[*Extract from the May number of the Atlanta Medical and Surgical Journal.*]

5

RÈSUMÈ OF A REPORT

ON

POSITION, PNEUMATIC PRESSURE

AND MECHANICAL APPLIANCE

IN

UTERINE DISPLACEMENTS

Read before the Georgia Medical Association at Savannah, April 23d, 1875.

BY HENRY FRASER CAMPBELL, A.M., M.D.

CHAIRMAN OF THE COMMITTEE ON GYNÆCOLOGY FOR THE EIGHTH DISTRICT OF GEORGIA; SANITARY COMMISSIONER FOR THE EIGHTH DISTRICT OF GEORGIA; LATE PRESIDENT OF THE GEORGIA MEDICAL ASSOCIATION; FORMERLY VICE-PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION; FORMERLY CONSULTING SURGEON TO GEORGIA MILITARY HOSPITAL AT RICHMOND; FORMERLY PROFESSOR OF SURGERY IN THE NEW ORLEANS SCHOOL OF MEDICINE; MEMBER OF THE BIOLOGICAL DEPARTMENT OF THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA; CORRESPONDING MEMBER OF THE IMPERIAL ACADEMY OF ST. PETERSBURG, RUSSIA; AND PROFESSOR OF OPERATIVE SURGERY AND GYNÆCOLOGY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF GEORGIA.

"Truth's deathless voice *pauses* among mankind."—*Edinburgh Review.*

ATLANTA, GEORGIA:
DUNLOP & DICKSON, PRINTERS, 11 NORTH BROAD STREET.
1875.

RÈSUMÈ.

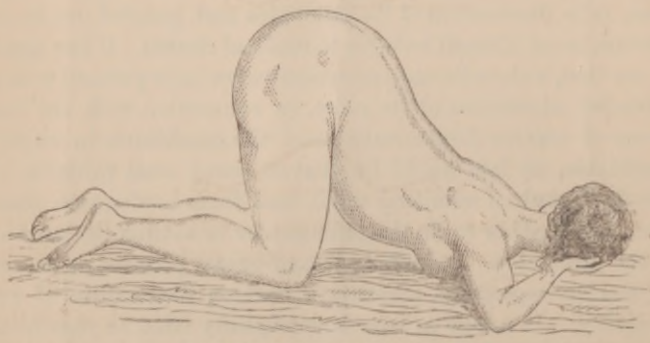
The accompanying synopsis having been submitted to my revision, both in the manuscript and the proof, I must content myself with allowing it to go to distribution, as my own paper. Inasmuch, however, as this Journal may reach many who may never see the fuller discussion, to be published in the Transactions of the Georgia Medical Association, a few words of explanation may not be deemed altogether unimportant; for while it contains nearly all the essentials of the Report it is intended to condense, the restricted and compendious scope of such a resume allows room for little more than "bare assertion."

I have refrained for years, from any published discussion of this important measure of treatment, while I have, during that time, fully demonstrated its principles and pointed out its applications, in my clinical lectures to medical classes. It has appeared to me that, unless its announcement were incorporated with some extended exposition of its value, in connection with the various forms of uterine displacement and the conditions to which it is applicable, its fate would be that of many most valuable ideas, which, though of admitted merit, had, from inadequate presentation, failed either to fix the attention or to modify the procedures of the profession. Indeed, knee-and-breast posture, as a measure of uterine reposition, presents a curious illustration of such a tendency. It seems to have been signally fated to pass from the minds and out of the practice of some of the most distinguished men who have had the opportunity of utilizing it to this important end. In regard to the note referring to Dr. Sims in the resume, we can only say, that his connection with the revival of knee-and-breast posture has been fully and, we hope, most fairly considered in our report. Every one must admit that it was only the transcendant brilliancy of his achievements, in the department

of operative gnyæcology, which could have diverted him from placing a more enduring value upon such an experience, even though it was but indirectly related to the objects of his, then, pursuit. I cannot find that he has *advised* the measure anywhere, as a systematic method of treatment for uterine malposition, and it is plain that neither from his writings, dating since 1852 to the present time, nor from the writings of any others, has it yet become one of the established precepts of the books.

