

ART. VIII.—*Contributions to Midwifery*, No. VI.—*Cases of Retroflexion of the Uterus successfully treated*. By THOMAS EDWARD BEATTY, M.D., M. R. I. A., Professor of Midwifery to the Royal College of Surgeons in Ireland, Physician to the City of Dublin Hospital, &c.

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DR. ASHWELL's valuable Treatise on the Diseases peculiar to Women contains the following passage(a): "There is no doubt in the profession about the existence of procidentia, inversion, and retroversion of the uterus; but there are many practitioners who question whether the uterus is ever anteverted, anteflexed, or retroflexed. It is true that these states sometimes require nice diagnosis; that they are exceedingly uncommon; that in slight and even more marked degree, they may exist undetected; that they are rarely productive of serious symptoms; and that perhaps in few instances can they be said to have caused death; but still they exist; it is therefore important that they should be fully described."

The opinion expressed in the above passage has led me to communicate the following cases of retroflexion, an accident which is rare in occurrence, and produces a train of very distressing symptoms, many of them attendants upon other and various diseases of the pelvic viscera, but which, taken together, form a group sufficiently characteristic of this displacement of the uterus.

The first notice of this affection is to be found in Dr. Denman's Introduction to Midwifery(b). "Another complaint similar to that of which we have been speaking, and which has been called a retroflexion of the uterus, has occurred in practice. By this term is implied such an alteration in the position in the parts of the uterus that the fundus is turned

(a) Page 587.

(b) Page 78, sixth edition.

downwards and backwards, between the rectum and vagina, whilst the os uteri remains in its natural situation; an alteration which can only be produced by the curvature or bending of the uterus in the middle, and in one particular state, that is, before it is properly contracted when a woman has been delivered. A suppression of urine existing at the time of delivery, and continuing unrelieved afterwards, was the cause of the retroflexion of the uterus in the single case of the kind of which I have been informed by Dr. Thomas Cooper, and the symptoms were like those which were occasioned by the retroversion. When the urine was drawn off by the catheter, which was introduced without difficulty, the fundus of the uterus was easily replaced by raising it above the projection of the sacrum, in the manner advised in the retroversion, and it occasioned no further trouble." This is the whole of Dr. Denman's observations upon this subject. He had never met with the displacement himself, but had its description from another, to whom it presented itself in a very recent form, and in which instance, for that reason, the malposition was easily restored.

The part of the uterus at which this deflection takes place is that at which the neck and body of the organ join, and the angle at which the body is bent upon the neck varies, being sometimes very acute, and at others more obtuse. The displacement is most commonly the result of pregnancy; it could scarcely, if at all, occur during gestation, owing to the fulness and tension of the uterus during that state, but in all the instances that have come within my knowledge, or that I find recorded, the occurrence of the accident was subsequent to delivery. Velpeau<sup>(a)</sup> saw fifteen cases in which it occurred in the unimpregnated uterus, but after parturition. Dr. Davis<sup>(b)</sup> is of opinion that this incurvation may have occurred congenitally, as the effect of an originally imperfect development, or as a result of disease, either of the uterus itself, or of the organs

(a) *De l'Art des Accouchemens*, Bruxelles, p. 522.

(b) *Obstetric Medicine*, p. 589.

in immediate contiguity to it; but he gives no cases of either kind. This displacement is very different from retroversion, in which the os and cervix uteri are thrown upwards; whereas in retroflexion, these parts maintain their natural position, while the fundus is thrown downwards. Retroversion takes place when the uterus is distended by pregnancy. Retroflexion is peculiar to the unimpregnated uterus subsequent to delivery. They also differ in the nature and amount of the consequences that attend them; one, retroversion, involving the safety of the patient to a great degree, while the other is only productive of distressing local symptoms, not indicative of, or followed by danger. The only case of death with which I am acquainted is one recorded by Velpeau(*a*), in which the patient died at the end of fifteen years of insurmountable constipation.

