C A S E
OF A
FOREIGN BODY IMPACTED FOR TWENTY
MONTHS IN THE FEMALE PELVIS.

RECOVERY AFTER ITS REMOVAL.

BY
RICHARD BARWELL, F.R.C.S.,
SURGEON TO CHARING CROSS HOSPITAL.

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At the latter end of May, 1874, I was called in consultation by Dr. —, who told me the following history. In the middle of February, 1873, he had been consulted by Miss X—, on account of severe pains in the left hip, thigh, and leg, which were ascribed to sciatica. He, however, gave it as his opinion that the pains proceeded from some deep-seated cause of irritation, the nature of which he could not discover. He prescribed opium with frequent hot baths, which treatment so far relieved or cured the pains that his one visit sufficed and for nearly a year he lost sight of his patient.

In January of the present year he was again called in and found the patient suffering from an abscess over the left hip. He reverted to his previous theory of deep-seated local irritation. Miss X— asked if anything introduced “into her body” could cause such symptoms, and Dr. —, seizing this clue as basis for cross-questioning, extracted, with great difficulty, the following history:

Miss X— had procured the attendance of an abortionist calling himself Dr. Cooke. This man came to her at the latter end of 1872, and passed "into her body" an instrument, which, from her description, Dr. ——— judged to be an elastic catheter. This instrument he left *in situ*, promising to call the following day. Some hours after this procedure Miss X— had occasion to go to the water-closet and had a hard, somewhat difficult motion, during the passage of which she imagined that the instrument was slipping downwards, and she pushed it with her hand further into the vagina.

The next morning the man came again and found no part of his instrument except "the little ivory button at the end." He is stated to have been much alarmed, but, learning that his victim had been to the water-closet, told her that she must have passed it there. But Miss X— says that before leaving the closet she put on a diaper, that the instrument was there when she did so, and that she never found it in her bed nor in any of her clothing.

I found the patient, twenty-four years old, somewhat emaciated and pale, but not exhausted, although feeble. The left limb was thinner than the other, with apparent lengthening, as in the first stage of hip disease, but there was nothing amiss with that joint. Over the right trochanter was a large abscess, the covering of which was red over a space nearly as large as the hand, and here the skin was thin. In front of the tuber ischii was the mouth of a sinus with everted edges and pouting granulations; a long probe, passed into this, went up a considerable distance by the side of the bowel. This sinus did not communicate with the abscess.

Chloroform was administered. Before opening the abscess I examined both rectum and vagina, but only made out that both cavities were surrounded by pus.

Dr. ——— had an idea that the foreign body, whatever it might be, had passed into the abscess, and there certainly was a hard line or spot in its midst. I therefore made an incision where the skin was thinnest and where this spot could be easily reached, and let out a full pint of most horribly offensive, feculent pus, with which came also a

quantity of gas, doubtless intestinal. I passed my finger into the wound, but found no foreign body; the hard spot was simply a portion of undissolved tissue forming a sort of buttress or bridge between the outer and inner walls of the abscess. The place of my incision had been chosen with reference to this spot, not to the outflow of pus. I therefore made another opening at the most dependent part possible.

On 28th May we met again with the object of further examination. Miss X— was greatly improved both in strength and spirits; indeed, was so hopeful that she said to Dr. — she believed the foreign body must have disappeared, or that it may after all have passed from her when she went to the closet as before related; the difference in her feelings of health appeared to prompt this change of view. The abscess was contracting, but it still discharged a pus, that now was only slightly odorous.

I first examined the vagina; the speculum showed nothing save plentiful leucorrhœa, both vaginal and uterine, a long, pendent *cervix*, a patent and ragged *os uteri* somewhat congested. Digital examination revealed the same state of parts; no wound, no cicatrix, could be detected. I passed the finger quite round the cervix, and in doing so found at the back of the posterior *cul-de-sac*, quite at its upper angle, a rather hard band which ran transversely across this part of the cavity, behind its mucous membrane. I could trace from one side to the other the curve of this band, which was in shape and direction exactly like the ilio-pectineal line, distinguishable, however, by its position too near the vagina, by its yielding slightly on pressure, but, perhaps, chiefly by the fact that it was not within reach of the finger except when strong pressure was made over the pubes, at which time it could be felt to descend within touch. Nevertheless, there was no evidence that this line of hardening was due to the presence of a foreign body; it might be, and indeed at this time I inclined to the belief that it was, the thick limiting membrane at the top of the abscess, which, when reflected from the back to the front, would present

itself to the finger as a fold, and would appear, therefore, like a distinct edge.