As just intimated, this valuable method has probably failed of general adoption for want of adequate presentation, *as a means distinctly proposed and insisted on, for the correction of malpositions.* No one, perhaps, could more clearly understand and describe the position and its results than did Dr. Sims in the advice given by him for the use of his speculum in certain surgical operations upon the womb. The following directions are condensed from his works, which I present in connection with one or two of the illustrations from my own Report in the forthcoming Transactions. Like the others, they are from original drawings, by my nephew and colleague, Dr. A. Sibley Campbell, of Augusta. The figure is divested of clothing, that the relaxed abdominal muscles and curved spine may be presented in proper outline.

FIG. 1.



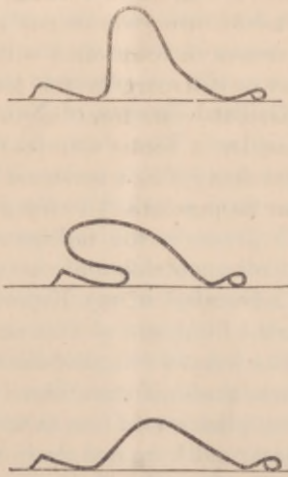
THE GENU-PECTORAL POSITION.

Let the patient loosen all strings and fastenings of the dress and corsets, and place herself on the bed on her knees, bending the body forward, till the head and thorax are brought down to the same plane as that on which the knees are resting, viz: the surface of the bed. The face may be turned to one side, resting in the two hands, while the elbows are thrown out widely from

the sides. The knees are to be separated from five to ten inches. The thighs must be perpendicular to the surface of the bed. "She must not arch the spine upwards, for this brings into forcible action the abdominal muscles, which should be perfectly relaxed, with the spine curved downwards as we see it in sway-backed animals. With these precautions fully impressed upon her, she is to breathe easily and relax the muscles of the abdomen."

There are one or two *errors* to which patients are liable in taking their position. They also are described by Dr. Sims. They were deemed of sufficient importance to be contrasted in our Report with the diagram-outline representing the true posture.

FIG. 2.



The first represents the outline having all portions of the body in proper relation with the plane surface upon which the figure rests. The perpendicular line, representing the thigh, elevates the hips to the highest attainable point, while the downward curve, towards the resting point, the breast, indicates the sudden and rapid decline from that elevation. This represents the most complete reversal of the bearing of gravity that the human body can practicably be made to effect upon the same plane.

The second figure scarcely requires particular description, as the manner in which the reversal of gravity must fail is sufficiently obvious.

The last is to indicate an outline of the body which, though entirely different from the other, is still equally unfavorable to

the reversal of gravity in a way that would promote uterine replacement, by equilibrium of pressure.

The position having been taken as indicated by the above directions and by the proper outlines, all that is necessary for self-replacement is the introduction of the repositor for a moment or two, as elsewhere indicated in these notes.

That knee-and-breast posture, so familiar to many for some time past, for certain purposes of surgery, should be made the subject of an extended report, will doubtless be a matter of some surprise to many. But it will perhaps occasion astonishment no less decided, should they, on searching the standard works on gynæcology, published during the past thirty years, both in this and foreign countries, find that *even the posture* is scarcely more than alluded to as a means of reducing the womb in any of its dislocations. The one or two exceptions to this, will be found in the works of Dr. T. Gaillard Thomas, of New York, and of Dr. Robert Barnes, of London. There may be others, but if such there be, diligent search has failed to make me familiar with them, up to this time. In these works it is *the posture alone* that is suggested—*pneumatic pressure*, the indispensable condition of power and the real instrumentality and *sine qua non* in the process of replacement advocated in my Report, *is not once, even alluded to.* The journal literature of this and other countries, for some years past, has teemed with discussions upon "postural treatment," for various abnormal conditions of both men and women. I do not recall, but a very few, in which uterine reposition at all, is their object; and I am not aware of a single instance in which distinct mention is made of the genu-pectoral posture being applied for its true object, the utilization of *air-pressure* as the instrumentality to effect uterine replacement, by gravity. If there is any such indoctrination, either in the books or the journals of the last twenty years, besides those above referred to, it is more my misfortune than my fault that I have not become familiar with them.* And though the chapter of my Report relating to the history of knee-and-breast posture is closed, full

