

*On a new method of relieving persons affected with Prolapsus Uteri.* By SAMUEL ANNAN, M. D., of Baltimore.

The uterus, although supported by its ligaments and the surrounding structures frequently sinks down into the vagina, below its natural and ordinary position; and in proportion to its descent, is the cause of painful symptoms. Three degrees of this sinking have been described. The first or slightest form has been termed simply descent or relaxation; the second, in which the lower part of the uterus approaches the os externum, is called procedentia; and to the third, when this organ protrudes beyond the vulva, the term prolapsus has been applied. It has been said, "that these distinctions are not entirely useless in practice; for, though they are only different degrees of the same affection, they yet require a little difference in the mode of treatment." This may be true of the old plan. The method to be proposed is applicable to all, with this advantage, that the worse the condition of the patient, the more effectual is it in affording relief.

Dr. Dewees informs us that "of the many casualties to which the uterus is liable, the prolapsus may be considered as the most frequent, as well as the most troublesome, and that this displacement may take place at almost any period of life, he having witnessed it in the aged matron and prescribed for in the youthful virgin."

The pessary has hitherto been regarded as the only efficient remedy for this complaint; and various kinds, differing both in shape and materials have been proposed: wood, ivory, glass, elastic gum, and gilt silver have all been employed. Some are spherical in shape, some elliptical, while some are simply rings; and others the segment of a sphere. The same objections apply nearly in an equal degree to all. Irritation is the inevitable consequence of the constant pressure of a foreign body upon the delicate membrane lining the vagina; and in many instances it becomes insupportable, and the pessary cannot be worn. The silver gilt pessary recommended by Dr. Dewees appears to cause less irritation than any other. The gum elastic in my practice has soon become rough, and had to be removed. Ulceration has been produced in many cases; and a communication has been established between the rectum and vagina, and the pessary has passed into the bowel. I have heard of one case where a wooden pessary was worn for twenty years, leaving the vagina in a dreadfully ulcerated condition. But, supposing little or no irritation should result from the presence of this instrument, the employment of it must be exceedingly unpleasant to the unfortunate sufferers, especially to those who are married. Dr. Dewees tells us that some of his patients became pregnant while wearing it.

Another objection to the pessary is that it dilates the vagina, and when removed, the uterus has a better opportunity for descending than it previously had. The vagina, in its healthful condition, is one of the chief supports of the uterus. The contraction of its muscular coat presents no inconsiderable obstacle to the descent of this organ. But after it has been kept in a state of dilatation during months or years, by a large foreign body, it is obvious that it cannot give the same support. It is owing to the debility thus produced, that the complaint, in numerous instances, instead of being removed, has been rendered worse. This has occurred in my own practice. The uterus descended lower, and all the symptoms were aggravated, after the removal of the pessary, from inability to endure the distressing irritation produced by it. We should be led to suppose, prior to experiment, that this would be the case in every instance, but we have examples of cures recorded by men of such high characters, that we cannot refuse our belief.



The instrument I am about to describe, was first employed by me in a case of prolapsus recti. My patient had been operated on once without permanent relief, and was unwilling to submit again to the knife. Her situation was truly distressing. During many months she had been prevented from walking out to take exercise, to improve her general health, or attend to business, on account of the descent of the rectum, which protruded when she walked, and also discharged blood. On one occasion, while standing in a store, before she was aware of it, a considerable puddle of blood had collected on the floor about her feet. I applied to Dr. James Knight, (then of this city, at present residing in New York, who has displayed much ingenuity in constructing a truss for hernia, which I have used with benefit in several cases,) and described to him the kind of instrument I wanted, with a request that he would have one made for me by his truss manufacturers. He informed me that he had caused just such an instrument to be constructed for a gentleman affected with prolapsus recti, but had not since seen him to ascertain its utility. The instrument is the same as the English and French surgeons have used for prolapsus recti. Dr. R. Coates refers to it in the article, *Anus*, American Cyclopaedia, as follows:—"Mr. Gooch has published an account, with a figure, of a very well contrived instrument which he employed with signal advantage in an interesting case. It is a species of truss. The upper part resembles the spring and main strap of a common double truss, wanting the pads, and is designed to embrace the sacrum and the wings of the ilia. Opposite the base of the lumbar vertebra, a curved spring is attached at right angles to the upper part, and after following the curve of the sacrum it terminates in a pad intended to act upon the anus." The truss I have employed differs from the foregoing, in having a circular plate riveted to its centre, which has two narrow straps fastened upon it, under which the curved spring slides, and a small screw passing through holes, fastens it, so that by slipping it up or down the pressure upon the anus can be increased or diminished at pleasure. I also found it necessary to take the temper out of the curved spring, in order that the patient might bend it to any shape to suit the curvature of the sacrum. In consequence of this loss of elasticity, it had to be made somewhat stronger to make sufficient pressure.

