

**FOREIGN BODY IN THE VAGINA, REMOVAL  
AFTER FOUR YEARS, AND AFTER-RESULTS.**

By **CHARLES H. CARTER, B.A., M.D. Lond.,**  
PHYSICIAN TO THE HOSPITAL FOR WOMEN,

AND

**FREDERICK H. DALY, M.D.**

THE following case appears to the Reporters of sufficient interest to bring before the Society, as showing how long a time a foreign body may remain in the vagina, the immediate effects it may produce, as well as the serious results that may follow during labour.

L. H—, æt. 17, a pale, anæmic, thin girl, though tall for her age, came under Dr. Carter's care at the out-patient department of the Hospital for Women in February, 1875. Her mother stated that she had been regular since thirteen, and that soon after she had a greenish watery discharge, which was often pinkish, and of late had become very offensive. The last six months she had been at Ramsgate for her health, having been advised to go there by an eminent

obstetric physician who had seen her in consultation. The bowels acted regularly and without pain, micturition was natural but frequent; the discharge was so abundant, that she always needed to wear a diaper. Over the arms and legs chiefly, but also on the trunk, were a number of ecchymatous patches. She was ordered an injection, a tonic, and cod-liver oil, no examination being then made. In April, as the patient complained of the same discharge, an examination was made, and then she stated that soon after she was first unwell, she passed a "reel" into the vagina to stop the flow and that it had remained there since. On vaginal examination there was no hymen; the finger passed about an inch, when apparently the vagina ended in a *cul-de-sac*, the walls anteriorly and posteriorly being adherent, and a thick, more or less irregular mass of cicatricial tissue was felt; no opening could be detected by the tip of the finger, and nothing was made out through the cicatricial tissue, though by pushing upwards a great quantity of purulent discharge escaped, showing that there was some opening. By rectal examination the rim of the reel and the smooth rounded part could be made out. She was admitted into the hospital, and on May 13th she was anæsthetised, placed in the lithotomy position, a duck-bill speculum passed, and the cicatricial mass exposed, when an opening capable of admitting the point of the ordinary sound was seen. The cicatricial tissue was cut through with a blunt-pointed bistoury, and the rim of the reel grasped by the vulsellum and withdrawn without much difficulty. The reel was a large-sized one used for the sewing machine. The lateral walls of the vagina were then incised through, and about a quarter of an inch beyond, any indurated tissue, and the parts stretched by passing in several fingers. The uterus appeared in a healthy state; the cavity in which the reel had lain had somewhat the look of the walls of an abscess. The vagina was washed out with Condyl's fluid, and plugged with strips of lint steeped in carbolised oil.

The patient did well after the first night, during which, through some loosening of the plug, free hæmorrhage

occurred, so severe that Dr. Carter was sent for. She left the hospital on the fourteenth day quite well, but the vagina had contracted at the line of incision so that only one finger could be passed. On leaving the hospital the mother was informed that if her daughter married, some further operation would be required.

In May, 1877, two years after, the mother brought her, saying she was engaged to be married and asking what was to be done. The patient was examined and the following note was made:—The vagina is narrowed at its entrance, then widened for about an inch, then contracting; the finger passes through a ring of tissue into a small *cul-de-sac*, at the upper part of which is an opening barely admitting the tip of the finger, and the os uteri is reached. She was again admitted into the hospital, and on June 7th was anaesthetised, placed in the lithotomy position, a duck-bill speculum passed, and the whole length of the contracted part of the vagina freely incised on both sides, cutting through the whole depth of any cicatricial or indurated tissue, and going some distance into the healthy tissue beyond; the passage was then dilated by passing several fingers, and then one of Dr. Marion Sims' glass dilators was passed and retained in position by a T-bandage.

There was but slight bleeding, and no constitutional disturbance followed. The vagina was daily washed out with Condyl's fluid, and the dilator retained during the day. Four days after the operation the passage was found not at all contracted, the uterus was lower, and was helping to keep dilated the upper part of the vagina. The use of the dilator was continued, and the patient left the hospital wearing it. She was seen two months after and the passage had not contracted, and she was told to wear a larger-sized dilator. She again presented herself for examination in October, five months after the operation, and the vagina was much as when last seen. She was married in November, 1877, and about four months after she came saying she was pregnant. She was again seen two months after, at the sixth month, and as a band of cicatricial tissue could still be felt extending

about halfway round the vagina, and especially on the left side, it was thought that the fœtal head at term could scarcely pass without rupturing the vagina, and it was suggested that labour be brought on before the eighth month. To this she acceded, and as she lived near Dr. Daly the case was mentioned to him, and he kindly undertook to do what was necessary, quite agreeing with the advice that labour should be induced about the eighth month.

