necessary to have an assistant as you need some one to hold the speculum while you guide the needle with one hand and turn on the current with the other.

There are various specula on the market that can be used to bring the pile into view so one can use the instrument to which he is most accustomed.

It must be remembered that this treatment is not a panacea for all rectal troubles, but for all internal piles that are not of the fibrous variety you can assure your patient of a cure.

*Read at the Thirtieth Annual Meeting of the American Electrotherapeutic Association.

Endothermy in the Treatment of Accessible Neoplastic Diseases.—WYETH (*Ann. Surg.*, 1924, **79**, 8) says that desiccation was devised and has been so brilliantly developed by Clark of Philadelphia. The desiccation spark is not hot enough to carbonize, but is of sufficient heat to cause rapid dehydration of the tissue, rupturing the cell capsule and converting the area treated into a dry mass. Moreover this method destroys tissue without opening blood or lymph channels and will act as a styptic when there is oozing of blood. It is impossible to over-estimate the importance of the fact that with endothermy the growth is removed as a necrotic mass instead of as a group of viable cells. An important difference between endothermy and all other methods of cauterization by heat is that in endothermy the active electrode is cold when applied. Heat comes from within by the resistance of the tissues to the current. The three most important neoplastic tissues, tuberculosis, benign and malignant neoplasms, and syphilis all yield to this treatment. Cases are cited in full through article.

Fig. 1

Fig. 2

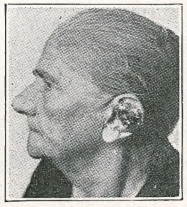

Fig. 3

Fig. 4

Figures 1 and 2—Basal cell epithelomia of nose. Given single treatment by monopolar endothermy under local anaesthesia. Figure 2 shows same case fourteen days later; lesion completely healed.

Figures 3 and 4—Large basal cell epithelomia of left ear, involving cartilage. Figure 4 shows good cosmetic result after treatment by monopolar endothermy, under ½ per cent novocaine.

Endocervicitis

By W. D. CHAPMAN, M. D.

Dear Mr. Fischer:—

I have your inquiry enclosing letter from Dr. W. F. Stanton of Washington, D. C. I will give you the technic for treating the condition very briefly and if the doctor wishes more detail, I will be very glad to furnish it. I will not attempt to discuss the pathology of endocervicitis, as that can be obtained from any text-book and is already understood by Dr. Stanton, but will say that in this, as in all other inflammatory conditions, the acute cases are more amenable to treatment than the chronic, and require less variation in the technic employed. I have experimented widely in the treatment of such conditions, and recommend the following procedure:

Take a Morse Wave vaginal electrode, lubricate it with glycerine and insert within the vagina. The Morse Wave sigmoidal or prostatic electrodes will do, but are not as effective as the larger vaginal electrode. This electrode is attached to the D'Arsonval connection. For the larger indifferent electrode, either block tin or wire mesh should be used. This electrode should be four or five inches in diameter and is placed on the abdomen with its lower edge about one inch above the symphysis pubis and midway between the anterior superior spines of the iliac bones. Both the skin and the electrode should be coated heavily with soap lather to insure a firm contact. This electrode is held in place by applying, first a towel, and then a light weight to prevent its slipping. The current is advanced slowly from 200 to 1000 or even 1200 milliamperes, is allowed to run for at least twenty minutes, and is then turned off gradually. If the smaller sigmoidal or prostatic electrode is used, the patient will complain of being uncomfortable when the current reaches about six hundred milliamperes.

In acute cases, these treatments should be given daily at first, but in chronic and sub-acute cases every other day is sufficient. It takes from three to eight weeks to cure a case of this kind.

Before coming for treatment the patient should take a hot cresol douche allowing the water to flow into the vagina for at least fifteen minutes. This not only cleanses, but has an important therapeutic effect. The uterus is at first engorged with blood, but soon becomes contracted down, much the same as the skin on a person's hands will do when held in water for some time. This helps to dislodge slugs and mucous and prepares the field for the diathermy treatment. This is a very important part of the treatment, and the patient should be instructed to carry it out religiously.

