SOME HINTS REGARDING UTERINE SUPPORTERS.

CLIFTON E. WING, M.D., Boston.

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In an article entitled "The Use of Uterine Supporters," read before one of our medical societies a short time ago and since published in pamphlet form, I called attention to the fact that to obtain success in the use of uterine supporters the physician must be thoroughly acquainted with uterine disease, that he may know when they should be used and when they should be avoided; and, moreover, must be experienced in their application and have greater facilities at hand for properly fitting them than the general practitioner possesses.

The adjusting of a pessary which shall be worn for an indefinite time until its objects have been attained, is not always a matter to be accomplished by once or twice seeing the patient, although some simpler cases require but little more attention, but often a process which must extend over weeks and perhaps months, and which requires the closest attention on the part of the operator to avoid injuring instead of benefiting the woman.

That this fact is not appreciated by the profession at large is evident from the number of patients sent to the specialist, who come expecting to have a supporter applied, leave the office in a few minutes, and have no further trouble about the matter. Occasionally this can be done, but such cases are exceptions to the rule.

When a uterus has been out of its proper position for a length of time, the tissues and parts about it accommodate themselves to the new position it has taken.

We all know how easily a recent uncomplicated dislocation of the shoulder or hip-joint can be reduced by proper manipulation, and

[1] Read before the Suffolk District Medical Society, Sept. 29, 1877.

how difficult may be the process of reduction when the dislocation has become of long standing and the surrounding tissues have become habituated, so to speak, to the malposition.

It is exactly the same with a uterine displacement. When the womb has been but recently thrown out of position it can often be easily replaced and retained where it belongs. When the displacement is of long standing, frequently the process of reduction is a very difficult matter. Hence the importance of early recognizing and treating these conditions. A complete replacement, in many instances which present, cannot be accomplished at once; the parts can only be carried back where they belong *gradually*. Oftentimes continued pressure must be used to do this, and must be kept up afterward to hold them in place until they acquire, once more, the tendency to stay in the normal position.

While with the surgery of the external parts of the body, as in a case of club-foot for instance, for the gradual bringing into position of the tissues, appliances having screws, pulleys and springs can be brought into use, and thus the steady pressure which is needed be readily applied and regulated, with a uterine displacement such appliances are impracticable, and we are obliged to depend upon the skill and ingenuity of the surgeon in applying pessaries of different sizes and shapes to keep up the pressure which is needed, and at the same time avoid serious injury to the tender tissues.

In many cases of displacement of the womb the vagina, from being kept in an abnormal position, acquires a form very different from its normal one, and when the uterus is being carried back where it belongs the vagina, "*pari passu*," gradually regains its natural shape. So it follows that a pessary which will to-day fit the parts perfectly and perform its duty of supporting the womb, will perhaps be found, on examination a fortnight, more or less, hence, to fail in keeping the womb up as it should, and now will not fit the vagina at all. Before the final pessary (the one which the patient can wear indefinitely) is reached, she may have to wear quite a number of different ones, each of which will do nicely for a time and then be useless, or worse than useless, for a badly fitting instrument is always likely to do harm. Thus, for the successful treatment of even a single case, the physician may need quite a full asssortment of pessaries, and, moreover, he must know from experience when and how to change them.

The two cases to which I ask attention are not in any way exceptional or remarkable. They are only examples of such as are frequently met with in the routine of daily practice, and on that account will serve all the better to illustrate these points.