The time at which this displacement takes place is most probably immediately after delivery, when the uterus is still large, but soft and pliable; it is, however, most likely to be overlooked at the time of its occurrence, because the very urgent symptoms do not manifest themselves until the woman rises from her bed, and resumes her usual occupations in the upright posture; then it is that gravity causes the pressure to be felt by the surrounding viscera, and the symptoms declare the nature of the malady. But it unfortunately happens, that often these sensations are endured for a long time without complaint, in the hope that they will subside as the woman regains her strength. The organ, by this delay, becomes fixed in its unnatural position; a certain amount of chronic inflammation alters its tissue, and moulds it into its new shape, rendering all attempts at restoration, by mechanical means alone, fruitless; and a case, which, if discovered in time, might have been easily remedied, becomes most obstinate. The case related by Dr. Denman, already quoted, describes the symptoms and appropriate treatment of retroflexion in its recent state; the cases that follow shew the displacement in its more common

(*a*) *Loc. cit.*

or chronic form. We should form a more favourable prognosis in recent cases, on account of the greater ease with which they can be rectified. The means to be adopted are those we employ to restore a retroverted uterus; and after the organ has been placed in its proper position, great care should be taken to keep the patient lying as much as possible on her face, until the uterus has shrunk to its original size.

Dr. Davis is of opinion, that cases of chronic deflections are to be considered as totally incurable by any efforts of art exclusively, without the aid of nature, as exerted during the changes and developments which are the special attributes of pregnancy. A similar opinion is entertained by many practitioners, and such will be most likely the case with all who confine their efforts at cure to mechanical means alone. The altered condition of the tissue and texture, as well as of the shape, of the uterus, must be attended to; and the chronic inflammation, which is the effect of the alteration in shape, and the cause of alteration in tissue, must be combated by appropriate treatment, before we can expect success in our attempts to restore the organ to its natural shape. Upon this theory the treatment of the following cases was founded:

CASE I.—A. M., aged 30, has had six children; complains of severe dragging pain in the loins, groins, and back, aggravated by walking or making any violent effort. She has considerable pain and difficulty in defæcation, and, during the attempt, she has the sensation of something blocking up the passage, and preventing the exit of the contents of the bowels. She has a good deal of irritability of the bladder, which causes her to rise frequently at night in order to relieve that organ. She states the menstrual function to be pretty regular as to time, but variable in quantity, and always accompanied with much pain; and she labours under rather profuse leucorrhœa during the intervals. On making a vaginal examination I found the os uteri occupying nearly its usual position, perhaps a little more inclined towards the pubes than natural; it was

enlarged, and tender to the touch. On carrying the finger along the back of the cervix, it soon encountered a prominent tumour, pressing the posterior wall of the vagina downwards and forwards, and evidently connected with the upper part of the cervix uteri, with which it made an acute angle, into which the finger could sink. On exploring the rectum, this round and hard tumour was found pressing into its cavity from before, and blocking up the area of the bowel. An examination of the os uteri, through the speculum vaginae, disclosed that part of the organ swollen and congested, and superficially ulcerated. The patient dated her present state of suffering from a bad confinement of twins, which took place four years previously, and since which she has never felt well. She was a confidential servant in the nursery of a lady who had four young children, and she was, consequently, a great part of the day on her feet, and had to carry one of the children in her arms whilst out for their daily airing. This greatly increased her suffering, and at last her mistress applied to me about her, when I took her into the City of Dublin Hospital. I confined her closely to bed, and endeavoured to reduce the chronic inflammation with which the uterus was evidently affected. This was accomplished by means of leeching the os uteri, the warm hip-bath, mercury, and the injection into the vagina of plain warm water. Under this treatment the pain and uneasiness subsided. The ulceration was then attended to, and, by the application of a strong solution of nitrate of silver, it was gradually healed. No attempt had been made to restore the uterus to its original condition previous to the removal of the swelling and inflammation of the organ; for I was of opinion, that any force exercised in order to reduce the displacement, while such an unhealthy state continued, would only tend to produce further inflammation, while it would, most likely, fail in accomplishing what was intended. I was pleased to find, that as the size and painful condition of the uterus were lessened, the displacement of the fundus became less and less apparent, and at last, at the

expiration of three months from the date of her admission, the organ could be pushed fairly into the upright position without inducing much pain. There was, however, still a tendency to fall back whenever the patient stood or walked for any length of time. This was remedied by the use of a sponge pessary, with which she was furnished, and she finally returned to her master's house, where she is now employed in her former occupation of nursery-maid.