The above technic will prove effective in treating almost all inflammatory affections of the vagina, uterus or adnexa. There are a number of complications, however, that require special procedures. Chief of these are erosions of the cervix, and pus tubes.

1. I treat mild erosions of the cervix with the water-cooled lamp giving five to eight minutes at an eight-inch distance. If granulations or papillomatous tissue is present, it should be removed by fulguration. For this work, properly fitting glass speculae are essential. (See page 79, H. G. Fischer & Company Style "FO" Book of Instructions.)

2. A careful examination should be made for pus tubes. The high frequency current acts as a poultice on these and will flare up an old pyosalpinx that has lain dormant for years. The first symptom of this calamity is pain in the lower abdomen, followed in severe cases by chills, fever, and later peritonitis. I have had one or two emergency operations on account of this, but since coming to understand the condition, I even treat these pus tubes using the technic mentioned above, and have effected numerous cures. If this complication is recognized in time, it can be arrested by

(Cont'd. on page 10)

Program for Our Monthly Physiotherapy Meeting

Tuesday, June 10, 1924

These clinics and lectures that we have been putting on the calendar of late have created so much pleasant and favorable comment that their success and continuance is assured.

We will have here with us on June 10th some especially interesting lecturers, with mighty interesting talks:

L. C. Sammons, M. D., of Shelbyville, Indiana, will deliver an address on:
Physiotherapy in General Office Practice....10 to 11 A. M.

Gustav Kolischer, M. D., of Chicago
Principles of Medical Diathermy.....11 to 12 Noon

L. A. Bolling, M. D., of LaFayette, Indiana
Physiotherapy in Orthopedics.....1:30 to 2:30 P. M.

Frederick H. Morse, M. D., of Boston, Mass.
The Comparative Value of Galvanism and Diathermy
.....2:30 to 3:30 P. M.

Burton B. Grover, M. D., of Colorado Springs, Colo.
Blood Pressure .....3:30 to 4:30 P. M.

DRIVING — Follow Washington Blvd. west to Oakley Blvd., north on Oakley to Wabansia Ave., and one block west, or

BY ELEVATED—Take the Humboldt Park "L" to Western Avenue Station, walk one block north to Wabansia Avenue and a short block east to Claremont; or

BY SURFACE CAR — Western Avenue to Wabansia Avenue, and one block east to Claremont.

We have ample space for all of you. Remember the date and come to our Lecture and Demonstrating Rooms at

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putting the patient to bed and applying the ice-bag to the lower abdomen. If the pain is severe, it can be controlled by a small dose of morphine.

Dr. Stanton mentioned using the urethral electrode with the thermometer attached. Such an electrode is illustrated and described on pages 112 and 113 of Dr. Sampson's "Physiotherapy Technic." A number of physicians have reported splendid results obtained by introducing high frequency electrodes inside the cervix, but, in my hands, all treatments requiring the introduction of instruments or medicines inside the uterine canal have been failures. I believe that the condition is invariably aggravated by such treatment, and I have abandoned it entirely.

There is a definite reason why such treatments are not successful. One of the fundamental laws of medicine is to place all inflamed parts at rest, and, the slightest irritation to the uterine mucosa will set up uterine contractions, produce an excess of secretion, and, in that way, off-set the very results that we hope to attain. I have lately tried out the bismuth paste injections advocated by Hollender for chronic endocervicitis, but with mediocre results. The introduction of electrodes into the cervical canal is a bad practice and should not be done except in a few rare conditions. In case of pregnancy, it invariably results in an abortion, and almost all inflammatory conditions are aggravated instead of benefited by the treatment.

