

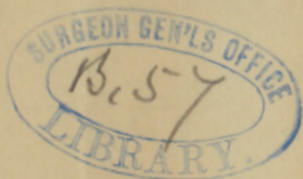
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THE USE OF UTERINE SUPPORTERS.

By CLIFTON E. WING, M.D., BOSTON.

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THE USE OF UTERINE SUPPORTERS.¹

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It often happens that patients coming to the specialist for treatment, when told that it will be necessary or best for them to wear a pessary for a while, at once reply with much positiveness that they do not wish to do so, and on inquiring the reason one not unfrequently learns that the physician who has previously had the patient under treatment has warned her against ever allowing anything of the kind to be introduced, called them "unnatural things," perhaps termed them "inventions of the very d—l," and told of Mrs. B or Mrs. C who had one inserted by Dr. —, and "was nearly killed by it." Perhaps the doctor, if conscientious, has told of cases in his own practice where the results of attempts to make use of uterine supporters were disastrous, although he "used the greatest possible care," in consequence of which experience he has resolved never to use another. It may be the patient says she has tried a pessary and found she could not wear one. Inquiry here usually elicits the fact that the physician who used it had but two or three to choose from, often, indeed, procuring a single one at the instrument-dealer's, for the particular patient, choosing a size which he thinks will pass into the vagina without giving him trouble in its introduction, which he fears might shake her confidence in his special skill in such cases; and, having inserted it, that he instructed her to wear it, and if it hurt, not to mind but to "get used to it"; that she did wear it as directed until increasing pain caused her to have it taken out, and finding herself much more comfortable without it than with it she made up her mind not to have the experiment tried again, or that, "determined to get well," she wore it until forced to go to bed with all the symptoms of pelvic inflammation; she sent for her doctor, who made an examination, removed the supporter, told her she had inflammation (which was probably the fact), or said there was "fever," kept her in bed until the acute trouble disappeared, and, when she was again up and about and anxious for relief from her old symptoms, told her "it was probably now as plain to her as it was to him that she could never tolerate a uterine supporter."

Not unfrequently in such cases it results that the fears and doubts of the patient having been overcome by explanations and arguments induced in favor of the supporter, she experiences so much comfort and relief of symptoms when it is once properly fitted that she strenuously objects to parting with it when its object having been accomplished the time for its removal comes, and new arguments

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must be brought to bear before she will allow it to be taken away. That this is no exaggeration every specialist having experience in the proper fitting of uterine supporters can testify. There can be no question that they have done and are still doing an immense amount of harm. Instances continually come to our notice where patients have been sadly injured by them; but the fault lies not in the pessaries *per se* but in the ignorant and unskilful way in which they are used. But a limited proportion of uterine troubles can be benefited by them, yet they are found introduced in all manner of cases, as a matter of course, often only to prove complete failures. The fact that vaginae and pelves vary infinitely in size and shape, although known to all, seems to be ignored by the majority of physicians who attempt to use pessaries, yet *with a case requiring a supporter it can do nothing but harm unless perfectly fitted to the given vagina.*

Let us take a homely illustration: suppose that wanting a pair of shoes, we should enter a shoe store where the proprietor kept but three or four different varieties or sizes; that he should select a pair which slipped on to the feet readily and say all was right; that the shoes might hurt after a while, but we need not mind that; we must get used to them. Suppose we accepted what he said and wore them. There is a bare possibility that we might escape trouble. The shoes might be just the peculiar size to fit us perfectly, but the probability is that they would not, and that they would soon begin to hurt. But we have been told we must bear the pain and get used to the shoes, so we try it for a time, but before long they are thrown aside with imprecations on them and the man who sold them, while we suffer with tender feet for a few days as a result of the attempt. Were we to have as much confidence in our shoe dealer as many a patient has in the physician to whom she has applied, and were we as determined to wear the shoes as the patient, in her anxiety to get well, often is to wear her pessary, we should surely be laid up with inflamed feet just as the patient who persists in wearing a badly-fitted supporter suffers with acute pelvic inflammation. Now were we on account of such an experience as that supposed to entirely discard foot covering, and break out in a tirade against boots and shoes whenever the words were heard, we should be putting ourselves in much the same position as many who denounce all uterine supporters, and the statement we often hear that they are of little or no use can come only from those who are ignorant of their correct application and the brilliant results to be obtained by their proper use.