On July 5th, at 4 p.m., Dr. Daly introduced a bougie into the uterus, but in doing so unfortunately ruptured the membranes. One of Barnes' large bags was placed in the vagina to help in dilating it and stretch the cicatricial tissue. At 11 a.m. the next morning the patient was in strong labour, the pains coming on every few minutes and very severe; the os was nearly fully dilated and a hand presented by the side of the head. Attempts were made to replace it again and again, but without success. The head now became arrested by the cicatrix which, when on the stretch by the advancing head, appeared to extend about three fourths round the vagina, and stood out like a hymen; it was hard as gristle in front and absolutely unyielding. At 3 p.m. Dr. Long, Dr. Daly's partner, gave chloroform, and Dr. Daly applied the long forceps; but no amount of justifiable traction would bring the head through the cicatrix. It seemed as though the vagina would be dragged away sooner than that the head would pass. So, whilst the head was kept tightly bearing upon the cicatrix with the forceps by Dr. Daly, Dr. Long, with a curved, blunt-pointed bistoury, divided the cicatrix in front and at the sides; the head was then extracted without difficulty. The child was living, but died six hours after birth. The mother had no bad symptoms. The vagina was washed out at frequent intervals with Condy's fluid. Dr. Daly attended the patient in her second labour on the 14th of June, 1879. When seven months pregnant, Dr. Daly examined the patient and decided upon letting her go her full term, as, although some indurated tissue could be felt, yet the three incisions made during the first labour had destroyed the continuity of the cicatricial ring, and it was

probable that there would be no impediment to the dilatation of the vagina by the foetal head. The result was as had been anticipated ; the patient was delivered without any assistance of a living male child at full term, and made an excellent recovery. The child also is living.

---

A CASE OF LARGE FOREIGN BODY IN THE VAGINA FOR TWO YEARS, PERFORATING THE POSTERIOR WALL OF THE BLADDER, ITS REMOVAL AND CLOSURE OF THE FISTULOUS OPENING.

By CHARLES H. CARTER, B.A., M.D. Lond.,  
PHYSICIAN TO THE HOSPITAL FOR WOMEN.

A. E. M—, a young unmarried woman, *æt.* 20, was sent to me at the Hospital for Women, by Dr. Stanley Smith, on July 8th, 1879, with the following history. She had been ill for over eighteen months, during which time she had not menstruated, though up to this time since the age of thirteen she had been regular. During the eighteen months she had had pain in the back and hips, made worse on movements of any kind ; a slimy and offensive discharge from the vagina, and the urine was constantly running from her ; also there was pain upon defecation. The appetite was bad, the patient anæmic and emaciated, with the look of one who was constantly suffering. On examination, the urine was running from the vagina, the parts otherwise natural, but covered with muco-purulent discharge. A sound passed into the bladder grated against a hard mass ; a catheter was then passed and the bladder was found empty. By vaginal examination, a hard, somewhat irregular mass was felt with many sharp edges, evidently a thick phosphatic deposit upon some foreign body. By careful manipulation the concretion was made out to extend into the bladder through a wide opening,

and the sound in the bladder was moved on pressing the mass in the vagina. By rectal examination, the vagina was filled by a long rounded hard body, lying somewhat obliquely. She was admitted as an in-patient July 10th, and at first denied all knowledge of the cause of her illness; this she had previously done when questioned by Dr. S. Smith; then she stated that two years ago she passed the metal cup of a drinking flask into the vagina; at first it caused her great pain and some bleeding, but this latter soon stopped. It was not till six months after this that the urine began to run away, and during this six months she was regular and only had a discharge from the vagina.

On the 17th she was anæsthetised, and the foreign body was with some difficulty removed, chiefly on account of the vaginal walls being contracted round the sharp rim of the cup, and also from the resistance offered by the phosphatic mass extending from the coating of the cup into the bladder; this mass had first to be broken off, and then by continued and careful drawing the cup came out; the detached piece in the bladder was then removed through the rent in the posterior wall.

