Medical Summary 1880 V-1

FOUR GYNECOLOGICAL FACTS NOT USUALLY MENTIONED IN TEXT-BOOKS.

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(*a*) HOW TO MAKE A VAGINAL EXAMINATION.

We often hear physicians tell of difficulty in reaching the os in making digital examinations, and indeed there *is* often difficulty in doing so, with the patient on her back, or side, with her face towards the operator; especially if the person making the examination has short fingers. That difficulty is easily overcome if the patient is placed upon her side, (either right or left) with one or both knees drawn up, while the operator sits behind her and makes the examination from behind. In this position the os is easily accessible, and can be reached in from 2½ to 3 inches from the vulva.

(*b*). HOW TO MAKE AN OCULAR INSPECTION OF THE OS UTERI WITHOUT A SPECULUM.

Put the patient in Sims' position, and with the two front fingers of the right hand retract the posterior vaginal walls exactly as with a Sims' speculum, when a good view of the os can be obtained; oftentimes one wishes to make a specular examination when he does not have his speculum with him; under such circumstances the fingers will many times answer every purpose the air enters the vagina and distends it just the same as when a Sims' speculum is used. In this way the posterior wall of the vagina is retracted somewhat, which brings the os uteri considerably nearer the vulva than it otherwise would be, and if the posterior wall was *not* retracted, it would still be more accessible from behind; this is easily seen when one remembers that the direction of the vagina is

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upward and *backward.* With a woman upon her back, her os uteri is more inaccessible than in any other position she could get into, and yet that is the position almost always choosen for both digital and ocular examinations. Many men who have practiced medicine thirty or forty years still put their patients upon their backs to examine them; indeed I do not remember to have seen over three or four men who are in the habit of practicing the other method. Whoever tries this way will never return to the other. Students are almost invariably taught to place patients upon their backs, or sides, and make examinations from the front, and not one in a dozen *ever reaches the os* until after they have been long in practice. They should be taught to make it the other way, and then they would know what it was like before they got into practice, and would immediately recognize it by the touch.

(*c*) PASSING OF THE FEMALE CATHETER.

When from any cause it becomes necessary to pass the female catheter, much delicacy as well as skill and patience is required, and if possible, ocular inspection should be avoided, and the instrument introduced by touch alone, under the dress or bed-clothes. The accomplishment of the above fact is well nigh impossible at times, even to the most experienced, while the young doctor in his first attempt is almost sure to get in a perspiration before he experiences the gratification of feeling the instrument slip into the patient's urethra. All this trouble comes from following the universal direction, which directs that the finger be moved in the mesial line until it touches the urethral orifice, which will be felt as a slight surrounding elevation, with a center depression. The direction would be well enough, but for the trouble in *finding* said "slight elevation with center depression," without the aid of the eyes. Now a plan much easier than the above, is to introduce the finger into the vagina, upon the anterior wall of which will be felt a small but distinct ridge, the urethra; and by moving downwards upon that ridge with the finger the orifice is easily reached and the catheter directly introduced. Any one, whether experienced or otherwise, by following the above directions, can accomplish the operation without either trouble or waste of time.

(*d*) INTRODUCTION OF PESSARIES.

This operation is almost always performed with the patient upon her back, and the failure of many pessaries in the hands of operators is not so much the fault of the instrument, as of the person applying it. With a woman upon her back it requires not a little knack to properly adjust a support or pessary without inflicting upon the

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patient unnecessary pain, as the weight of the uterus in that position makes it naturally gravitate towards the back, and it must be lifted up before a pessary can be placed; no easy matter in such a position, and often imperfectly accomplished, to the *patient's cost.*

Now the adjusting of a pessary or supporter of any kind should always be done with the patient in *Sims' position* upon *her side* with *knees drawn up*, or in the *knee-breast* position; for the reason that the uterus is most accessible in these positions, and that the air being admitted by the retraction of the posterior vaginal wall, and perineum, distends the vagina, and keeps the uterus in the normal position by the air pressure while the instrument is being placed. One thing more should always be kept in mind when choosing or placing a pessary or supporter, *i. e.*, that none of the uterine ligaments exert a particle of influence in preventing a sinking down of the uterus into the pelvis; the uterus may even protrude at the vulva, and yet none of its ligaments be upon the stretch. The only support to that *organ upward is the vagina*, and the retentive power of the abdominal cavity—that power perhaps furnished by the influence of respiration upon the diaphragm, which operates as a tight valve to the abdominal cavity. The only office of the uterine ligaments is to prevent that organ from tipping over; they act exactly like the guy ropes in hoisting a liberty pole—who for a moment wonld contend that *they* would prevent the pole from sinking down endways if there was no resistance offered by the ground.

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