* For some time past, Dr. J. H. Aveling has been furnishing to the pages of the *Obstetrical Journal of Great Britain and Ireland*, valuable discussions on "The Influence of Posture on Women." He speaks several times, of "knee-elbow" posture as being found advantageous, but I do not find that he anywhere mentions air-pressure, or the introduction of air into the vagina, as an important element in carrying out any process for which he recommends the position.

credit will be gladly given to the authors, for their praiseworthy, even though unsuccessful, efforts to fix attention upon this most valuable method of correcting the malpositions of the uterus.*

It will be recollected that the use made of the measure by Drs. Sims and Bozeman had in view a far different object—not uterine reposition at all—but operations within the vagina for the cure of vesico-vaginal fistula and other accidents and affections, of a purely surgical nature. In the Report just pronounced by me at Savannah, *the object was distinctly proclaimed. It was to establish among gynæcologists generally, in this as well as in foreign countries, pneumatic pressure, as it can be evoked and utilized in the genu-pectoral position, as a constantly available and powerful instrumentality; not only for occasional use, in unusual and difficult cases of displacement, but for daily application also, in the mildest forms and degrees of uterine malposition.* The use and benefits of this method would be greatly restricted and depreciated should its application involve the attention, each time, of the physician or even a nurse; it became therefore an object of earnest thought, that I might place in the hands of suffering women, through their medical advisers, an ever safe and "ready method" of *self-replacement*, by which, in most cases, instantaneous relief may be secured from, not only the distress and many inexplicable discomforts of uterine dislocation, but, far more important, from the imminent dangers, to both mother and offspring, which, from this cause alone, constantly hang around and imperil the yearned-for result, in the earlier months of gestation. I cannot but believe that to uterine displacements, more than to any other cause—more than to all other causes combined—is due the alarming frequency of abortions, in the period before, and about the time of, quickening. Frequent replacement lessens these dangers, facilitates quickening, or at least, ascent of the womb, and anticipates the liability to impaction.

Nightly self-replacement greatly mitigates—indeed, often entirely relieves, the irritations, whether local or reflected, which are known to arise from varying degrees and forms of displacement, which, as is argued in the Report, are not only incident to, but are almost *normal attendants* upon, the earlier months of preg-

* From my eminent and most erudite friend, Dr. John T. Metcalfe, of New York, I have received some rare and very important records, relating to the History of Knee-and-Breast Posture. For this highly valued kindness, I here render my grateful acknowledgments to that distinguished gentleman.

nancy. Every one is familiar with the distress arising from these *gravid displacements*. Locally, they are vesical and rectal irritation, tenesmus, sense of weight and downward pressure—"falling out"—vaginal and vulvar irritation—leucorrhœa, sometimes with dangerous contraction; frequent uterine and abdominal pains, with threatenings of abortion. Among the reflex irritations of early pregnancy, which are exaggerated by "gravid displacement," perhaps nausea or "morning sickness" is the most prominent and distressing; for it will be understood that lying down all night will not benefit a prolapsus unless replacement has been made on going to bed. Hysterical nervousness, wakefulness, and many of the nondescript miseries of these early months are also, as every one knows, but manifestations of reflected uterine irritation.

Like others,* I have sometimes found the continued support afforded by a well-adjusted pessary, until after the period of quickening, to act well in lessening the above troubles. Many patients, however, are averse to them while in the pregnant condition, and cannot be induced to submit to their introduction at that time. When *nightly self-replacement*, by means of the pneumatic repositor, shall become fully recognized by the profession and uniformly commended by us to pregnant women, under the above circumstances, I faithfully and most hopefully believe that many of them who now suffer and drag out these months in dread and apprehension, will be assisted—will assist themselves—to pass this distressing stage in comparative quiet and comfort, and that many a fœtus, now doomed to perish under its neglect, will be carried prosperously on to safe delivery.