I now explored the rectum and could for some time find nothing abnormal, save that the cavity seemed to take a direction hardly enough to the left. Guided by this, and thinking that the bowel was probably pushed over by the abscess, I directed much attention to the left side, but found nothing abnormal. I now sought diligently for the thickened band felt from the vagina, which, if my view of its position were correct, ought to lie in front of the rectum. After a time, by making considerable pressure over the pubes I brought within touch a transverse band of induration, which appeared *convex* towards the gut. I now, therefore, for the first time felt a distinct belief in the presence of a foreign body, and I examined the mucous membrane with great care, since the contents of the abscess proved that there must be an opening in the intestine somewhere. I found none either upon or below this induration; but I detected a part, a little on the right, where was a greater amount of thickening running upwards out of reach; I was determined to trace this, if possible, to its end, and made more and more pressure with my right hand over the pubes, and at last so much that I had to make counter-pressure with my knee against the sacrum. In that posture I traced this ascending induration to its end, and just at that end I found an opening like a pouch or diverticulum, into which I passed the tip of my forefinger, and crooking it a little downwards came across a rough substance which felt like a portion of a narrow cylinder running transverse to the axis of the pelvis.

I told Dr. — that I had found the foreign body, and in a few words of rapid consultation it was agreed that I should endeavour to extract it without chloroform, if the patient could bear it, since I was very unwilling to risk, in the struggles and kicking which chloroform induces, the loss of a foreign body I had taken so much pains to find.

I therefore, keeping my finger tip on the substance, introduced a long, rather narrow pair of polypus forceps and

succeeded in insinuating one of the blades beneath the body, grasped it with but little pressure and began to draw it cautiously down; soon, however, a sense of crackling communicated through the instrument warned me of possible breakage, but by this time I had drawn the foreign body somewhat down and into the form of a loop. Into this loop I crooked my finger tip and drew cautiously and slowly into the bowel, and so out through the anus, the instrument now on the table, viz. a gum-elastic catheter, apparently a No. 7 or 8, which had lain for twenty months in the cellular tissue between the uterus and rectum.¹ I need only add that the body was not hard and stiff as now, for it could not in such condition have been safely removed in the manner described; it was, on the contrary, completely sodden and as flexible as a strip of wash leather, so that it folded up into a loop with the greatest ease, the middle portion coming down first and being followed by both ends.

On the fourth day after this operation I heard from Dr. — that the patient had not had a bad symptom.

It appears to me that this case is to be read in the following way. The abortion procurer probably introduced the catheter, with the stilette in it, through the os uteri; but being ignorant of the direction of this organ, sloping from below forward as well as upward, he thrust the instrument straight onward through the back of the womb and into the cellular tissue behind it. The occurrence of bleeding would lead him to suppose his object effected, and he removed the stilette, most likely, after the manner of blunderers, not by simple withdrawal of the wire, but also by pushing the instrument off it further into the wound. Subsequent soaking in warm discharges and blood fully accounts for the loosening of the bone extremity.

Some obscurity hangs of necessity about the next phase of the history; it is impossible to say how far the patient may have pushed the instrument through the opening,

¹ This catheter is now in the Museum of the Royal College of Surgeons, Pathological Series, 1131B.

neither is it known whether on the next morning the abortionist searched in the vagina for the catheter. Therefore it is not on record how soon the whole body of the instrument became embedded in the tissues, nor can I with certainty specify the mechanism whereby such inception took place. It is, however, barely possible that the unhappy girl could herself have intruded the whole length of the catheter, since this would connote the introduction of her finger up to the os uteri; nevertheless, she probably pushed it a considerable distance, and the inglutition was completed by contractions of the uterus, doubtless pretty active, aided, perhaps by movements of the rectum in defecation.

However that may be, the position of the instrument was, when I found it, very singular; it seemed to be in front of the brim of the pelvis, curled up so as to imitate its curve with great precision; the middle was between the body of the uterus and the rectum, the ends probably close to the bone on either side.

The rest of the history is far plainer. The presence of this body produced violent irritation and some inflammation (perimetritis), during which the severe pains, ascribed by Dr. — with so much acumen to deep local irritation, manifested themselves. The inflammation went on to suppuration; matter gathered around the rectum, some finding its way downward by the side of that cavity, and producing the fistulous opening in front of the tuber ischii; but most of it, since she was much confined to bed, passing to the back of the intestine, and, following the course of the pyriformis muscle, made exit through the sciatic foramen to the hip, not communicating with the track of the sinus.

There is very little evidence to show at what period the abscess burst into the rectum, but probably not very long before I saw her, as her health would, I think, have suffered more materially had so foul an abscess as that which I opened been of very old standing.

The patient continued to pass a little flatus through the abscess and wound on the hip for ten days; this then ceased. In the beginning of July the wounds and sinus had healed. She remains perfectly well at the present time.