

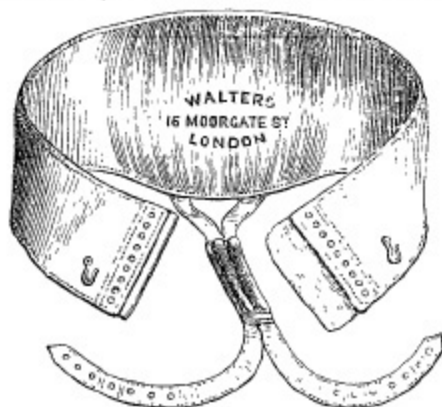
ON THE
UTILITY OF A PUDENDAL BANDAGE IN
PROCIDENTIA UTERI AND PROLAPSUS
VAGINÆ.

By J. M. WINN, M.D., M.R.C.P.,

SENIOR PHYSICIAN TO THE METROPOLITAN DISPENSARY, ETC.

THERE are few medical men engaged in obstetric practice who have not had frequently to deplore the inefficacy of the usual means to give support to the womb in cases of procidentia uteri. Pessaries, by dilating and relaxing the vagina, are worse than useless, and the perineal pad is also open to objection. The latter instrument affords a certain amount of support, but it does not prevent the cervix uteri from protruding beyond the vagina, by which means the mucous membrane of the os uteri becomes chafed and irritated through contact with the tape that passes over the pudendum, and to which the pad is attached. Mr. Baker Brown's plastic operation, when it can be adopted, is unquestionably the most effectual remedy for procidentia uteri: there are, however, many cases where it is not available, and for these I would recommend the double pudendal pad, an appliance capable of giving great support to the uterus, of preventing its protrusion beyond the vagina, and thus adding materially to the comfort and health of the patient.

The nature of this bandage, which Mr. Frederick Walters, of Moorgate-street, constructed at my suggestion, will be readily understood by reference to the subjoined sketch.



The drawing represents a front view of the apparatus, comprising an abdominal belt and a pad attached to it by means

of bands, which pass in front of and behind the pelvis. The peculiarity of the bandage consists in its having a double india-rubber pad or compress, which rests on the labia pudendi. The pressure is thus transferred to these bodies, which become, in fact, the immediate supporters of the uterus. Each compress is about four inches long and half an inch wide, leaving an interstice of about three-eighths of an inch in width, which forms a groove for the escape of the natural or other secretions.

The proportions which I have given above are the average size, and will be found to suit the majority of cases. It will seldom be necessary for the patient to wear the compress at night, when it can be removed, and thoroughly cleansed with soap and water. When the procidentia is excessive, the india-rubber air-ball pessary may be used, if necessary, conjointly with the pudendal bandage.

In young females who have not borne many children, and with whom economy is a great object, a simple band around the abdomen may be substituted for the abdominal support or belt. The latter appendage should, however, be always adopted when practicable; and where the abdomen is pendulous, its use is indispensable.

The first case in which I was led to adopt the use of a pudendal bandage was that of a young nulliparous female, aged twenty-three. Her complaint, procidentia uteri, came on six years after the first appearance of the catamenia, but she could not assign any cause for the disease. She worked as a harness-maker, in a sitting position, but her occupation did not require any great amount of muscular exertion. After trying the usual remedies in vain, I determined on applying a pudendal compress, and I was gratified in finding that by this means the uterus could be effectually supported.

A case of prolapsus of the anterior wall of the vagina, combined with procidentia uteri, which came under my care last year, illustrates very forcibly the advantages to be derived from a pudendal bandage. The patient was a married woman, thirty-three years of age, who had borne several children, and was suckling an infant when I first saw her. She suffered greatly from a constant desire to micturate. After wearing the compress for a short time, she called on me, and said, "The bandage is the greatest possible comfort; I could not do without it."

I have only to add, in conclusion, that the result of my experience enables me to confidently recommend the pudendal bandage as a valuable though simple measure, which is calculated to place in comfort a class of patients, who not only neglect themselves, but are frequently neglected by their medical advisers, and condemned to drag on a suffering existence.

Gloucester-place, Portman-square, Aug. 1857.