TWO CASES OF A PESSARY IMPACTED IN THE VAGINA FOR MORE THAN A YEAR.

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Within the last eighteen months two cases have come under my care in the wards of the Western Infirmary, which though not by any means unusual, yet are sufficiently interesting to warrant narration, and prove a warning to medical men to be most exact in their instructions to patients whom they advise to wear these instruments.

Mrs. M., aged forty-eight, was admitted on the 8th June, 1875. She stated that nearly five years ago an instrument had been put into the vagina to support a prolapsed uterus. She understood that she was to wear it constantly, and from that time till a few days before admission she submitted to it, though it was often the source of great pain and annoyance, without having recourse to medical advice.

On examination it is found that the labia and thighs are excoriated with urine which drips from the passage, and between the labia are seen projecting the ebony handle of a Zwanck's pessary, the blades of which are firmly adherent to the walls of the vagina.

She was put under the influence of chloroform, and by continued traction and partial rotation, while the forefinger of the left hand was retained in the vagina to prevent the walls from being pulled down, the instrument was gradually extracted. One of the limbs of the pessary had ulcerated through the anterior wall into the bladder, and through the fistulous opening thus made the urine had trickled, and the whole instrument was coated about a quarter of an inch thick with urinary deposit.

She was kept in bed for two or three days and then allowed to go home, with a request that she would present herself in a few weeks after, so that the opening in the bladder might be closed. She did not return, so it is presumable that the vesico-vaginal fistula caused by the ulceration has spontaneously closed.

CASE II.—Mrs. W., aged sixty-one, was admitted to the Western Infirmary on the 2nd June, 1876.

About a year ago a modification of Hodge's pessary was introduced to support the uterus. She must have misunderstood the instructions given her, for in spite of feeling great pain and discomfort about three weeks after the instrument was introduced, she continued to bear the pain under the impression that in no case was the pessary to be removed. After some weeks of suffering the pain subsided, and she was able to go about as usual. Recently, however, she began again to feel annoyance in the parts, and she applied to a medical man. Finding that the pessary was in some way adherent he sent her into the hospital.

7th June.—Patient being put under chloroform, the small end of the ring-like pessary was found lying just within the vagina, and on pulling it, the upper end was found firmly adherent to the vaginal wall, being retained there by a band of tissue as thick as the little finger which had united over instrument.

Evidently the ring of the pessary had ulcerated into the lateral vaginal wall the depth of an inch; the ulcerated edges of the sulcus, which it had excavated, had fallen together over the ring, and had adhered to one another so as to form a firm retaining band.

The vaginal walls being held apart by a retractor, the retaining band was divided with a scalpel, and the pessary released from its hold and easily removed.

It is hardly necessary to say that the lesson derived from these two cases is, the very great importance of giving the most simple and exact instructions to all patients, who are themselves entrusted with the charge of any instruments necessary for the treatment of their case. Medical men are sometimes apt to take it for granted that patients will do things as matters of common sense. But that should never be trusted to.

A short time ago I was consulted about an infant three months old, the subject of a hernia. The mother had been instructed by her medical attendant to procure a truss, which the child was ordered to wear *constantly*. The result was, that after the child had worn the truss for six weeks without ever having had it taken off for the purposes of cleansing, excoriation and subsequent ulceration of the skin at the groin took place.

Consequences equally distressing occur when patients are entrusted, without specific and simple orders, with other instruments—such as bougies, catheters, &c.—*Obstet. Jour.*