

by Albrecht

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Albrecht

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634

in the tissues, penetrating deeply enough to destroy the diseased tissue and to cause instantaneous thrombosis and so prevent hemorrhage. Electrocoagulation produces a complete cellular necrosis, is unaffected by the mucus of the cervical canal, and is not subject to the self-limiting action of charring and carbonization that occurs with the actual cautery.

The cervix of 120 patients was coagulated and kept under observation for three months after completion of the treatment. All the cervixes were treated by a uniform technic. All treatments were carried out under local anesthesia of 2 per cent nupercaine applied topically on cotton pledgets. The coagulation is easily and quickly accomplished by a sweeping motion over the entire diseased area producing a white or grayish coagulum, carbonization indicated by excessive sparking, being avoided at all times. Experience has taught that the best results are obtained by light rather than heavy or deep coagulation, the penetration being, as a rule, from 2 to 5 mm.

The first seven to fourteen days following coagulation there is a free leukorrhoea, often blood tinged. This persists until the coagulum has separated, after which there is rapid healing, usually complete in from four to six weeks. By the fifth or sixth week it has been found that the cervix has shrunk to normal dimensions, lacerations are healed and all eroded surfaces are completely epithelialized.

All patients in this series were carefully selected to exclude any pelvic inflammatory disease. It is perhaps due to this careful selection that there was no lighting up of pelvic inflammatory reaction following coagulation. In this group there are no unhealed cervixes and no gross pathologic conditions evident. All patients in this series were treated in the office or outpatient department.

Tuberculosis of the Larynx. G. McD. Van Poole. Arch. Otolaryng. 20:152 (Aug.) 1934.

The author's treatment makes use of vocal rest as a fundamental regimen for all the patients with laryngeal involvement. He is aware of the controversy regarding this measure, but asserts that such decreased activity as may be achieved must be of distinct value, and, indeed, is a clinical measuring rod.

Electrocautery is by far the most satisfactory treatment in the majority of cases. It owes its beneficial action to the fact that it produces vascularization of the lesion, thus increasing the resistance of the area to further spread of the infection and promoting fibroplastic replacement of the lesion. In the clinic the cautery is used directly through a Haslinger short one-sided laryngoscope, or indirectly, using a laryngeal mirror. The throat is sprayed with cocaine hydrochloride, and the larynx anesthetized, using a mixture of two parts of epinephrine and one of 20 per cent solution of cocaine hydrochloride, applied with a camel's hair brush. A sharp-pointed cautery is used, brought to red heat and inserted to a depth of 1 cm. into the tuberculous area. The cautery must be removed with the current on full. The cautery treatment is repeated not oftener than every two or three months.

There are certain definite contraindications to the use of electrocautery. These are: rapid progression of the pulmonary lesion, unusually high temperature or any other manifestation of extreme toxicity; lesions of the larynx of the tumor type in which the inflammatory reaction resulting from cautery may seriously impair breathing by blocking the airway; idiosyncrasy to cocaine hydrochloride in the form of unusually rapid pulse and symptoms of shock appearing after the preliminary spraying with the drug.

Development and Form of Short Wave Thermal Zones in an Agar Body. (Entwicklung und Gestalt von Kurzwellen-Wärmebändern in einem Agar-Modellkörper.) Wolfgang Albrecht.

Ztschr. f. ges. exp. Med. 93:816 (June) 1934.

On the surface of blocks of 4 per cent agar, Agi. Hg was spread as a thermoindicator; from a short wave condenser field of a wavelength of 3.96 m. thermal zones were generated — made visible at the turning of the thermoindicator. The turning point of the thermoindicator in preliminary trials was established at 37 degrees C. The round condenser plates — being insulated by glass hooks from the agar block — had a diameter of 2.5 up to 10 mm., the agar layer to be heated had a thickness of 10-50 mm. When plates of equal size were used at both sides, the heated zone was band shaped with parallel borders showing practically the same width as the plates. When a large and a small plate were placed opposite a thermal zone shaped like a truncated cone resulted; its borderline was almost in conformity with the exterior connecting line between the outside surfaces of the plates. Accordingly the form of the thermal field may be provided preliminarily by the adequate choice of condenser plates. Heating always starts near the condenser plates, spreading against the field center until both zones effect a junction, developing a fusion and definite form of the thermal zone. The first outbreak of heat near to the plates is due to the thickness of field, on account of its bulging in the center; it is likewise due to the form of field that in penetrating very thick layers the heat may be limited to the area adjacent to the plates, providing the object extended beyond both sides of the plate area. If the condenser plates are separated by a large distance, extension of the parts of the object beyond the plate area is of importance for the formation of the thermal zone.

The author hints at the fact of enhanced conductivity — due to heating — and engendering a decrease of heat in the object, in case the wavelength in use would be larger or of equal value for maximal heating. On the other hand an increase of heat will take place if the wavelength is inferior to the value of maximal heating. As the heating process starts near the plates it is proper to apply a greater wavelength in order to obtain a thermal zone, the development of heat decreasing in the marginal area in course of time; in the center of the object, however, the heat is still advancing normally, hence resulting in an even penetration within the area of the entire thermal zone.