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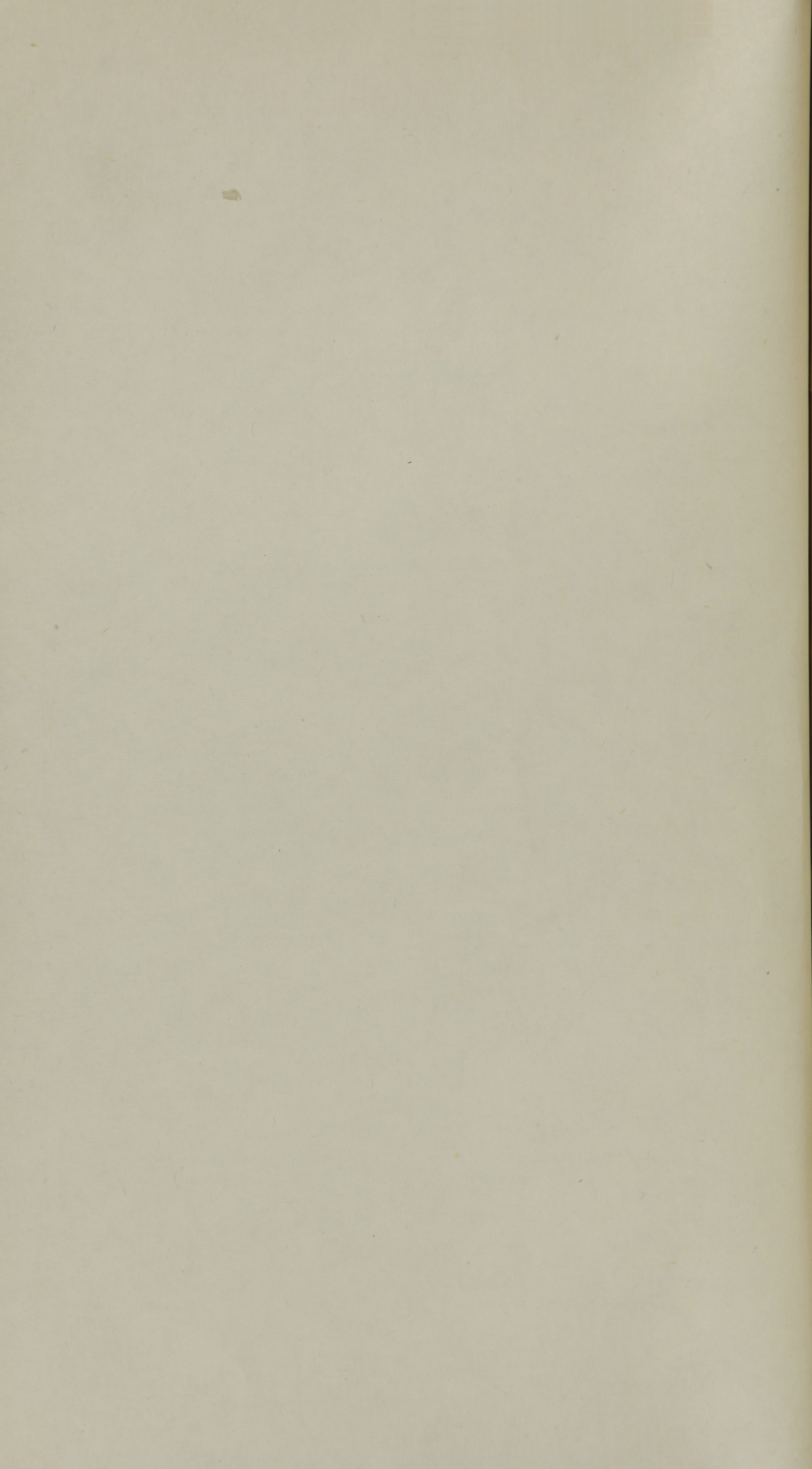
A
TREATISE
ON THE
CAUSES, CONSTITUTIONAL EFFECTS,
AND
TREATMENT
OF
UTERINE DISPLACEMENTS.

BY
WILLIAM-EDWARD COALE, M.D.
MEMBER OF THE BOSTON SOC. FOR MEDICAL IMPROVEMENT, ETC. ETC. ETC.