The following is the report of Dr. Gabbett, the pathologist of the hospital, upon the specimen, and he has also kindly made two drawings of the cup and its appendages:—"The specimen consists of a metal (pewter?) cup, originally the top of a drinking flask, covered and filled with a phosphatic incrustation; a separate solid phosphatic fragment,  $1\frac{1}{2}$  inch in length and breadth, by  $\frac{3}{4}$  inch in thickness; and a number of smaller fragments and sabulous matter, mixed with mucus in the recent state. The weight of the whole is  $5\frac{3}{4}$  ounces. The cup measures  $2\frac{1}{2}$  inches in height, diameter at brim  $1\frac{3}{4}$  inch, at base  $1\frac{1}{4}$  inch. A part of the exterior below the lip is free from incrustation, and in the neighbourhood the phosphatic coating is thin and smooth, as if the cup had here lain in close apposition to the vaginal wall. At other spots also the surface of the cup is clear, the deposit having been accidentally broken off. The incrustation at one side is nearly  $\frac{3}{4}$  inch in thickness. The interior is filled with the

same material, leaving at one side a cavity admitting the finger with soft crumbling walls. The large fragment is marked by a semilunar excavation, which can be fitted to the cup near the brim. When the pieces are put together, the shape of the entire object is as represented in fig. 2—the inverted cup occupies the vagina, and the large fragment projects through the opening into the bladder.”

After the operation the bladder and vagina were washed out with Condy's fluid and all the *débris* removed; the bladder was much contracted, with an opening into it from the vagina about  $1\frac{1}{2}$  to 2 inches in breadth, extending from side to side of the vagina. The patient was put to bed and for ten hours after the operation retained her water, being able to pass it when she wished; but the next day the dribbling occurred as before, though not to the same extent, as she was able to retain some water in her bladder and pass it naturally. She improved much in general health and was up and allowed to walk out.

On August 14th the patient was anæsthetised and placed in the lithotomy position; the opening into the bladder seemed to have somewhat narrowed, the margins were pared for about one third of an inch in breadth, and brought together by nine silver wire sutures. She was placed in bed and the catheter passed every six hours. On the 16th the temperature went up to  $102^{\circ}$  and  $103^{\circ}$ , and the bladder and vagina were washed out. On the 19th there was free hæmorrhage from the vagina, the bladder was full of clots, and urine dribbled from the vagina. The bladder was washed out with Condy's fluid and opium, and a catheter left in. This was continued at frequent intervals for the next two days, the urine still dribbling, but on careful examination it was now found to run by the side of the catheter. From this time she did well, and on the 25th the stitches were removed and the posterior wall of the bladder was found perfectly sound. During the next few days the dribbling from the urethra continued, but the patient was able to hold her water two to three hours. She was discharged on September 3rd perfectly well, being able to retain her water four to six hours.

She presented herself for examination on December 2nd, and said she was quite comfortable, and able to hold her water well and not disturbed more than once of a night through it, and her general appearance was much improved, and she looked fat and strong. She had menstruated once since leaving the hospital three weeks previously. The vaginal examination gave a slight puckering on each side of the passage where the fistulous opening ended, so causing a contraction, but not very marked, of the vagina.

Dr. EDIS observed that in the cases just read the foreign bodies had been wilfully placed within the vagina. He had met with several instances where pessaries had been placed by practitioners in patients, which had been allowed to remain unnoticed and uncared for during many years. In one case a large oval pessary, the size of a goose's egg, was removed after it had been in eleven years. The patient presented symptoms of uterine cancer—pain, hæmorrhage, offensive discharge—for which she presented herself, being ignorant of the presence of the pessary.

Dr. DALY regretted that Dr. Carter was not present. There were two points in the paper upon which he wished to say a word of explanation. The first was the accidental rupturing of the membranes by the bougie. This was unfortunate, but almost unavoidable, owing to the difficulty of manipulation, in consequence of the uterus being high up and the vaginal stricture necessitating the performance of the operation through a narrow unyielding strait. The other point was the failure to return the prolapsed hand, but here, again, the rigid cicatrix interfered so with free manipulation as to render the return of the hand impossible.