

ON THE CURE OF DYSMENORRHOEA, STERILITY, AND CERTAIN AFFECTIONS OF THE UTERUS, BY A NEW FORM OF ELASTIC INTRA-UTERINE STEM.

BY ROBERT GREENHALGH, M.D.

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Two years ago, I succeeded in designing a stem with manifest advantages over every other pattern. The stem consists of pure India-rubber tubing, No. 13 catheter gauge, easily admitting the introduction of a large Simpson's sound, two inches and one-eighth in length, tapering at its upper or uterine end, and armed with an oblong shield measuring one inch and three-quarters from side to side and one inch and a quarter from back to front. In this shield are ten perforations to facilitate cleanliness. Three-sixteenths of an inch from its upper extremity is a bulb two inches in circumference, with four diamond-shaped slits, which collapse when stretched on a dilator to facilitate introduction. When the stem is inserted and its retention is secured, and the dilator removed, this bulb at once expands in the body of the womb, while permitting a ready escape of the uterine secretion. The whole being cast in one piece, there is no chance of the separation of any part of it.

There are two points in connection with the use of the India-rubber stem to which I am particularly anxious to direct attention, in addition to the advantages already referred to. Firstly, although soft, elastic, and easily bent while out of the uterus, it becomes sufficiently firm when pressed equally on all sides by the canal of the cervix to gradually overcome all flexions, except in cases where the uterus is bound down to the surrounding parts. Secondly, its action is not purely mechanical. It has been observed by myself and others that, in many cases where the stem has been worn for some time, the enlarged and firm uterus has become greatly reduced in size, and so soft as closely to resemble that organ in the early stage of subinvolution: effects probably due to the freer exit of the secretions and the mucous discharge, which usually persists during the retention of the stem.

Having described the form of stem, I shall now briefly allude to the cases in which I have found it most useful; premising, however, that mechanical treatment should never be undertaken till the removal of all indications of active disease, and the uterus is reduced to a minimum of sensitiveness by the use of rest, local depletion, hot vaginal injections, soothing suppositories, and other measures; and, further, until the sound has been passed once or oftener to ascertain how far the uterus is tolerant of local interference. Moreover, at the commencement of treatment, I usually enjoin one or more days' rest in bed. After this preliminary treatment, I first introduce a small silver stem; and in two or three days, if loose, I substitute one of larger size, when the canal is usually sufficiently dilated to admit the introduction of the India-rubber stem. By this gradual dilatation, which occupies usually about a week, the largest stem can be more easily introduced, and far less irritation is likely to follow than when the introduction is more speedily effected—an operation frequently not easy and occasionally impossible.

Should the stem have a tendency to slip out, which is sometimes the case, it can be easily retained *in situ* by pressing upon the shield a plug of cotton-wool, saturated with glycerine, tied crosswise with fine twine to facilitate removal.

I may here remark that early experience taught me never to use sponge or sea-tangle tents, nor dilators, with a view to more rapid dilatation, by which considerable pain is occasioned, and irritation, and sometimes inflammation, is set up, thereby rendering the case temporarily unfit for the stem-treatment.

The most fitting time to introduce the stem is shortly after a menstrual period, its retention being determined by the peculiarities of each individual case, the effects produced, and the end to be obtained. In my cases, the time varied from fourteen days to eleven months. The best time for removal is about a week before the next expected period. When retained for a considerable time, the discharges are apt to become offensive, notwithstanding the daily use of the vaginal douche. Still I have never known any evil result beyond this temporary annoyance to the patient.