I have attempted to give in a general way, the technic employed in this clinic in the treatment of endocervicitis. The same technic may also be employed in the treatment of vaginitis, endometritis, and in selected cases of salpingitis. It is impossible, of course, to cover the field entirely in a communication of this kind, but I will be glad to answer any further questions that Dr. Stanton may care to ask, and will favor you with a more elaborate discussion at a later date if you care for it.

Very sincerely,
(Signed) W. B. CHAPMAN, M. D.
Carthage, Mo.

Lloyd B. Foster, M. D., of Walters, Okla., writes at length in "The Medical Herald and Physiotherapist" on the treatment of stricture of the esophagus.

He mentions a case, woman of 28. "Under the fluoroscope, using an opaque meal, after one glass of the material had been taken, there was a slight bulging of the esophagus in the region of the diaphragm with an apparent stricture which was very smooth in outline and I was unable to detect any evidence of external pressure that would produce such a deformity. At this time I was unable to detect any Barium in the stomach, but after about five minutes saw the Barium making its way through the stricture on towards the stomach which was very low. The stomach was found to lie in the pelvis, that is the lesser curvature being slightly below the anterior superior of the ilium and the greater curvature seems to lie at the very lowest point in the pelvis that it could obtain. Patient was given atrophine sulphate hypo, but this did not relax the stricture. Pressure made upwards on the stomach and to our satisfaction found out that by this means the stricture relaxed and the Barium came through.

Diagnosis:

1. Gastro-optosis marked.
2. Functional stricture of the Esophagus.
3. Psycho-neurosis.

Treatment: Put the patient to bed, elevating the foot of the bed about 18 inches, put her on a liquid and semi-solid diet with forced feeding. Gave bromide sodium and tr. belladonnae; kept bowels open with enemas; after four weeks of this treatment I found that while she had not gained any in weight, she had not lost any, but I could see no improvement.

I began to use Diathermy, placing a five-inch electrode on the back at the fifth dorsal and a three-inch electrode over the lower end of the sternum and using between 900 and

1,000 M. A. for 15 to 20 minutes each day. The first treatment was given about 4 P. M. and the patient retained all her supper that evening and has been improving and gaining in weight with only an occasional regurgitation of food, and I believe that Diathermy accomplished more in this case in one week than any other treatment could possibly have done.

Try this same treatment in the next stubborn case of hiccoughs and you will be surprised how quickly it will stop them."

The Rational Treatment of Facial Paralysis

By William Martin, M. D., Atlantic City

* * * If we think of a Neuritis in the terms of an inflammation of a more or less active type, we can see how the inevitable inflammatory exudate or infiltrate must be deposited along the nerve within its sheath and contiguous tissues. If we also consider the bony canal through which the nerve passes and the parts of the head to which it is distributed, we can readily see just what even a small deposit of exudate at just the right spot will do by cutting off the nerve cell nutrition and impulses, and naturally the effects are felt at all or most of the areas of distribution.

One point of selection appears to be at its exit at the stylomastoid foramen, and here a small deposit of exudate will quickly produce the paralysis. As the bony canal does not yield to such deposits, and being so narrow, it would follow also that such infiltrate at any point within this canal would bring about the same effect. The amount of paralysis will largely depend upon the amount of infiltrate, although this cannot be considered as absolute.

Granting that we have an infection, tooth, tonsillar or whatever, we will find a circulatory stasis and nerve irritation

which becomes an inflammation with the tendency to deposits of exudate. This may be slight at first, not sufficient to cause pressure, but let the person be exposed to some sudden chill of the face as a cold draft, and the inflammation becomes at once active and the deposit will be rapidly increased with the sudden appearance of the paralysis. It just needed this "last straw" to bring this on, and naturally it would be presumed that the draft really did the work, when only it was a contributing factor. In some cases of sudden paralysis there may be simply a congestive condition, the result of a mild infection, and the paralysis in this case would be from the usual swelling of the tissues. These are the cases that restore spontaneously without treatment. A recurrence will probably cause the inflammatory type with less tendency toward restoration.