The circulatory system of the uterus is adapted for supplying that organ with the proper amount of blood when in its usual position,

but it may be accepted as a rule that any change in the position of the womb from the normal tends to interfere with the circulation, and usually the greater the displacement the more the congestion. Congestion of an organ as richly supplied with blood-vessels as is the womb means a material increase in its weight, which of course tends to perpetuate and increase the displacement.

Patients suffering with these troubles often say they have been told the womb never gets out of place unless previously diseased, and that their physicians, on examination, found that organ congested and enlarged, which condition was the cause of the displacement. It is true that uterine trouble generally precedes the displacement and is its chief cause, but in certain cases the reverse is true, and the physician who holds steadfastly to the one view or the other must sometimes be at fault. Certain cases of uterine displacement take place suddenly as the result of violence, such as the strain from lifting a heavy weight, or a fall.

Let us, to illustrate our point, take a case of the latter kind where the displacement is the result of a fall, and apply in a common-sense way the law of mechanics that "the impetus of a falling body is the product of its weight and its velocity," in other words, the momentum of a heavy mass moving slowly may be equaled by that of a lighter mass moving swiftly. Now if we agree as we all must, that a heavy enlarged womb may be thrown out of place by the impetus acquired in a comparatively slight fall, keeping in view the above law, we must allow that the lighter, normal-sized womb may be displaced by a severer fall, and cases proving the truth of our assumption are frequent enough. A woman previously in excellent health and without a single symptom of uterine trouble is thrown from a carriage or from a horse, makes a misstep on the sidewalk, or in some other way has a fall (in one case the patient slipped on the waxed floor of a ball-room while dancing) and dislocates the womb, we will say, backwards. Immediately or soon after she begins to suffer with backache and pelvic pains. The true nature of the accident not being suspected, the pain in the back often leads to the idea that the spine has been injured, which seems to be confirmed by the fact that the pain there is much increased by walking. The patient, it may be by the advice of her physician, keeps her bed for weeks in the hope that rest will cure the injury. After a longer or shorter time excessive pain at the monthly periods, pain with every movement of the bowels, dysuria or some other troublesome symptom, or the fact that the patient gets no better, leads to a uterine examination. The physician, finding the fundus backward upon the rectum, extremely tender to the touch, larger than normal, a discharge pouring from

the uterine canal, what he considers "ulceration" at the os uteri,—the true nature of which I have endeavored to make clear in a previous paper,¹—and that the use of the sound shows the inside of the womb to be tender to the touch, is apt to conclude at once that the patient must have had for a long time latent uterine trouble which has now culminated in the present state of acute suffering and displacement. Imagine that one of us, sitting in an arm-chair, should bend his head down over the arm of the chair as far as possible, and keep it in that inverted position for days and weeks, and we can easily understand that congestion, œdema, and increased sensibility would follow, and with the congestion of the mucous membrane an abundant secretion of mucus. Suppose we should be called to relieve such a patient. The first thing we should advise would be that the head be restored to its natural position. In case of sudden uterine displacement where this common-sense course has been pursued, and the uterus has been restored to its normal place and kept there by a pessary until its natural supports regained their tone, I have seen the congestion and sensibility of the womb rapidly diminish while it grew less in size, the uterine discharge stop, the pain in the back cease, constipation, painful defecation, and trouble with the bladder disappear, dysmenorrhœa, due to the congested hyperæsthetic state of the womb or perhaps to obstruction caused by a flexion, give place to perfectly painless menstruation, that curious feeling in the back of the neck and top of the head, which patients often think "will drive them crazy," and which we recognize so often as the result of uterine troubles without being able to explain the connection, vanish, and recovery take place, when no other treatment whatever was employed. But cases where such complete success follows the use of the pessary without further treatment are rare. There is generally trouble which precedes the displacement and is its cause, which will not be cured by simply restoring the womb to its place, and in the comparatively rare cases of sudden displacement, where no previous condition of disease existed, so much time is usually lost before the diagnosis is made and the patient comes under treatment that the condition of engorgement and its sequences have become chronic, so to speak, and further treatment appropriate to the given case is necessary to restore the parts to a healthy condition.