Rectal Inflation.—I have known, for a long time, that the rectum, no less than the vagina, could be made, in the genu-pectoral posture, the subject of wide distension by air-pressure *per anum*. In a case of reputed stricture of this canal, which, on examination with my distinguished friend, Dr. Joseph A. Eve, of this city,† we found to be one of retroversion of the uterus, I

* Clinical Observations on the use of Pessaries in the early months of Pregnancy. By Albert H. Smith, M.D., etc. (*See American supplement to Obstetrical Journal of Great Britain and Ireland*·

† As it has given me pleasure to mention Dr. Eve in connection with the above case, I must also present him fairly. Though, for years, he has used knee-and-breast posture as a means of uterine reduction, and taught it from his chair of obstetrics, he does not fully coincide in the *rationale* of the process as expressed in the phrase Pneumatic Pressure. We think the differ-

carefully experimented and noted the effect of air-entrance, first into the rectum and then into the vagina, upon the position and direction of the displaced womb.

The vagina was kept strictly closed until after an observation upon the rectum. The rectum was, to all intents and purposes, converted into a colpeurynter. The distension of its walls had the effect, in this case, of partially dislodging the fundus from the hollow of the sacrum—there was no impaction—as I suppose Braun's colpeuynter would do, if inflated within this cavity. The *position* of the displaced womb was considerably changed, but its *direction*, not at all. After carefully considering the condition of the cavity and the relation of the fundus uteri to the face of the sacrum, the obliquity was instantly corrected by the additional admission of air into the vagina.

One of the uses which, I think, can be made hereafter of rectal distension as above described, is that it may offer *a facility* to reposition, in certain cases of retroversion; that it may serve, as in the above instance, where there is neither adhesion nor impaction, to *dislodge the fundus from the hollow of the sacrum*, thereby making restitution by *vaginal inflation* and inverted gravity easier and more certain. Alone, it can never be made to effect the reposition of this backward obliquity. Indeed, we never had any very great reliance even on the *principle* claimed for the action of the India rubber bag to be inflated in the rectum, generally known as the colpeuynter. In actual *practice*, I have ever found it *simply unendurable.*

Classification.—As to the Synoptical Arrangement, which I have allowed to be herein transferred from the Report, it is only hoped that the attempt will not be prejudged unfavorably. It must be evident to every careful reader of many of the journals and some of the standard monographs of the present day, that there is much looseness, so to speak, in the application of some of the terms which should differentiate uterine displacements. Many times, it is only with the greatest care and repeated study of the context, that we can determine, accurately, the true meaning of those who report and describe cases. How often do we find versions miscalled as flexions. Every one must perceive—in

---

ence is scarcely a real one. Inverted gravity is undoubtedly the force *principally* acting, but it is kept in the most powerless abeyance, until downward pressure, through the vulva, is supplied, "to restore the equilibrium," as the Physicists would perhaps express the process.

time at least, it *will* be perceived—that some pointed and clearly discriminating presentation of the now generally recognized differences in displacements, is urgently demanded, to check and to clear up the momentarily deepening confusion. The table here offered, inadequate as it may be, has cost much labor and no little anxious reflection. I cannot, however, argue it here.

In the course of the foregoing remarks, introducing and explaining the following synopsis, I earnestly hope there can be found not one presuming sentence or aggressive line. It will be admitted that the principles of treatment advocated in our Report have suffered for years, by one cause or another, the most unmerited neglect; till, at the present day, they have almost disappeared from among the teachings of gynæcology. Confusing names,* imperfect descriptions and hesitating recommendations have weakened the confidence in, and destroyed the value of, this inestimable measure of treatment. In seeking to establish it now, I feel that I must not have laid at my door the charge of any half-way appeal for the attention and confidence of the profession. Much would I prefer to lay myself liable to the charge of exaggerating its importance—if that were possible. It would seem something more than poetic inspiration that tells us:

"Truth's deathless voice *pauses* among mankind."

