

PROCEEDINGS  
OF THE  
MEDICAL SOCIETY OF THE COUNTY OF KINGS.

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STATED MEETING, OCTOBER 7, 1876.

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AN ANTEVERSION PESSARY.

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BY H. FEARN, M.D.

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I present for your consideration a pessary for anteversion of the uterus, but which will, in my estimation, be found equally valuable for ante-flexion, as also for the support of a cystocele.

Previous to describing the one I now use, permit me to say that in the early part of February, 1867, I was called on to treat a case of ante-flexion of the uterus of long standing, and which at the time was so flexed that it presented the shape of a Roman capital U. It had become impacted, one side of the fundus pressing the bladder against the os pubis, the other side resting closely on the cervix uteri, and causing a symptom I have not seen noticed in the book as being a part of the symptomatology of ante-flexion, viz., intense, overwhelming numb faintness, so as to make the patient think herself dying. It is not like the weak, faltering pulse of ordinary syncope, but is slower than an ordinary pulse, yet soft and moderately full, and is not relieved by stimulants to any appreciable extent ; for I have



given half a pint of whisky or brandy in a very short space of time with no decided relief until the impaction of the flexed uterus was removed by raising the fundus above the pubis, when after a short time the symptoms would gradually pass off, but some decided relief would be expressed immediately. To prevent this impaction I resorted to a variety of pessaries. The double concave perforated disc was tried. This was better than nothing, but did not afford much relief. I then perforated this disc so as to admit the notched ends of a Hodge open lever pessary, but with indifferent success.

Finally, one day in conversation with Dr., then Mr., Leonard, connected at present with the firm of Shepard & Dudley, I told him if I could only unite the open lever with a closed lever pessary so as to have the bar of the open lever part lean anteriorly towards the pubis without reaching it, and the closed bar acting as a pivotal support for the other, I would have just what I wanted.

He told me to bend, by the heat of an alcohol lamp, the ends of the horse-shoe pessary, filing down to a pivotal size and making corresponding holes in and springing the pivots into the holes in the closed bar part, at an angle to suit me.

On trial I found this answered my purpose, and for several years I used it. When in the store, several years after, I was shown a pessary, the principle of which was exactly the same, and I was told it was Thomas'. Of course he was entitled to the name, for I had not published my experience.

In the meantime, however, I had thought out and had in use a modification of the closed bar pessary, which, in my opinion, is an improvement on the one just described, and accomplishes the same result better in some cases.

For where I have failed with the Thomas pessary, for reasons I will show hereafter, I have succeeded with the one I am about to describe and exhibit.

The pessary which I wish to describe is a Hodge closed bar pessary, or one of its modifications. It is bent so as to be almost a V in shape, instead of a straightened S. The longer, or posterior part, extending almost as far forward of the upper and curved bar as the bottom of the V is from that part.

The angle at which this is bent is the most important feature of the pessary, for I have found a very slight variation either upward or downward renders the pessary useless for the object intended. I found that where the angle was a little too obtuse the os uteri would get in front of



the pessary, and of course it would fail to elevate the fundus uteri from the bladder. On the other hand, if it be bent too much it will become inverted and thus useless.

The angle given to the anterior part of the Thomas pessary is the same as the angle of the upper portion of this pessary. I found out, since I commenced to write this article, by placing the two pessaries together, that they are of the same inclination.

The trouble I have found with the Thomas pessary is, the portion designed to elevate the fundus uteri is too long, and instead of elevating it from the bladder, itself presses against the bladder and pubis. Besides it falls too far over—it should be more at a right angle compared with its base.

The first one I made, which I have described previously, was different from Thomas' to that extent—I mean it did not press so far forward and downward.

It will be seen, therefore, that I consider the anterior or essential part of Thomas' pessary too long to accomplish the object had in view.

The one that I am now using is, in my opinion, free from this defect, and besides is more easily introduced and is in one piece. I have used both kinds repeatedly, and do not hesitate to give my very decided preference to the modification of Hodge it is my object to describe.

I think if the part on which it is designed the fundus uteri shall rest were a little flattened and broader, it would be a slight improvement. I imagine nothing more would be desired in an anteversion or ante flexion pessary as thus modified.

I have several cases in which I am using this pessary at the present time with perfect satisfaction and without the slightest inconvenience.

In order to introduce it, pass the hollow of the short end of the V under the os pubis a little obliquely, and then after this is passed push it backward till the long end is sufficiently within the vagina to have the upper portion elevate the fundus uteri to its proper position. If pushed too far in, complaint will be made of pain in the back from pressure.