

I sincerely trust that this pamphlet may be the means of rendering clear the medical evidence which is scattered through the several volumes of reports already published, and thus conduce to a favourable report from the Select Committee, who, I am given to understand, will not receive further evidence. As only a limited number of the pamphlet has been printed beyond those subscribed for and required for official personages, I am reluctantly compelled to announce that future subscribers of a less amount to the Association than 10s. must not expect to receive a copy. This I regret, as I should have preferred each Poor-law medical officer to be in possession of it in order that he might then judge of the propriety of the grounds for redress sought for by the members of the Poor-law Medical Reform Association.

I am, Sir, your obedient servant,
12, Royal-terrace, Weymouth, May 31st, 1862. RICHARD GRIFFIN.

SELF-APPLYING SPONGE PESSARY.

To the Editor of THE LANCET.

SIR,—Though old, I am not dead yet; and, in relinquishing the practice of my profession, which I have exercised for the space of forty-four years in the metropolis—*nec ignotus nec ignorus*,—I wish to leave in your pages another record of my devotion to that branch especially which has reference to maladies afflicting the other sex.

Under the name of "Self-applying Sponge Pessary," I desire to make known a very simple contrivance by which uterine prolapsus (unless of a very aggravated form) can be effectually supported with the greatest ease, without the manual interference of a medical attendant.

Sponge pessaries have ever been in favour with the patients themselves, for many obvious reasons: amongst others, their pliability—the complete manner in which they apply themselves to the vagina imparting a feeling of support, and, further, the facility they afford of preserving cleanliness by means of injections with the improved female syringe. But if the sponge is of a large size, it is not readily inserted by the ordinary process. Now the object of my contrivance is to facilitate the latter operation by the patient herself.

That contrivance consists, first, of a conveying tube, four inches and a half in length; and, secondly, of a slender stem, intended to bear the sponge. Both are made of the finest and lightest turned ivory, having a high polish. The diameter of the tube is one inch (or one inch and a half if a larger sponge be required) at the upper end; and one inch, half an inch, or three-quarters of an inch, as may be, at the lower end. Here there are two semi-oval pieces of the ivory walls cut out, opposite one another, an inch high; the remaining edges of this end of the tube being slightly turned outwards, so as to afford a hold for the fingers for pulling the tube out. The tube so constructed not inaptly reminds one of Recamier's speculum, and might, on occasion, be employed as such, as I have done.

A sponge of the finest texture, and oval, about the size of a pullet's egg (when dry), is firmly sewn on a round and slender ivory washer, half an inch in diameter, perforated with holes for the needle to pass through, and having moreover a female screw in the centre, into which the ivory stem is screwed when the instrument is to be introduced. This arrangement allows of the same stem being employed with two, three, or more sponges similarly secured on their respective ivory washers, whereby great facility is afforded of changing the pessary daily or more frequently, for the sake of perfect cleanliness and comfort. The sponge and the stem thus combined constitute the pessary, the introduction of which by the patient herself is effected in the following manner:—

The stem, bearing the sponge, being introduced by its free end into the upper or narrower part of the tube, is gradually pushed down towards the wider or lower end until the sponge itself disappears almost entirely, leaving only a very small, round segment visible. By moistening the sponge and compressing it, this manœuvre becomes easy of accomplishment. The patient next separates the labia with her left hand, and introduces with the other the instrument by its smaller end into the vagina, either in a standing or sitting posture, pushing it first somewhat backward and then upwards, until the everted edges touch the labia. In this position she applies one or two fingers to the small, round knob which terminates the stem, and holds it firm in its position; while with the fingers of the right hand she withdraws, by means of the everted edges, the tube from the vagina—an operation greatly facilitated by the

presence of the two semi-oval cuts. The pessary will now remain in its place without wobbling or falling; but it may further be secured, if so desired (though there is little occasion for it), by passing a staylace through a hole made for that purpose in the small end knob of the stem, and fastening the same to a belt or a napkin.

To withdraw the instrument the patient, standing and bending forward, has only to pull the stem by the knob with the staylace, or even without it, at first straight downwards, and next by bringing the stem more towards the abdomen. In every case in which I recommended such a contrivance among patients capable, from their position in society, to appreciate the boon, the result has been most successful. The feeling of confidence and support experienced by the patient has been universally acknowledged. Mr. Weiss, instrument-maker, to whom I made over one of the instruments manufactured under my direction for the information of the profession, has kindly undertaken to have others made after the pattern, and keep them ready for use.

I remain, Sir, your obedient servant,
A. B. GRANVILLE, M.D., F.R.S.
Curzon-street, May-fair, May, 1862.

MIDWIFERY STATISTICS.

To the Editor of THE LANCET.

SIR,—Some doubt being thrown upon the midwifery statements of Dr. Moore,* if you think the following worth a corner in your valuable publication, I should like to show what occurred in my experience during the space of twelve months, in by no means a large midwifery practice. To save time and space, I simply give the broad outlines of each case, premising that these were not all the "bad cases" which fell to my lot during those twelve months—such as obstinate diarrhoea, "gathered" breasts, &c. &c., giving no end of trouble. I may also add that my brethren here lost cases during that time, and that the weather was unusually severe.

A few words to "Tyro." in addition to Dr. Moore's good advice. Let me tell him that there is no royal road to become a "lucky doctor" in midwifery practice. To attain success he must *patiently* use the brains the Almighty has given him—make his observations carefully upon each case as it comes before him; then, in a few years' time, by gentlemanly conduct and kindness of manners, he may reasonably hope for reputation and success. I would strongly recommend him to read the memoir of the late Dr. Hope, and take him for his guide and model through life.

Oct. 1st, 1860.—Mrs. N. Labour premature; placenta prævia; uterine hæmorrhage *very* great; recovery slow.

Oct. 14th.—Mrs. B. Labour protracted; forceps; child alive; recovery good.

Oct. 20th.—Mrs. E. Labour premature; uterus prolapsed; great hæmorrhage; recovery slow.

Nov. 24th.—Mrs. H. Labour premature; hæmorrhage *frightful* before labour pains came on, none after they had well set in; child born in four hours, dead; diarrhoea; phlebitis; death.

Dec. 16th.—Mrs. W. Labour protracted; child born whilst its mother was kneeling on the floor. No one with her at the time. When first seen by me (some two hours after) she was suffering under a long fainting fit. There appeared to have been great hæmorrhage, as the floor was deluged with blood. Placenta adherent, which was not removed for some hours; the same thing took place at her previous labour. Obstinate vomiting; diarrhoea; recovery very slow.

Dec. 21st.—Mrs. B. First labour; very protracted; forceps; severe hæmorrhage; death from pneumonia ten days after.

Jan. 17th, 1861.—Mrs. R., a great awkward, overgrown Irishwoman, with contracted pelvis. Labour protracted to four days; craniotomy; the largest child I ever saw. I was not permitted to have it weighed! Some degree of paralysis of the bladder; recovery slow.

Feb. 7th.—Mrs. D. First labour; case soon over; no milk; delirium; mania for several months; recovery perfect, but very slow.

Oct. 4th.—Mrs. B. Placenta prævia; great hæmorrhage before labour pains came on, none after membranes were ruptured, which was done as soon as possible; labour protracted; forceps; child dead; phlegmasia dolens; recovery perfect, but very slow.

Whilst pen in hand, I should like to mention a case I had recently under my care. The mother of a large family is again in about the third month of utero-gestation, accompanied with

* THE LANCET, *ante*, p. 307.