This voice, as will be shown hereafter, has, in this case, *paused many times*, in long, injurious *silences*—silences injurious to humanity. Is this most useful expedient again to disappear from among the precepts of the books and from the practice of medical men? Who can tell? but most earnestly may we hope that it will *not*. In the present age, more than in any era of the past, there are potent influences which can rescue it from oblivion. When the power of inverted gravity, as can only be secured in this posture and by pneumatic pressure, comes to be generally understood, as a means of uterine replacement; when it is taught as such, in all the medical colleges; demonstrated in the hospitals; discussed fully and fairly in the societies and journals; distinctly and prominently insisted upon, as it is not anywhere now, in the standard works and text-books on gynæcology; when it shall be *the rule, as most surely it will*, that *no pessary or other appliance of*

* "Knee-elbow position," "Quadrupedal posture," and especially the term "All-fours," are names which fail to describe, accurately, knee-and-breast posture. They do *not* indicate a position of the body in which the gravity of the organs becomes inverted.

internal support shall be used without previous reduction of the dislocated uterus, by pneumatic pressure in the knee-and-breast posture: Again, when no less by the unhappy patients themselves, than by their medical attendants, SELF-REPLACEMENT shall be recognized as "*The Ready Method*" of securing relief—relief from lumbar and sciatic pains, from aching knees, from vesical and rectal irritation; when it shall be known as a resource, often, *for averting abortion*, and for educing magic comfort, out of the very midst of the Protean distresses of malposition; when, indeed, from their uniform relief to the suffering and the imperiled, posturing shall become as familiar as kneeling, and the repositor, as any implement of toilet convenience; then can we feel satisfied that this potent instrumentality has attained to the full and comprehensive measure of its surpassing usefulness, and that it can *never again* fall into neglect and desuetude.

HENRY F. CAMPBELL.

Augusta, Georgia, April 24th, 1875.

SYNOPSIS.

[*From the Atlanta Medical and Surgical Journal, June*, 1875.]

TREATMENT OF UTERINE DISPLACEMENTS.

PROF. H. F. CAMPBELL, M.D., OF AUGUSTA, GA.

By the courtesy of a friend attending the Medical Association of Georgia, we are enabled to give the following abstract of Prof. Campbell's remarks at the recent meeting in Savannah, of which we gave a brief synopsis in our report in the May JOURNAL. This paper was crowded out of that number.—ED. JOUR.

Dr. Henry F. Campbell, of Augusta, Professor of Operative Surgery and Gynæcology in the Medical College of Georgia, was chairman of the Committee on Gynæcology for the Eighth District. He gave a verbal resume of his lengthy report on Uterine Displacements and their Treatment by Position, Pneumatic Pressure and Mechanical Appliance.

Dr. Campbell said: Every sexual abnormality may present two momentous desiderata: first, the health of the patient; sec-

ondly, the relief of sterility. Both these ends, it is well known, are materially compromised by uterine displacements. Scarcely any uterine affection can escape complication with some form or degree of malposition; and, on the other hand, no malposition can persistently continue without at least a *liability* to both structural and functional change. He said that though the several affections, comprehended under the general head of uterine displacements, were well understood by the profession, and though they were generally carefully catalogued or tabulated in all works on diseases of women, still there is liability to misunderstanding and confusion in their study, on account of the imperfect and incomplete classification of the several species of malposition. The several forms of the various conditions recognized as "displacements," while they bear sufficient resemblance to each other to admit of class-association, still there are *generic differences*, which widely separate them, and which, until they are recognized in the tabulated classifications of the journals and books, must ever lead, and have already led, to much confusion in their discussion. He is aware that any change in the established and long recognized relations of things, even though those relations may be false and inaccurate, is always regarded with disfavor by the profession; but inasmuch as, in this case, the evils of false classification must be felt by every one, and must constantly lead to increasing confusion year after year, he has proposed the following arrangement, the principal feature of which may be said to consist in the *introduction of genera* and the recognition of *generic differences*, by which the vicious and incongruous association of incognate species has been substituted by one which is more congenial and natural. While the nomenclature of uterine displacements is, in general, sufficiently descriptive, new names, in many instances, might be substituted to advantage; still Dr. C. retains the long recognized terms, rather than incur the risk of confusion, which the introduction of new, even though more definite ones, might produce.

SYNOPTICAL ARRANGEMENT OF UTERINE DISPLACEMENTS.

