REMARKS

ON

THE TREATMENT OF FLEXIONS OF THE
UTERUS BY MEANS OF AN
ELASTIC PESSARY.*By PROTHEROE SMITH, M.D.,
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FLEXIONS of the body of the uterus were believed, until lately, to be extremely rare. M. Lisfranc, in the *Clinique Chirurgicale de la Pitié*, published so recently as May 1843, asserts (vol. iii, p. 470) that he had met with only six instances in his whole practice. By many writers on the diseases of the uterus, torsions are not even noticed. Levret was perhaps the first to mention the fact of the uterus being bent sometimes in the manner of a horn. He was followed by Baudelocque, Denman, Desormeaux, and others, who, however, reported only single instances, and omitted to give precise definitions as to their extent, diagnosis, or pathology; so that a reference to the fathers of obstetrics and uterine pathology affords but scanty, if any, aid in elucidating these affections. The authors of the *Bibliothèque du Médecin Practicien* do not mention the subject in five octavo volumes on the Diseases of Women. Dr. Denman was, I believe the first British author to describe retroflexion of the uterus, as distinguished from retroversion. He says, however, that he had seen only one case of the affection following parturition. Flexion, however, occurs much more frequently in the unimpregnated state, according to Dr. Moreau of Paris, who was the first to publish this remark. To Sir James Simpson we are indebted for an instrument by which we can ascertain changes in the direction or calibre of the uterus, with as much ease and certainty as in the case of disease of the male urethra; by which also our diagnosis of these maladies has been much facilitated.

In a paper on "Flexions, Torsions, and Malpositions of the Uterus", which I published in the *British Record of Obstetric Medicine* more than twenty years ago, I stated that, "although hitherto but few authors had directed the attention of the profession to the subject, Professor Simpson's laborious inquiries and investigations had opened a path to modern disclosures and improvements in the mode of examination and treatment of the maladies of the uterus; and to him we are indebted for showing the frequency of the disease of which I am now treating. During a visit to Edinburgh in the autumn of 1844, he called my attention to the fact, that these affections are of common occurrence; since that, experience has proved to me the correctness of his opinion."

In the valuable reports of Dr. Rigby, published in the *Medical Times* for 1846-7, several cases are brought forward in illustration of this subject, which has been further sustained by many modern writers on uterine disease. Though it is not within the scope of the present paper to enter further on this subject, I hope at some future and not very distant period to give publication to some manuscript reflections on the pathology and treatment of these diseases, which I commenced many years since; but which, for want of time, are still unfinished. It is not my intention now to occupy the attention of the meeting by endeavouring to show on pathological grounds the necessity of always discriminating between cases of displacement of the uterus requiring surgical and mechanical aid and those resulting from active and structural diseases calling only for such general and local antiphlogistic and special treatment as each case may indicate, and which mechanical treatment, by pessary or otherwise, would be calculated rather to aggravate than to cure; nor will I here attempt to enumerate the writers of our own day, who may well claim your attention, at another time, by their advocacy of different instrumental helps for the relief of such deformities, as well as by their efforts to enrich this branch of pathology. Without, therefore, describing the

various ingenious inventions for the mechanical treatment of these maladies, it will be enough here cursorily to remark that, within the last two years, Dr. Marion Sims has clearly shown the importance of recognising versions and flexions of the uterus, which he regards as only different stages of the same thing, since they form about two-thirds of the probable causes of sterility of women, natural or acquired. Dr. Greenhalgh has suggested a pessary for retroflexion and retroversion; and Dr. Graily Hewitt another especially adapted to antiflexion; whilst, during the last month, we are indebted for some interesting statistical inquiries on the subject to the pen of Dr. Meadows. In the treatment of such of these cases as required mechanical means, I at first employed Sir James Simpson's stem pessary, as well as many other intrauterine supports; but the unyielding nature of such induced me, twenty years since, to try various means for upholding the displaced organ without subjecting it to the irritating effects sometimes induced by the metallic or other hard substances employed to redress and to retain the organ in its proper place. To effect this, I proposed a plan by which the natural mobility of the organ should remain unimpaired; so that, when yielding to the presence of the superincumbent weight of the intestines, alternately to a full and empty bladder and rectum, or when moving in accordance with the erect and recumbent posture of the body, the elastic nature of the means employed should admit of such movements; whilst at the same time, it should exert a gentle but constant support in the right direction, so as finally to incline the displaced uterus to resume and keep its normal position. This was accomplished by the elastic pessary I now have the honour to exhibit. Its construction is easy and inexpensive, and made of gutta-percha, without the addition of a wire, it presents, as you may observe, two rings (of varying size) suitable to the dimensions and curved to the form of the vagina, united anteriorly so as to allow of a separation of the rings posteriorly, and thus to form an elastic spring readily overcome by the various internal movements above mentioned; yet ever, when pressure is removed, inclining to its original form, and so gently guiding the misdirected organ into its right place.

After using the elastic pessary for some years, encouraged by the favourable testimony of my colleague Mr. John Scott and others, as well as by my own experience, Professor Hodge made known his pessary; and, from its extreme simplicity, I thought it might supersede my own. Whilst, however, desirous to bear testimony to its efficiency in some cases, I have found, after an extensive use of Hodge's instrument, so many long standing instances of displaced womb resisting his ring and yielding to my pessary, that I have again adopted it in many cases which I had previously failed to cure, and the great success of its operation has led me to hope that a description and exhibition of the instrument might present some features of practical utility to the profession, as well as claim the interest of one* whose social position and well-known labours in midwifery and uterine pathology so justly merit the distinction which the presidential chair of this section is understood to signify. It was my intention to have quoted a large number of cases successfully treated with my elastic pessary, but time has failed me in my effort to do so at this busy season of the year. I cannot, however, resist the inclination to mention one instructive case which serves to illustrate the perfect impunity with which it might be worn, if deemed necessary, even during the period of utero-gestation.

A lady, about seven years since, became the subject of retroflexion of the fundus uteri after her seventh labour. Notwithstanding different treatment, she continued sterile and out of health for four years, when I redressed the misplaced fundus with my elastic pessary. Two months afterwards, she became pregnant; but, as she lived in the country and did not communicate her condition to me till she was taken in labour, the instrument was not removed till my arrival, when she had nearly completed the first stage of parturition. She nevertheless did well; but finding, six weeks afterwards, that the same displacement existed, I replaced my pessary, which she wore continuously for a year and a half, when it was removed in the seventh month of utero-gestation. I attended this patient in a natural labour three months since, and I saw her about a week ago, when I examined and found the uterus of normal size and in its right position, and my patient relieved from all the distressing symptoms which had previously characterised the disease, and made her an invalid.

In conclusion, I hope, after a further acquaintance with the elastic pessary, that the favourable opinion I entertain of it may be confirmed by the enlarged experience to be gained by the investigations of other observers.

* Read in the Midwifery Section at the Annual Meeting of the British Medical Association in Oxford, August 1868.

* Sir Charles Locock, President of the Midwifery Section at the Annual Meeting of the British Medical Association at Oxford.