

THE REMOVAL OF FOREIGN BODIES FROM THE VAGINA.*

BY THEOPHILUS PARVIN, M.D.,

Professor of Obstetrics and Diseases of Women and Children in
Jefferson Medical College.

The presence of a body having been determined by vaginal examination, by touch, mediate or immediate, or by sight, where possible, and the vaginal examination assisted, if necessary, by examination through the bladder and rectum, the plain indication is to remove the foreign body. Here one cannot refrain from stating the very great advantage the practitioners of to-day possess in Sims's speculum and anæsthetics in such removal. An anæsthetic is not necessary in all cases, but is especially in children, and when the foreign body is large.

So far as methods of removal are concerned, these vary with the size and form of the body and its material, and as to its being free or fixed in the vagina. In many instances the conditions require a new method to be devised.

In some instances the foreign body can be best removed by acting on it through the rectum. Thus Meissner removed a pebble from the vagina of a girl two and one-half years old; of course very much less violence was done by the finger in the rectum, than if it had been introduced into the vagina. Small round bodies can be best removed by throwing into the vagina a stream of water, while the perineum is retracted by Sims's speculum. The removal of fragments of glass, especially of a syringe, is often difficult; if forceps be used, there is danger of breaking the glass, or of wounding the vagina; in the only two cases I have had to remove the pieces of a broken glass syringe, this was done by the fingers, and, in general, flat bodies are thus best removed.

One of the most ingenious devices for the removal of fragments of glass was used many years ago by Dr. Levis. A woman had a broken glass pessary in the vagina, and the efforts that had been made to remove the pieces had only resulted in reducing them to smaller pieces, comminuting them, in fact; a severe vaginitis—due chiefly to the fragments of glass, but in part, probably, to the attempts at extraction—was present when the patient

* Extract from a paper in the *Medical and Surgical Reporter*.

came under the care of Dr. Levis. He threw into the vagina, by means of a syringe, a mixture of plaster-of-Paris, and after two or three days removed the mass, the solidified mixture having fixed in it the various pieces of glass. This unifying process, so ingeniously resorted to by Dr. Levis, seems like a material illustration of Plato's axiom, that the end of philosophy is the intuition of unity.

In some cases it has been necessary to reduce the size of the foreign body before extracting it. Thus Dupuytren broke the pomade-pot, and, by means of strong forceps devised for the purpose, divided the ivory pessary in the vagina and in the rectum, removing one part through the latter, the other through the former. In other cases the vaginal orifice has been enlarged by incision, as was done by Gaubius for the removal of the calcified uterine fibroid, and by Sutton for the removal of a globe pessary. If granulations have fixed the foreign body, these must be detached by the finger, or divided by scissors.

If the foreign body have its size greatly increased by mineral incrustations, it is advised to remove these first. Another reason for their removal lies in the fact that in some cases the rough, jagged surface may injure the vagina when extraction is done. Sabatier speaks of his fingers being wounded by the "asperities of saline incrustations," which had made the tumor "as rough as a rasp."

In some cases the ordinary polypus forceps is an excellent instrument for the removal of a foreign body, but this removal should be made by sight rather than touch—a Simon or a Sims's speculum being used to expose the vaginal cavity. In others the foreign body has been so large that the obstetric forceps has proved necessary for its removal. Roux, probably, was the first to use the instrument for this purpose, though some, since his day, have suggested its utility, imagining they were proposing something new; this is like many other novelties in the medical world which are examined from the grave of years, or even of centuries.

Whatever means, manual or instrumental, are used for the removal of foreign bodies from the vagina, it is well to be guided by the words which Blundell said could be usefully inscribed on one of the blades of the obstetrical forceps: "Arte, non vi." In all cases where there is an offensive vaginal discharge, or any erosion or ulceration of the vaginal walls, antiseptic injections should precede, and for some time follow, the removal of the foreign body.