DEFINITION.—Conditions of the uterus, more or less affecting the health and fecundity of the subject, in which, whether from *elevation* or *depression;* or from *changed direction;* or from *altered form*, this organ, or any portion of it, has become abnormally related, to either the planes or the axes of its containing cavity, the pelvis, or to the other organs therein contained. They may be recognized under the following several genera:

GENUS 1ST—MALPOSITIONS—ABERRATIONS OF LEVEL, OR NORMAL PLANE.

	Influence on Menstruation, Conception and Pregnancy.
a. Ascent. *b.* Descent. *c.* Prolapsus. *d.* Procidentia.	Menstruation modified—generally excessive, without pain. Prospects of conception—not always, but generally, impaired. Pregnancy insecure—liable to abortion until after quickening.

GENUS 2D. OBLIQUITIES OR DEVIATIONS.—ABERRATIONS OF DIRECTION, OR OF NORMAL AXIS.

	Influence on Menstruation, Conception and Pregnancy.
a. Anteversion. *b.* Retroversion. *c.* Latero-version.	Menstruation disturbed—generally painful. Prospects of conception always seriously impaired. Abortion always imminent at time of quickening.

GENUS 3D. DISTORTIONS—ABERRATIONS OF FORM.

	Influence on Menstruation, Conception and Pregnancy.
a. Anteflexion. *b.* Retroflexion. *c.* Lateroflexion. *d.* Inversion. SUB-GENUS.* *e.* Cervical Elongation. *f.* Cervical Constriction. *g.* Tubal Constriction.	In most of the species, menstruation is deficient and painful—"obstructive dysmenorrhœa"—conception almost hopeless, from non-contact of "germ-cells with sperm-cells." In rare cases of accidental conception, (as may happen to some of the species) abortion, in most of them, almost inevitable. Where the conditions of the sub-genus exist to the full degree, conception is impossible.

As the title of the paper would indicate, position and what he styles "pneumatic pressure," has the fullest consideration in Dr. Campbell's report. He urges the importance and indispen-

*These are associated as a "sub-genus"—for, though generally described with displacements, they are only distortions, but not displacements. We might, to the genera and species here arranged, have added what might be called "varieties"—thus: In every species of displacement there are *degrees;* there are all degrees of downward displacement—the division into species is sufficient for them—but in the "Obliquities," these degrees of fundal depression might be graded into varieties; as also in the lateral deviations. Still more pertinent would be a series of varieties in the "Distortions," all degrees and directions of curve or angular bend; also the *localities* of the curve or bend; whether in the neck or in the body, (as some claim may occur) or at the junction of neck and body. Then again, in the sub-genus of distortions, we might also establish *varieties;* as the kinds and degrees of cervical elongation; the kind and degrees of cervical constriction; whether congenital or acquired, whether plastic or inflammatory, complete or incomplete, straight or devious, etc. Again, in "tubal constriction," whether single or double, inflammatory or congestive or indurated, etc. All these abnormalities might be introduced, to constitute varieties, in legitimate accordance with the true principles of classification, but our earnest desire is *to be useful,* and such additions might complicate the *tableau* to such an extent that it might not be entertained and adopted by the profession.—*Note added by Reporter in reviewing proof sheets of Resume.*—EDITOR.

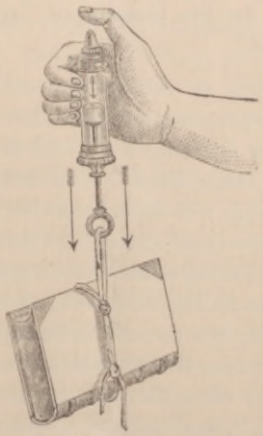
sable necessity of knee and breast posture, in the treatment of nearly all those conditions which can properly be called uterine displacements. He reports, in full, his satisfactory experience in the use of this "postural treatment" of uterine displacements, during a period of over thirty years. "It has been an *unwritten tradition* among many of the physicians of our school for years before my own time." In tracing the history of knee-and-breast posture, he finds that it is, by no means, a new or recent device—finding mention of it as applied, for one object or another, since the year 1701. Like many of the inventions of gynæcology—as the speculum, the sponge-tent and uterine sound—"genu-pectoral posture" has been the subject, time after time, of discovery, oblivion, re-discovery, neglect and revival. The most recent revival of its application was that of Dr. Marion Sims, in 1852. His recommendations of it, *for a brief period*, called general attention to it, for only a particular class of operations—vesico-vaginal fistula, etc., but never secured its application by the profession as an instrumentality in replacements of any form of uterine malposition. Dr. Sims, though he understood apparently its capabilities, did not appear to value it properly *as a means of replacing the dislocated uterus*. As in retroversion, the displacement for which, above all others, it is most valuable, he places the patient in "semi-prone position," abandoning gravity and pneumatic pressure, and using sponge probangs and a complicated process to *imperfectly* restore the displaced organ.

