REMARKS
ON
UNNATURAL DESCENT OF THE WOMB,
WITH A
PROPOSED NEW INSTRUMENT FOR ITS ALLEVIATION.

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Of all complaints peculiar to the female, unnatural descent of the womb is perhaps, with the exception of leucorrhœa, the one most frequently met with; and although it will come principally under the notice of the obstetric practitioner, still it must often present itself to those physicians and surgeons who do not practise in that department of the profession; hence, its treatment may be a matter of some interest to all.

In the present paper I propose, not to enter into the details of the different points connected with “prolapsus uteri,” such as the causes of the altered position, &c., but to confine myself to cases of simple descent of the womb, dependent on relaxation, and uncomplicated with tumours, either uterine or ovarian, or with diseases of the adjacent parts; and in relation to these cases, to consider the principles of treatment and the mode of carrying them into effect.

The essential point to be attained is obviously not only to effect a replacement of the womb in its natural position, but more especially to retain it in that position, when so

replaced. Various remedies have been proposed to accomplish this object, but they are all open more or less to serious objections.

The recumbent position alone, as a means of cure, is quite insufficient in the majority of cases, and extremely tedious and unsatisfactory; but it is an excellent temporary aid to more efficient measures.

The great desideratum appears to be, that some *mechanical support* should be afforded, by which the womb may be retained '*in situ*,' whilst the female is at the same time enabled to assume the upright posture, and to undertake her usual duties.

The *requisites* of this support are, I think,—

1. That it should be *constant*, whilst the patient is in the erect position.

2. That it should be as *little prejudicial* as possible to the soft parts, with which it is in juxtaposition, whilst supporting them.

3. That it should not remain applied, *when unnecessary*, as during the night, when the patient is lying down.

4. That it should not interfere with the *proper functions* of the sexual organs.

5. That, on all the above accounts, the support should be *readily applied or removed*, by the *patient herself*, and, if possible, without the infliction of pain.

External supports applied to the abdomen or to the perinæum are not sufficient except in very slight cases of prolapsus.

Some *internal* support is absolutely requisite in the more advanced stages of descent of the womb.

It is well known that the upper portion of the vaginal canal into which the cervix uteri projects, is of much larger dimensions than the inferior part at the entrance; and, therefore, that any instrument used as a mechanical support for the womb, to be efficient, must necessarily be of dimensions equivalent to the upper part, and larger than the part near the vulva.

In almost all the instruments heretofore used for this

purpose, under the name of *Pessaries*, their introduction and removal have, on this account, been attended with some difficulty and much pain. This again has led to the injudicious practice of leaving the instrument in the vagina for weeks and months together, in order to avoid such difficulty and pain, and many serious results have been detailed by authors, as arising from this constant and long-continued pressure. With *married* females, there are additional and obvious reasons against such a practice.

It has been well remarked, "Plus ou moins altérables, plus ou moins fragiles, ces pessaires oubliés dans le vagin, y'ont maintes fois fait naître des excoriations, des ulcérations profondes, des fistules même, et ils ont nécessité des opérations douloureuses et difficiles, pour leur extraction complète."*

In corroboration of this fact I may mention that one of our eminent obstetric practitioners in this metropolis, who usually employs the boxwood globular pessaries, informed me that he had occasionally been obliged to break them in pieces, whilst in the vagina, by means of powerful bone-nippers, in order to effect their removal.

Even in the use of that form of pessary which I had always considered the safest and best, viz. the ovoid ring of elastic gum, I have known much severe suffering to arise, owing to the cervix uteri having swollen, whilst resting in the small central aperture of the instrument, to such an extent, that its extrication, and the removal of the pessary, proved a work of some difficulty, and of considerable pain to the patient.

Another evil often resulting from the large size of the pessary, is its pressure against the rectum and bladder, interfering with the proper functions of those organs, giving rise to much inconvenience, and, by inducing violent strainings, sometimes causing the forcible expulsion of the instrument, and the protrusion even of the womb itself.

Most of the stem pessaries have the additional inconve-

* Boivin et Dugès. *Traité pratique des Maladies de l'Uterus.*

nience of their globular extremities being so attached, as to render their introduction and removal still more difficult.

The inconveniences attending the use of pessaries will, I think, be avoided, and other advantages be gained, by the employment of the instrument I am about to describe.

It is allowed that the roof of the vagina requires support, in cases of prolapsus uteri, as much as the womb itself; but Professor Kilian goes a step further, and thinks that the *latter* organ may be left uncared for, and that all mechanical support should be applied to the upper portion of the *vagina alone*. He has, therefore, invented for this purpose an instrument very simple in its construction, to which, in a pamphlet lately published on the subject, he has given the name of "*elythromochlion*" or *vaginal supporter*.

"In its construction, (he says,) it is essential that a steel spring, carefully worked, of the dimensions of the instrument now shown, should have an equable and solid covering of elastic gum, so that it will resist the effects of the acid mucus of the vagina. The spring is generally to be preferred in proportion to its being soft and pliable: but these properties must not be given at the expense of durability. In this point, however, is the difficulty of their construction." "The patient is placed in the horizontal position, and the practitioner holding the instrument in the bent state between his finger and thumb, so that its extremities touch each other, he separates the labia majora, and passes it up in the course of the transverse diameter of the vagina, to the upper part of the canal, allowing *then* the extremities to separate, so as to be in apposition with it on either side of the cervix uteri, but not touching the uterus itself. The arch of the spring is soon found to rest upon the os pubis."

In the autumn of 1846, Professor Kilian showed me, in the Clinical Hospital of the University of Bonn, one or two patients who were wearing the instrument, and who expressed a feeling of comfort from its use, removing and re-applying it themselves with apparent facility.