The shorter of the two pessaries which I will first pass around was worn for thirteen months by a patient who applied for relief from menorrhagia and the pain in the region of the spine, bad feelings in the head, etc., which so often accompany uterine displacements. She had had several children. Examination showed a retroverted uterus low down in the pelvis, and the vagina shortened by its long malposition. The free bleeding which followed the careful use of the uterine sound showed that there was something more than the simple displacement at the bottom of her hæmorrhages, and under ether the uterus was curetted and many large granulations removed. No bad symptoms followed, and at the end of about ten days the uterus was put forward with the sound and pessaries were applied. She was unable to remain in the city as long as I wished, but before she went home I inserted the pessary (the shorter of the two shown) which was longer than any used before, and the longest she could then tolerate; indeed pressed so far down toward the pubic bones that I told her it was doubtful if she could continue to wear it. She however got along pretty well until about two months before her return (which was thirteen months after her first coming to me), when she had a return of her old symptoms of backache, pain in head, etc. Upon examination I found that the vagina had lengthened out to something like its proper shape, and the pessary was now so much too short that it allowed the body of the womb to fall backward over its upper end. I adjusted another, of the size of the other pessary shown, which now fitted the parts and she went away wearing it with comfort. The differences in the length and shape of the two supporters, which show how the vagina had altered, are noticeable. Had the patient lived near at hand so that her case could have been followed up and the uterus kept properly in place during the thirteen months, it is quite likely that she might be able to dispense with the supporters by this time.

The other two pessaries which I will pass around were used in the case of a young lady suffering with a retroflexion, which, from the history of the case, had probably existed a number of years. Here also the vagina, as often happens in such cases, was

much shortened. The uterus was put forward with the sound, and the various pessaries required successively used until the parts were in fair position. When they were finally carried up where they belonged, the womb would at once spring backward as soon as the supporter was removed, with a return of all the old symptoms, and it became necessary to continue the pressure of the pessary until the resiliency of the tissues was overcome. Keeping the uterus in position for a few days and then taking the pessary out and letting it fall back and repeating the process, would be like pulling a dislocated elbow into place and then letting it slip out again and repeating, in the hope that it would finally catch in place and stay there. It might eventually do so, but the ligaments and tissues would be stretched and loosened by the process, provided inflammation did not follow the repeated manipulations, as would be quite probable. The tissue of the vagina in this case was unusually tender, and the cul-de-sac readily cut by the pressure of the pessaries. Here then was the difficulty, to continue the pessary and not cut into the cul-de-sac. By alternately using first one and then the other of the two pessaries shown, one of which you will perceive is so shaped at its upper part as to press upon the centre of the cul-de-sac of the vagina and not upon its side, and the other so bent that the pressure comes on the sides of the cul-de-sac and avoids its centre, the constant pressure desired was kept up until the tendency on the part of the uterus to bend backward was overcome, and at the same time all injury to the vagina was avoided. This once accomplished, a shorter pessary, not long enough to cause any pressure but still sufficient to keep the uterus from being thrown out of place by any jar or sudden movement, was substituted and worn with comfort.

Such cases show how much attention must be given to the minutiæ where pessaries are used. The aim of the doctor should not be to merely temporarily relieve the patient by the use of supporters, but, as the surgeon uses the splint, to so use them that when they are removed the parts will continue in place. This can be accomplished in a fair proportion of cases if the operator understand his business—of course not in all—but the number of such successes will be small if he is satisfied when, by using a pessary, he has stopped the backache and other symptoms, and does not assure himself that the parts are in their normal position. The patient may be relieved of her

symptoms when the uterus is lifted but slightly from the position into which it has fallen, and then a pessary may keep it there; but unless it be thoroughly carried back where it belongs, which process may even cause greater discomfort to the patient than she has experienced from the displacement itself, the malposition will almost inevitably return when the pessary is removed.

Occasionally it will happen that a pessary which is inserted, without much attention being given as to whether it fits or not, will luckily prove to be just the proper one for the patient; but these happy hits rarely occur, and then with the simpler cases. As the rule, a Sims speculum (the only one which allows the operator to see exactly how the pessary lies in the vagina), and the services of an experienced assistant to properly hold it, are indispensable to the proper fitting of the supporter; and in all cases they greatly simplify the process.

Pessaries are not instruments to be resorted to when everything else has failed, in the vague hope that possibly they may in some way, not distinctly understood, benefit the patient, but the cases where they are proper are to be selected with knowledge and judgment.

It is only since it has been recognized that those suffering with short- or far-sightedness must apply to the skilled oculist to be properly fitted with glasses, that such persons have derived the full benefit to be obtained by their use. It is much the same with uterine supporters. They should be used scientifically or not at all. It is their abuse, not their use, which has brought them into ill-repute.