Dr. Campbell adduced the writings of the late Dr. Milton Antony, of Augusta, as the most important revival of knee-and-breast position in recent times; also as the revival which, had it been generally published and known, would have extended its applications to a wider range of cases and to the relief of a far more frequent and common class of distresses than any of the applications it has found in its more recent inauguration by Dr. Sims. Dr. Antony's recommendation of the manœuvre was made in a series of papers published in the years 1836 and 1837; and it was for uterine displacements and examinations especially that he recommended it. Versions and flexions of the unimpregnated uterus were not, at that time, generally known; so that it was to the downward displacements alone that Milton Antony applied the method. Dr. Campbell claims that, since his earliest days of practice, he has used this postural treatment, applying it to every displacement possible, as its value became understood by him.

Using it as a means of diagnosis as well as of treatment, he insists that no investigation of any form of uterine displacement can be thorough or conclusive without "genu-pectoral" posture and "pneumatic pressure," by which we judge regarding the mobility, the extent of motion and the direction of motion possible to the displaced organ. He insists that no pessary should ever be applied, or its application attempted, *until after the dislocated organ has been reduced by knee-and-breast posture, assisted by pneumatic pressure.* The ordinary introduction of the pessary often involves a *painful pushing up* of the prolapsed or retroverted womb *upon the pessary;* whereas the womb *should first be replaced* to its fullest extent, in knee-and-breast posture, and then the pessary *laid upon* the posterior vaginal *cul-de-sac,* while the woman is in the inverted position. As the patient rises to the *erect* kneeling posture, the womb settles down upon the posterior bar, or segment of the pessary, and thus she *begins* its use with comfort and freedom from pain. The particular rules, given by Dr. Hodge, for the application of his open lever pessary are diametrically reversed by Dr. Campbell, so as to adapt them to his far superior application of this valuable instrument in the "genu-pectoral position," after full reduction by "pneumatic pressure."

Self-Replacement.—That which may be regarded as perhaps the most triumphant achievement in the use of this most powerful instrumentality for uterine reposition is what Dr. Campbell himself has termed "Self-replacement."

Fig. 3.



Breaking the Suction.

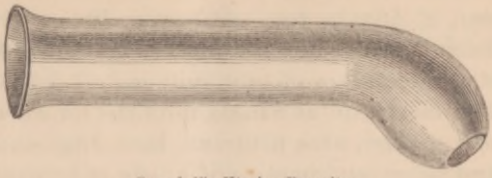
In his discussion of the rationale of the "genu-pectoral position," he demonstrated clearly to all present that like a pneumatic pump (which he actually used in the demonstration,) the descended womb, resting against the closed vulva, would not return to its position, even when dragged upon by its own weight, together with all the weight of the abdominal viscera, unless, as he expressed it, "*the suction is broken,*" by the separation of the labia, to introduce air into the vagina, any more than was the piston of the reversed pneumatic syringe dragged down by the heavy book attached to the handle, until the thumb was removed from the opening above the plunger. He holds that in reduction of retroversions, except, in cases of adhesion or impaction, *nothing is necessary but "genu-pectoral pneumatic pressure,"* and further, that Simpson's repositor, Bond's repositor, Sims' probangs, and the colpeurynter are useless instruments, except in extraordinary cases.