* * * Neglect of early attention may be the cause of contractures that will be difficult to overcome. If possible to institute the treatment the very day of its occurrence, the better off the patient will be. The writer recognizes that this is contrary to the accepted teaching of neurologists the world over from time immemorial, for it has been thought that the "do nothing" treatment was the only thing until at least two weeks had elapsed and then *electricity might be tried.*

Wait until degenerative changes have started and then try to stop them by electricity! Think of it! Allow degeneration to start instead of preventing such an occurrence, and yet prevention is absolutely possible if the proper care is used. Continuous pressure upon a nerve trunk sufficient to cause pressure paralysis will not be overcome by allowing it to continue, but rather the tendency is to increase through additional deposits and become steadily worse. With this increased pressure degeneration must ensue after a time and muscle atrophy be the result. Almost every physician has seen these cases which are the natural result of such teaching. The time has come to call a halt to this.

What is the reason for this lack of proper teaching of modern Electro-therapy? Is it prejudice or is it indifference to anything that does not savor of the old-time thought? Surely we must do everything within our power to relieve and restore suffering humanity—else we are not true physicians. If we are in earnest about giving our best, we must look into modern methods; * * *

What is the rational treatment of this condition? The answer is, early treatment, the earlier the better, by modern methods of application of electrical currents or other physical methods in combination with them. Hyperemia is one of Nature's methods of restoration, therefore we aim to produce it in these early cases, and this can be done by the use of several measures. This activity of the circulation will reduce congestion and absorb the soft exudate, and may be all that will be necessary in light cases.

For this purpose we may use radiant light and heat, the properly hooded high candle power lamp being placed over the face at a distance that will produce active hyperemia without burning, and this treatment may be given two or three times daily for a considerable length of time, this being a matter of judgment.

In some cases of longer standing in which a more accurate hyperemia of a deeper nature may be desired, we have Diathermy, with which most physicians are now familiar. One electrode should be applied to the area covering the exit and main part of the nerve distribution, with the other upon the opposite side of the face, using a moderate amount of current, and watching its effect. Properly used there need be no untoward effects.

(*Extract from The Ambrican Physician*)

□ □ □

"Diathermy is practicable in all instances in which ***heat produced within the tissues*** *of the human body appears to be desirable as a therapeutic factor.*

This item of ***generating the heat within the tissues*** *is the Paramount advantage of Diathermy over any other method."*

Gustav Kolischer, M. D.

A PAGE OF FUN

Grandmother: "My dear boy, you've grown to be the living image of your father. You have your father's eyes, you have his nose, you have his mouth, and—"

Jimmy (gloomily): "Yes, and I have his trousers, too!"

□ □ □

"Daughter, doesn't that young man know how to say good night?"

"Oh! I'll say he does!"

□ □ □

"What did he die of, Mrs. Malone?"

"Gangrene, Mrs. Flannigan."

"Well, thank Hivin for the color, Mrs. Malone."

□ □ □

"Pa, where was Babe Ruth born?"

"Couldn't tell you, son."

"Where was Jack Dempsey born?"

"Don't know that, either."

"Pa will you buy me a history of the United States?"

Little Jane: "Mother, if baby was to swallow a goldfish would he be able to swim like one?"

Mother: "Oh, my heavens, no, child! It would kill him!"

Little Jane: "But it didn't."

□ □ □

Affable Clergyman (pinching a little boy's bare leg): "Who's got nice, round chubby legs?"

Little Boy: "Mama."

□ □ □

Professor: "Who was the greatest inventor?"

Student: "An Irishman named Pat Pending."

LUCK MEANS THE HARDSHIPS AND PRIVATIONS WHICH YOU HAVE NOT HESITATED TO ENDURE; THE FAITHFUL HOURS YOU HAVE DEVOTED TO WORK; THE APPOINTMENTS YOU HAVE NEVER FAILED TO KEEP AND THE TRAINS YOU HAVE NEVER FAILED TO CATCH.