BOSTON :
PRINTED BY DAVID CLAPP...184 WASHINGTON STREET.
MEDICAL AND SURGICAL JOURNAL OFFICE.
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THE following is not intended to be a comprehensive treatise on uterine displacements. Its object is to present to others certain practical views of the writer with regard to the causes of these affections, and the means of treating them which experience has taught him to be most efficacious. For neither of these does he claim the merit of originality ; but he thinks that where certain of the causes which he lays down as important have been entertained by others, they have not been properly appreciated, and consequently methods of treatment based upon them have been too much slighted, if not entirely overlooked.

It has been the aim of the writer rather to make these remarks suggestive, and to avoid anything like dogmatical assertion, feeling confident, from the results which have occurred under his immediate notice, that others will, upon fair examination and experiment, not differ very greatly from him as far as he goes, and hoping that by pursuing the same path they may attain to still greater light and achieve further advantages in the treatment of these important, and now too common affections.

To exhibit more particularly the results just mentioned, it was at first intended to give cases in illustration ; it was found, however, that they did not differ greatly, even in the details, and they would have added very materially to the bulk of the treatise. For the same reason reference to and quotations from authorities, whether in support of or in contradiction to the text, have been indulged in to a very limited extent.

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TREATISE ON UTERINE DISPLACEMENTS.

ANATOMICAL AND PHYSIOLOGICAL CONSIDERATIONS.

AN examination into the anatomy of the appendages of the uterus, and into the relations of that organ with the surrounding ones, will at once relieve us of any surprise that it should be, of all the various viscera of the human body, the one most liable to displacement. Itself dense and unyielding, mounted upon the extremity of a thin musculo-membranous tube; with nothing solid beneath to sustain it; with no immediate lateral attachments to hold it in place; with the whole contents of the abdomen directly above, gliding so readily upon each other as to convert the pressure they exert, for all practical purposes at least, into a powerful hydrostatic one—considering the subject in a purely mechanical point of view, we would be surprised that a dislodgment of the uterus from its normal situation, upon the slightest assistance given to the forces apparently continually at work, should not be the rule, and those cases where it resists these influences be the exception, in the history of woman's health.

It is true that in descriptions given of the anatomy of the organ, it has been, from the earliest periods down to the present day, described as held in its situation by certain ligaments (Meckel J. Fred. Handbook of Anat. viii., §241)—as being bound by the peritoneum [Winslow, Exposition Anatomique, t. iii., 767]—as being also defended from pressure above by that membrane [Boerhaave, Institutiones Medecina, 1720]. A reference however, to the arrangement and relation of the parts, will, we feel, be convincing that these ligaments and these peritoneal attachments can have very little of the supposed influence in preserving the organ in its proper site. Let us, then, give them an examination, for we are of opinion that, even at this early period of our investigations, we will detect one of the frequent and fundamental errors upon which is

based much of the treatment now used in contending with uterine displacements.

These ligaments are described as the round ligaments—the lateral or broad ligaments—the inferior anterior and the inferior posterior ligaments. Of each of these there are two in number.

The round ligaments passing from the fundus of the uterus, just in front of the junction of the Fallopian tubes with the organ, to be expanded upon the pubis, can surely have no influence in keeping the womb from sinking downward into the pelvis, for their course practically considered does not depart much from the horizontal plane—evidently not enough to allow us for a moment to think that the uterus is *dependent* from them.

The broad ligaments, passing off laterally from the fundus, seem to lack two essentials for giving the necessary support—a point d'appui to which to attach themselves, and a sufficient tenseness between their outer extremity and the uterus.*

The anterior and posterior ligaments have scarcely that name allowed them by many anatomists, but are often described as simple folds of the peritoneum into which it, as any pliant membrane or cloth thrown over several rotund bodies would do, arranges itself in hanging across the depressions between them—from the apex of the one to those of the others.

It is true that beneath, or lining the outer side of the peritoneum and attaching it to the uterus, there is a denser and more resistant layer of fibres described by Madame Boivin [Memorial de l'Art des Accouchements, Paris, 1824], as the “Tunique utero-sous-peritoneale,” which undoubtedly does exert some power in protecting the organ from great and sudden displacement. But even this is too lax—not sufficiently tense to preserve it perfectly fixed, and certainly not sufficiently enduring in its resistance to prevent it submitting in time to any disturbing influence persistent in its action. Any one, who has ever had an opportunity of experiencing the effect of the patient coughing, when undergoing the *touch*, upon the uterus, will, we feel confident, agree with us in the main in the above proposition. In such cases, even, where there is no tendency to prolapsus, the organ, at each exertion or spasm of the diaphragm, is thrown downwards violently, and to some distance—returning immediately the exertion is over, to its proper situation.

