ground. The apparent extreme rarity of ascaris liver abscess in adults receives indirect support from a review of large numbers of surgical operations on the biliary system from a surgical clinic in Japan (Hsu, 1962). Adult ascarides were found in the biliary tree in one-third of that unit's cases of biliary disease, but abscess formation was not mentioned. The youngest of the few children in that series was 7 years old.

We are unable to find reference in the English literature to a previous successfully treated case of liver abscess due to *Ascaris lumbricoides*. The treatment is surgical. An attempt at evacuation of all the liver abscesses is essential, and, if progress is not satisfactory, further exploration is imperative. Ochsner and his colleagues (1949) pointed out that one of their patients died as a result of rupture through the diaphragm of an abscess left behind at operation, though after the operation progress had at first been satisfactory.

Complication of Self-treatment with Ring Pessary

Brit. med. J., 1964, 2, 554

The place of the pessary in the treatment of gynaecological prolapse is one hallowed by use, but with the passing years its use in this condition has decreased almost to the point of condemnation. Described here is one of the rarer complications of the use of the ring pessary, two other cases having been described by McElin and Paalman (1959) and Edwards (1961).

CASE HISTORY

A 66-year-old woman with two children developed what she recognized as a prolapse. Her grandmother had had a genital

Photograph, taken at operation, of ring pessary with distal part of procidentia oedematous and discoloured.

prolapse for the last few years of her life, and this had been restrained by a ring pessary which this patient had changed regularly for the old lady. She decided to treat herself, and bought a watch-spring pessary at the local chemist, and for three or four days she wore it, with some benefit, on her shopping expeditions. She decided to wear it on the following Sunday night, but an hour or two after inserting the ring she developed increasingly severe lower abdominal pain, with some vaginal discharge.

We would like to express appreciation of the nursing endeavours of Capt. Betty Sawyer, A.R.R.C., Q.A.R.A.N.C., and her staff in the successful outcome of the case. We are indebted to the Director General, Army Medical Services, for permission to publish the details.

H. A. J. REAY, M.B., M.R.C.P., M.R.C.P.ED., R.A.M.C.

A. P. DIGNAN, M.B.E., F.R.C.S., R.A.M.C.

C. MAUNDER, M.B., R.A.M.C.

British Military Hospital,
Singapore.

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When first seen some six hours after the onset of pain, it was obvious that the pessary had been pushed up over the prolapsed uterine body, so that the latter was virtually strangulated, the pessary being so small that its internal diameter gripped the prolapse, instead of its outer diameter being used to support the vagina by distending it. The patient was admitted to Scarsdale Hospital, Chesterfield, where it was found that the constriction was causing such oedema that early tissue death was occurring (see Fig.). Under general anaesthesia, and with some difficulty, the pessary was cut with bone forceps before delivery was safely accomplished. The procidentia regained its normal colour after a few minutes. It was treated with Hibitane (chlorhexidine diacetate) packs for three weeks in an attempt to obtain sufficient healing of the resultant ulceration to allow a Fothergill repair. Despite this, some delay in healing made it necessary to discharge the patient and to readmit her two months later for operation. At follow-up the operation was found to have been successful.

DISCUSSION

This is only the third case of this type of strangulation that can be traced in the literature, though cases of strangulation of a procidentia through the vulva have been more often described. It emphasizes, if that be needed, that the pessary is by no means as innocent as was once thought. Ulceration, simple and malignant, erosion into the peritoneal cavity, vesico-vaginal and recto-vaginal fistulae have all been described as a result of using pessaries, even for relatively short periods. Complications are less surprising when, as reported, pessaries have been left undisturbed for up to 40 years, and an instrument called a "pessariotome" has been described to cut and remove incarcerated pessaries. Prof. J. K. Russell (1961) described a number of cases of malignant disease as a result of the prolonged use of a pessary, and roundly condemned this practice. He commended the Le Forte operation for prolapse when a standard repair is contraindicated by intercurrent disease or general debility, though in modern conditions this is quite uncommon.

Perhaps not the least of the morals of this case history is that it illustrates once again, though in an unusual way, the dangers of self-medication.

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G. A. C. BINNIE, L.R.C.P.&S.ED., D.OBST.R.C.O.G.,
General Practitioner, Norham on Tweed, Northumberland.

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