The benefit derived from this instrument was far greater than I had anticipated. The rectum was retained in its position; the prolapsus completely prevented; and the lady walked to any distance without the least inconvenience from her disagreeable complaint. The tendency of the bowel to descent gradually diminished, so that she did

not find it necessary to wear it when going about the house. As is usual in such cases, she was greatly affected with hæmorrhoidal tumours within the sphincter ani; and, whenever she caught cold, inflammation of the part was the consequence, the pain being accompanied by most distressing tenesmus. The application of her suspensory truss at this time, afforded her indescribable relief from the constant bearing down sensation.

Having at the same time a patient with the uterus in that state of descent which has been termed *procentia*, on whom various pessaries had been tried, with temporary relief, but who, for a considerable period, had been unable to wear any of them, it occurred to me that the same instrument somewhat modified might answer for the support of the uterus. The first trial was made by lengthening the curved spring, so as to throw the pad forward in front of the anus upon the perineum. This gave some support, but was found to be extremely inconvenient in walking, and in sitting down was apt to pinch the nates, and she refused to wear it. It then struck me, that, by reversing the whole apparatus and turning the curved spring in front, it possibly might answer better. The curved spring was accordingly greatly reduced in length, and she was directed to wear it in front; but she now complained that it passed in between the labia and caused great irritation and profuse leucorrhœal discharge, and, when she sat down, the pad struck the chair, and incommoded her exceedingly. The curved spring was still farther shortened, and the pad made to press upon the posterior commissure and anterior portion of the perineum, thus removing the obstacle to sitting down comfortably; and so great a degree of curvature was given to this spring, that it lay outside, in front of the labia, thus obviating the other objection, and now the relief afforded was complete. The prolapsed uterus was perfectly supported, all the distressing symptoms were entirely removed, and, for the first time during many years, my patient was enabled to walk with ease and satisfaction. She has now been wearing it about two years, and walks the greatest distances with an entire freedom from all the symptoms of prolapsus, under which she had previously endured worse than the pains of dissolution. She now wears it only when she goes out to walk; and before putting it on, she wraps a clean linen or muslin cloth around it, which feels more pleasant than the oiled silk that covers the padding. When she returns, she takes it off, and does not find it necessary when going about the house.

In several other cases of prolapsus uteri, in this city, in which it has been tried, it has afforded complete relief from all suffering; and



that it is calculated to fulfil all the indications, is apparent at a single glance. By the pressure of the pad upon the perineum and posterior commissure, the uterus is well supported, its weight no longer bears upon the soft parts with which it is connected, and the cause of the gnawing and dragging sensations about the loins is entirely removed. In addition to this, instead of dilating the vagina, as the pessary does, the tendency of the pressure is to contract and diminish the size of that passage, and thus enable it to support the uterus without the assistance of the suspensory truss, and bring about an effectual and permanent cure. And, further, the pressure of the spring round the pelvis, gives no inconsiderable support to the viscera of the abdomen, diminishing their pressure upon the fundus uteri. In all these ways, it is conceived the instrument acts, and the sum of the whole is, that the sufferer is relieved.

This truss has not yet been sufficiently long in use, nor have a sufficient number of cases presented themselves to enable us to ascertain whether a permanent cure can be obtained, so as to render it unnecessary to continue to wear it. But if the result should be that our patients cannot dispense with it, there can be but little doubt that they will greatly prefer a decent instrument of this description, which is productive of no uneasiness whatever, can be taken off and put on without the assistance of a physician, and is a complete remedy for present suffering; to an instrument abhorrent to all feelings of delicacy, which can be properly adjusted only by a physician, and which, in many instances, instead of curing the disease, renders it worse, and brings on other symptoms, full as distressing as those from which the unfortunate sufferer obtains partial and temporary relief.

It remains only to say, that the curved spring should be eight and a half or nine inches long, from the lower extremity of the pad to the top of the circular plate upon which it slides; and it must not be forgotten that the tempering must be omitted, in order that the patient may give it a degree of curvature to suit herself, that it may lie outside of the labia externa.

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