If displacement produces in a previously healthy womb the congestion and the other conditions we have enumerated, we can easily understand that with a womb not in a state of health it aggravates the pathological states present, and adds new complications, and he who undertakes to treat a displaced womb for congestion, tenderness, endometritis, "ulcerations," dysmenorrhœa, and the like, making

¹On the So-Called "Ulcerations" of the Os Uteri. Boston Medical and Surgical Journal, March 16, 1876.

no attempt to restore it to its normal position and to retain it there, as we so often see done, commits an error.

There is a wide-spread impression among patients and even with many of the profession that if a woman once wear a supporter she will never be able to do without it, and that "supporters weaken the ligaments," as it is often expressed. Nothing can be further from the truth, provided a proper pessary be properly applied. There can be no displacement of the womb without some of the tissues which are intended to support it in its normal position being extended and overstretched. Without entering into a discussion here as to whether it is this ligament or that which is particularly concerned, it cannot be questioned that, in a case of displacement backward, for instance, the tissues which, in the normal condition, act to prevent the womb from falling backward, when that organ is once dislocated in that direction and remains out of place, are put in a state of abnormal tension, and that their elasticity will sooner or later be overcome and destroyed by such continued extension. The same is true of a displacement in any direction. The opposing ligaments and tissues are overcome and kept extended as long as the displacement continues, and our main hope of a cure in such cases lies in restoring the womb to its place before its proper supports become permanently overstrained, and in retaining it in position until they regain their tone. We have in a well-fitted supporter an agent which will often answer our purpose perfectly, and in many other cases where from the condition of the parts other measures, perhaps operative, are necessary before the womb can be restored to its place and kept there, the pessary is an aid in the treatment, which cannot be dispensed with.

Owing to the ease with which they can be introduced and to the idea which seems rational to those not familiar with the subject, that the softer and more elastic the supporter is the less likely it will be to cause trouble, certain kinds of uterine supporters are in general use which do in fact often leave the pelvic supports weaker than before they were used. I refer to the various kinds of elastic-ring and globe pessaries and to those made of soft rubber and inflated in the vagina. We are all familiar with the effect produced by the steady pressure of the elastic ligature which has come into use as a substitute for the knife in many cases since Professor Dittel, of Vienna, brought it into notice after seeing its surprising action in the well-known case of the child who died in the Allgemeine Krankenhaus of that city from brain trouble caused by the elastic of a common net, worn continuously for several weeks, cutting through both tables of the skull down to the membranes of the brain. With an elastic-ring pessary, which is introduced while compressed and allowed to

expand in the vagina, we have a condition of things somewhat similar, only the force is from the centre instead of towards it. From the elasticity of the ring the pressure is continued until it cuts its way into the tissues to the extent of its dilatability, unless the vagina dilates to that extent. One or both of these things must happen when an elastic-ring pessary, large enough to support the womb properly, is used. The cases where the vagina become dilated by pessaries, although they do not show at first so strikingly the injury done, frequently have worse final results. There is a tendency at the present day to undervalue the influence of the vagina in supporting the womb and in keeping it in place, particularly since the experiments of Dr. Savage, of London, upon the cadaver, which showed that when the womb was seized and pulled forcibly downward the utero-sacral ligaments offered the first serious resistance to its descent. No one would suppose that the vagina and the soft tissues about it would resist such traction, but it is plain that the walls of the vagina, when in apposition and of normal tone, and supported by the surrounding tissues, must act as a column of support to the womb of considerable strength, and that when its walls become lax or distended their power in this direction is diminished, the womb has a greater freedom of movement in the pelvis, and greater strain is put upon the uterine ligaments. In this way such supporters do in fact weaken the ligaments. Soft rubber is, moreover, one of the worst of materials for a supporter. It absorbs more or less of the secretions, becomes in a short time very foul and irritating, and gives rise often to excessive leucorrhœa. Now and then even the softest inflated pessary, which seems incapable of injuring the parts, will cause an astonishing amount of ulceration in a very short time.

The supporters which have a stem attached to a belt or other contrivance on the outside of the body are, as a class, perhaps the worst of all. Having a fixed support, they cannot accommodate themselves to the mobility of the womb, which moves up and down with every breath taken by the woman, and although at first sight they would seem to avoid distending the vagina, yet they often distort the parts very much, for the direction of their pressure and their correct position can be more easily indicated on the wood-cut than controlled in actual practice. But for the ease with which they can be introduced into the vagina, which with many is the main test of the value of a supporter, they would be little used. Of all the materials which have as yet been brought into use hard rubber is by far the best, and the various modifications of the closed level pessary of Hodge, made of this substance, will be found to

supplant the other varieties of pessaries in proportion to the experience of the physician in their application.