Dr. Campbell stated that for years he had found difficulty in securing to patients the full advantages of knee-and-breast posture from the fact that the womb would not replace itself, unless air was allowed to enter the vagina. His advice of "nightly replacement," only practicable by the patient herself, but in his mind a very great desideratum, constantly failed to afford relief on this account; also in the case of patients in the condition of virginity, often the subjects of displacements, but averse to any manipulative treatment, simple "genu-pectoral" posture would not relieve. He therefore, after many progressive attempts, perfected a simple instrument for the purpose of "pneumatic reduction of the dislocated uterus."

Dr. Sims' duck-bill speculum, as used by Dr. Sims in his operations within the vagina, supplied him with an efficient and suggestive model for devising a method of establishing an "air-way" for "breaking the suction." This instrument, of course, was too expensive to supply one each to perhaps dozens of patients to whom he would wish advantageously to recommend "nightly self-replacement." He devised at one time a curved staff of vulcanite, some eighteen inches in length, tunnelled by a *bore* from the end to the curve, directing the patient to assume the position, and to reach back and introduce the perforated curved end into the vagina, that the air might enter through the tunnel. This was found, in the first place, still too expensive, and then inconvenient, on

account of the interference by clothing, as well as by its inherent awkwardness of application.

Fig. 4.



Campbell's Uterine Repositor.

His "*Pneumatic Self-Repositor*" is the idea of an "air-way" reduced to the last degree of economy, simplicity and convenience. They are so cheap that they can be ordered from the manufacturer by the gross at a price little above the cost of ounce vials, and given if desired without charge to each patient. It consists essentially of a glass tube of various forms, from two and one-half to three inches long, slightly curved near the end and bulbous, to admit of easy introduction. He presented specimens of various forms and sizes of this instrument. Some, very attenuated in calibre, to use in virgins, to pass above the hymen, which is generally more or less lunated, without injury to that important membrane. The application is very simple. The patient assumes the "genu-pectoral position," and, while thus placed, or before rising, with or without lubrication, she introduces the tube, only for a moment. The air rushes in, the suction is broken, and immediately, whatever may be the displacement, unless there is adhesion or impaction, "self-replacement" is completely and instantly accomplished. She then lies quietly down for the night, and a night's rest, with unstretched uterine ligaments, and unimpeded uterine circulation, if often and regularly repeated, will, at least, go far in favoring a restoration to a permanently normal position of the organ.

The text of the report is illustrated by a number of original engravings, from the talented pencil of Dr. A. Sibley Campbell, of Augusta. These represent the several displacements of the uterus, and the process of their reduction by "position and pneumatic pressure."

Dr. C. also discusses the value of pessaries and other mechanical appliances, which he is far from discrediting. He also considers many of the attendant complications of uterine displacements and their various means of relief; but as "position and

pneumatic pressure" comprehended the chief peculiarities of his report, we await the appearance of the forthcoming volume of Transactions, rather than extend any further what was intended as only a compendious resume.

Dr. Battey, of Atlanta, rose and said: The mention of the name of Milton Antony, in Dr. Campbell's report, stirs within me feelings of admiration, of gratitude and of deepest veneration. He was the friend and medical adviser of my father and of my sainted mother, who, with him, have long since gone to their rest, and hence *my* friend. His kindly and succoring hand opened for the first time my eyes to the light of glorious day, and safely conducted me through the perils of puling infancy. He died while I was yet too young to know anything but his kindness and almost God-like benevolence. That he was a man of genius and untiring energy his works, that after his rest now do follow him, undeniably attest: The Medical College of Georgia, of which he was the founder; the Southern Medical and Surgical Journal, long the only one, and always a most valuable medium of interchange of medical knowledge in the South, was the creature of his active brain; and now the enterprise and research of our reporter revives and elaborates from its antiquated and dusty volumes this signal token that good seed sown, even by the wayside, do not always perish, but in due time may spring up and bear the richest fruit, bringing forth forty, sixty, or an hundred fold!

I have often tried to avail myself, for the benefit of my patients, of the ease, comfort and relief which are attributed to the "knee-and-breast posture" by advising them to practice it. I was often disappointed; and now I am made aware that the failure in relief arose from the fact that "the suction was not broken," and because there was not at hand any convenient and efficient means of "air-way," such as we now have offered to us in Dr. Campbell's simple and most philosophical device, the "pneumatic self-repositor."