CASE II.—Mrs. T., a small, thin, delicate-looking lady, who I had attended in her two confinements, the last of which took place in September, 1842, consulted me in November, 1844, on account of very distressing symptoms, under which she had now laboured for many months. She complained of inability to walk, owing to the weight and dragging sensation experienced in the pelvis and loins. She also stated that there was a constant tenesmus, but, at the same time, a great difficulty in passing the contents of the bowels; and that, when the effort was made, it was constantly accompanied by a most violent pain in the epigastric region, compared to a tearing of the bowels from their proper place. She suffered from menorrhagia and leucorrhœa to a considerable degree, and was greatly worn down and emaciated.

A vaginal examination disclosed the cause of all her suffering. The uterus was found to be retroflexed, the fundus dipping down between the vagina and rectum, while the cervix maintained its usual position. Congestion and ulceration of the os uteri were present in this, as in the former case. This lady was not aware of any sudden invasion of her present malady, but stated that the symptoms had come on gradually, having commenced a few months after her last confinement. At that time she had had profuse uterine hæmorrhage, which required the most energetic measures for its restraint,—amongst others, strong and continued pressure upon the uterus; and, in reflecting upon her case, the question has arisen in my mind, whether such pressure, in a very thin woman, with a

very shallow pelvis, might not have contributed to the production of the present displacement. However that may be, more than two years elapsed between that confinement and my being called again to see her.

The horizontal position was strictly enjoined, with directions to lie as much on the face as possible; and, as great benefit had resulted, in the former case, from the local abstraction of blood, I applied a few leeches to the os uteri in this likewise. This was productive of a most serious result, for the leeches had scarcely dropped off, when the most violent flooding I ever saw, even in parturition, came on, and which I found it impossible to restrain without plugging the vagina very firmly and closely. The plug was removed the following day, and no further bleeding took place. The blood must have come from the cavity of the uterus, for the leech-bites could not have furnished the quantity that rushed from the vagina.

The ulcer on the os uteri was healed by the application of nitrate of silver and the injection of saturnine wash, and various attempts were made to restore the uterus to its proper position. It, however, seemed to be permanently fixed in its unnatural position, not owing to the resistance of any part of the pelvis, or to the existence of adhesions, for the whole organ could be freely moved up and down in its cavity, but by the parts having become accustomed to their new condition, and having grown in that position. Sponge, and globular wood pessaries were tried, with various results. At one time I made an effort to pass the uterine sound into the cavity of the uterus, in the hope of being able to elevate the fundus by that means, but the acuteness of the angle formed between the body and cervix formed an insuperable barrier to that manœuvre. A ring pessary of boxwood was found to give the greatest relief and support; and, after a confinement of two months to bed, she was able to go about with comparative ease. The bowels continued, as they had been all along, very costive, and she made use of the encina syringe daily with good effect. I had a confident

hope that, if she became pregnant again, a permanent cure of the displacement would be effected, provided that abortion did not occur, a circumstance very likely to happen, from the unnatural condition of the uterus.

I was well pleased to learn in the beginning of the year 1846, that my patient imagined herself with child, and in a short time it became manifest that she was so. Every precaution was adopted to guard against miscarriage, and happily with good effect, for the pregnancy went on without any unfavourable occurrence, and the lady's health and local symptoms improved as it progressed. She was finally delivered of a healthy child on the 6th of October, 1846.