But the secret of success with pessaries lies not so much in the kind which is employed, for a variety which is proper for a given case may be improper for the next, but in accurately fitting the supporter to the patient, and herein is the explanation of the fact that so many of the profession as well as the laity denounce their use. It is the exception, however many different pessaries are kept on hand, that one can be found which without some alteration in shape will properly fit a patient. Unfortunately, the applying of a supporter is an art only to be acquired by practice rather than a science which can be learned from rules. I do not hesitate to affirm that there is more special knowledge, skill, and experience required to properly fit a supporter in many cases which present, than in performing the majority of the operations of uterine surgery; yet practitioners who are unwilling even to pass the sound to learn the direction of the uterine canal have no hesitation in inserting pessaries at hap-hazard, having anything but a clear idea of how they support the womb or how they should lie in the vagina, and after a few trials of this kind they consider themselves experts, and think they have proven by experience that pessaries are worse than useless, and conscientiously warn patients against them. I have known such men to dispute as to which was the upper end of a common Hodge's pessary, neither knowing enough of the subject to be sure that he was right or convince the other that he was wrong. Indeed the number of physicians whose knowledge of gynæcology is limited to some such experience as the above, who consider themselves especially fitted to treat uterine cases, is astonishing. It is the exception rather than the rule not to learn from the patient that her physician has given special attention to female complaints. Could the result of treatment be as apparent here as with some other specialties, that of the eye, for instance, there would speedily be a revolution in the practice.

Physicians at the present day do not attempt to provide their patients with false teeth, but refer them to the dentist whose constant practice in his specialty renders him expert; yet it is an easier matter to fit the plate to the mouth than to apply the uterine supporter, for in the first case the operator can take a perfect cast of the parts and work from that. But it is not alone necessary that whoever attempts to use a pessary possess the mechanical skill and tact to fit it nicely. He must be able to judge when its use is proper and necessary, and when it is not. For example, an attempt to use a pessary if cellulitis or pelvic peritonitis be present (and it requires an edu-

cated touch to discover a localized subacute inflammation in the pelvis) may result in the death of the patient. On the other hand I have seen instances in which the tenderness of the womb and adjacent parts, due entirely to congestion caused by displacement, has been mistaken for inflammation, and patients have been uselessly kept in bed and told they could not wear a pessary, when this was exactly what was needed, as the result showed. I have known a lady to be considered hysterical, dosed with valerian and similar drugs, showered with cold water, and treated with anything but consideration by her friends, when suffering agony from an ovary jammed between the sacrum and the upper end of a pessary, and bruised with every movement of the body, an accident which the physician had never once suspected.

One of the most distinguished and able of living specialists has expressed his idea of the benefit to be obtained from supporters by saying he who did not believe in their use was not fitted to treat uterine troubles. Their successful employment necessitates such a thorough acquaintance with the whole subject of gynæcology that the results which a physician obtains with them is a fair criterion by which to judge of his ability in the specialty. The objection often made that supporters are "unnatural" is hardly worthy of discussion. The same may be said of any appliance known to surgery. There is nothing natural about the surgeon's splint, yet it holds the dislocated elbow in its natural position until it will stay there unassisted, as the pessary does the dislocated womb. A woman suffering from uterine displacement once asked me why the womb was ever made top-heavy. It was a question hard to answer, yet the fact remains, and we must be prepared to combat the results. It is to be deplored that so many varieties of pessaries were ever invented. Physicians failing with a supporter through not fitting it properly are apt to conclude that their want of success arises from not having used the proper kind, and so they uselessly try one sort after another. Many of them are the inventions of instrument dealers and makers who know nothing of their practical application, but there is too much anxiety on the part of certain members of the profession to hand their names down to posterity as inventors of pessaries which are far superior to anything before conceived of, and which are claimed to be perfect. After a short trial these almost invariably disappoint their originators and are too often followed by some newer invention of the same mind, heralded as a great advance beyond the last, in short, perfection improved upon, which soon proves useless, and is thrown aside like its predecessor.