On my return to London, I had several of these instru-

ments manufactured, and employed them in six different cases of descent of the womb.

I found, however, that, as in the first cases related by Dr. Kilian, much pain within the pelvis was soon complained of by my patients, owing to the constant and *extreme* lateral pressure of the spring, caused by its tendency to re-assume its natural form; and this result unfortunately corresponded with the experience of Dr. Bäerman, of Coblenz, who informed me, that he likewise had used the instrument, but was obliged to discontinue it, on account of the pain it produced.

In two of my cases, also, an awkward accident happened to the patients, whilst wearing the instrument; for on some sudden movement in either case, the spring snapped asunder at the arch.

I then had the instrument altered, by causing the ends to be well armed with cork, before covering them with elastic gum, and by having the spring made in the semi-bent state, so as to prevent the full extent of the lateral pressure; but this contrivance failed at once, owing to the instrument no longer retaining its proper position in the canal, and being constantly liable to fall out.

I have been thus particular in describing Professor Kilian's "*vaginal supporter*," as it originated the idea of the instrument which I have now to submit to the notice of the Society, although the two differ in several material respects.

The WOMB SUPPORTER consists of two steel springs, very narrow at the ends, by which they are joined together, while each of the free extremities is about one inch and three-quarters broad, convex externally, and concave within, so as to admit of cork being attached to it, in order to give a greater surface, and thus, when covered with elastic gum, to prevent any sharp edge (see figures 1 and 2). The two narrow ends of the springs are fastened together by an intervening piece of ivory, or wood, so as to allow of the broader extremities separating from each other, to the extent of two inches and a quarter at their *external* surfaces. Being pressed together, these broader extremities form a comparatively small mass, which may be introduced into the narrow entrance of the va-

ginal canal. When within the vagina, they are allowed gradually again to expand, and are applied to either side of the cervix uteri. The instrument is then gently pushed up, until its narrow end is at the vulva, the womb being raised with it at the same time.

In the *second* form of the instrument, there are two small pulleys fixed to the internal surfaces of the broad ends of the springs; through these, a catgut passes, its two ends being drawn through an aperture in the connecting piece of ivory, where they are fastened to a button. By pulling this button, the separated extremities of the instrument are more easily drawn together. This contrivance facilitates the introduction of the instrument, and especially its extraction when required.

A loop of vulcanized India rubber is attached over the button, and through this a T bandage, ribbon, silk-handkerchief, or any other guard, can be drawn, and fastened before and behind, to the stays, for the sake of security, although, in some cases, I have found the instrument required no aid of this description.*

Fig. 1.

Fig. 2.

* The instruments were manufactured by Mr. Weedon, of Hart-street, Bloomsbury.

The intention of the uterine supporter might, perhaps, be best illustrated by its resemblance to the easy introduction of two *closed* fingers, within the vulva, which, after passing through it, are *separated*, and applied to either side of the cervix uteri, so as to hold it up in its proper position.

The instrument which I have thus described, for the support of the prolapsed womb, will, I think, be found to fulfil all the requisite conditions laid down in a former part of this paper. The utmost separation of one of the free extremities from the other, when placed at the upper portion of the vagina, is about two inches, giving a support quite sufficient for the purpose, and yet not presenting so great a diameter as that of many of the globe and ring pessaries: the objection to Professor Kilian's instrument is at the same time obviated, and I have not found any patient complain of pain arising from lateral pressure. This, however, is easily explained, by recollecting that the upper portion of the vaginal canal lies naturally in a flaccid state, easily admitting the presence of such an instrument, without any peculiar degree of tension being felt by its walls.

In some cases I have found much advantage, by tying loosely round the instrument a piece of lint, or linen rag, saturated with either anodyne or astringent lotion, this mode of applying such remedies being much more effectual than the temporary syringing.

I have, at the present time, several patients who are wearing the "supporter," with, they inform me, great comfort to themselves, and who find no difficulty in its introduction and removal. One of these cases was, at first, complicated with retroflexion of the womb, attended with great agony, and serious affection of the general health. By the use of the instrument proposed by Dr. Simpson, the uterus was restored to its natural shape, fortunately, in the course of a few days, as I was unable to continue the employment of the instrument any longer, owing to the severe pelvic pains which it caused. After it was removed, the "supporter" was used, since which period the patient has felt no pain whatever, and has

been able to walk out daily for some miles, which for months previously she was incapable of attempting.

I have employed the "supporter," also, with equal benefit, in another interesting case, where there was protrusion of the womb, containing a fœtus of nearly four months' development, with *total* inversion of the vagina. The uterus, with its contents, was replaced, the instrument worn for some weeks, and the case went on favourably to the full term of gestation.

A pessary, the invention of Dr. Bronard, has been shown to me by Dr. Locock, as somewhat on the same principle as the instrument described in this paper. It differs, however, materially, as will be observed on comparing them. The free ends, in Dr. Bronard's instrument, are placed *downwards*, so as to rest on the internal surfaces of the vulva, while the ivory ring acts as a support to the womb.

I have not, in the preceding observations, alluded to the different surgical operations proposed for the obliteration or contraction of the vagina, in order to effectually prevent descent of the womb, as I presume that they would not be considered as adapted to such cases as those I principally refer to, viz. such as occur in women at the child-bearing time of life. Artificial contraction of the vagina, and of the vulva only, as proposed by Fricke, D'Outrepont, and Berard, and the various methods brought forward in our own country, by Dr. M. Hall, Mr. B. Phillips, and others, would, of course, have reference only to those cases in which mechanical support had failed.