Having been warned of her disposition to uterine hæmorrhage by what had occurred in her former confinement, and after the application of leeches, I took the precaution of giving her the ergot of rye, in the manner and at the time described in my former communication in this Journal, and she escaped without any loss on this occasion. She had been previously informed of my intention to keep her a long time in bed after her recovery, and she submitted to an imprisonment of two months with readiness. At the end of that time she was allowed to lie on a sofa, with liberty to sit up to her meals, and at last to walk quietly about her chamber. I examined the condition of the uterus at this period, and was gratified by finding it in its natural position. She was now allowed free liberty through the house; she is still nursing her infant, is free from all her former delicacy and uneasiness, and has grown fat.

CASE III.—I was consulted, for the first time, by a lady, aged forty-three years, the mother of several children. She stated that she had several miscarriages of late, between the third and fourth months of pregnancy, and was now apprehensive of a similar occurrence, as she was very near her usual time of abortion. She said she had suffered for a long period from great debility, and weight about the pelvis, and that



there was a remarkable protrusion into the vagina whenever she went to stool, giving her the idea that a large lump of fæces was arrested in the rectum, and was forced forwards by the effort to relieve the bowel. This prevailed to such an extent that she was compelled to apply her fingers to the part, and press the tumour backwards and upwards, when, as she imagined, the fæces took their proper direction, and a sufficient stool was passed. She had leucorrhœa to a considerable extent, occasionally tinged with blood, but no urinary distress.

I suspected the nature of the case, and an examination verified the diagnosis of retroflexion of the uterus, with ulceration of the os uteri. The organ was enlarged, perfectly moveable in the pelvis, but no reasonable amount of force could restore it to its natural position. Symptoms of abortion, as she anticipated, soon set in, and a fœtus of three months was expelled. The uterus now diminished in size, but still held its contorted position, and the same distress in defecation continued.

Attention was now paid to the ulceration of the os uteri, which healed rapidly under the caustic treatment, and she was instructed in the manner of using the sponge pessary made by enveloping a piece of sponge of a suitable size in a covering of oiled silk, fitting it loosely. A pessary thus prepared can be introduced with great ease by a patient, and removed by a piece of tape attached to the sponge. She was by this means enabled to resume her former position as mistress of her house, which she had been compelled to relinquish for a long time before; but she was unwilling to submit to the prolonged confinement to the horizontal position, and the application of leeches to the os uteri, which I informed her would be necessary in order to effect a complete cure.

This case, for the reason just stated, did not terminate as favourably as the other two; but it is interesting, as furnishing an instance of pregnancy occurring during displacement, and abortion being the consequence. If the habit of abortion had

not been established previous to my seeing the patient, there would have been a greater probability of gestation proceeding to the full period, when the displacement of the uterus would have been rectified.

In conclusion I would observe, that it is not unlikely these cases are more common than it is imagined; that the diagnosis from the symptoms, and from an examination by the vagina and rectum is not difficult; and that much benefit can be obtained by attention to the pathological condition of the uterus.

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ART. IX.—*Practical Observations upon Pendulous Tumours; with Cases and Illustrations.* By J. M. O'FERRALL, M. D., M.R.I.A., &c., First Medical Adviser to St. Vincent's Hospital.

PENDULOUS tumours are met with in different regions of the body. Their nature may, like that of other tumours, be analogous to the tissues called normal, or it may be foreign to the organization. Thus far they admit of an arrangement in common with other growths to which the term *tumour* has been applied. They possess, however, some characters peculiar to themselves, and which, I believe, will render them sufficiently interesting as a subject of separate study. These characters depend partly on their peculiar form, their pendulous position, and the nature of their attachment, and, in a great degree, on the organization and functions of the part from which they spring.

There are other characters of pendulous tumours developed during their progress, and depending on certain morbid changes to which, in their nature, they are exposed, and which not unfrequently lead to groundless apprehension of their malignancy.

As this class of tumours has not been, as far as I know, separately investigated, and as the works of Abernethy, Bell, Lawrence, Vogel, Rayer, Alibert, and Warren, contain no more