If then we are called upon to say what does preserve the uterus in situ—what enables it to resist the downward pressure of all the movea-

* An accidental reference to Astruc gives full confirmation by that author of our views as regards the amount of support furnished to the uterus by the round and the broad ligaments.

ble contents of the abdomen, not only weighty in themselves, but, by their mobility and that of the walls that enclose them, in front exerting a depressing force duplicating several times their weight alone—we must state, that, in our belief, it cannot be solely the loosely-attached and tenseless expansions and membranous folds called the ligaments of the uterus, but, that that force, termed appropriately (by the French first, we believe) *vital tonicity*, has a very great share of the work. By those who look at all the physical forces as purely mechanical, this will seem a mere fancy; but to others, who believe that in addition to the varied and beautiful machinery of the animal frame there is still something more necessary in order to preserve that harmony between its many parts, which must endure to greater or less degree for some three score years—to those who feel that it is not owing to its main strength and the toughness of its fibres alone that the aorta does not burst or the overstrained muscles snap, our proposition, we are confident, will not seem wholly unsupported.

We do not, however, introduce this proposition here, merely for the sake of a theory, upon which to speculate. We believe, as we have just said, that an exclusion of the consideration of, and a want of proper estimate of, the influence of this vital tonicity, has induced many physicians to look upon uterine displacements too much in a simply mechanical point of view, and to shape their remedies accordingly. The consequence has been, that local causes have been too much insisted upon as accounting for the origin of these affections, and pessaries and abdominal supporters have been too much relied upon in the treatment of them, to the disregard of remedies intended to restore the health generally and to give tone to the system at large. But we will speak more fully upon this presently.

THE VARIETIES OF UTERINE DISPLACEMENTS.

The displacements to which the uterus is subject, are as follows:—

Elevation.—An unnaturally high position of the organ, in which its tendency is to mount out of the pelvic cavity into the abdominal.

Prolapsus. (Synonymes—*Pysteroptosis*, *Exometra*, *Procidencia uteri*, *Chute de la matrice*, *Falling of the womb.*)—As the word indicates, a slipping down of the organ from its natural position.

Anteversio.—A turning over of the womb, with its fundus forward.

Retroversio.—A similar turning over, but with the fundus backward.

Obliquity of the womb.—An inclination of the organ to one side or to the other of the pelvis, the variety being specified by the position of the fundus.

The last condition may accompany either of the two preceding, and either of the last three may also be attended by either of the first two—elevation or prolapsus.

Lastly, the uterus may form the contents of a hernial sac, and thus be protruded into or beyond the walls of the pelvis or abdomen at any of those points at which protrusions of the contents of these cavities occur.

Elevation of the Uterus.

Elevation, of all these displacements, is the rarest excepting hernia, and indeed never occurs as an affection of itself, but is always the result of some other condition or disease of the uterus or of some neighboring organ. Thus, in pregnancy during the middle months, the organ rises higher than it is habitually at other times. For at an earlier period its weight, favored probably by the state of the system generally, first tends to settle it down—but, as it becomes too large for the pelvis, it rises out of it, and the *os tinæ* is found further from the *os externum* than at any other period. Again, during the latter months, the weight of the *foetus* presses it down once more. Thus explained, elevation cannot be considered a pathological state.

The morbid condition that generally accompanies elevation of the uterus is most frequently some tumor, either of the walls of the organ or attached firmly to it. The growth of such an attachment we can readily see might raise the uterus with it mechanically, in finding for itself a space for increased development above the brim of the pelvis.

A striking instance of this condition we found in a patient, some 45 years of age, who had a fulness and hardness at the lower part of the abdomen, evidently some morbid growth. The only trouble that it caused her was, that it would sometimes suddenly disappear, and immediately, as she expressed it, her lower limbs would fall asleep and require her to sit down. Very soon she would feel something rise into the abdomen again with a sudden jerk, and all would be right. Dying of an acute disease, we made a post-mortem examination of the body. In addition to the disease that caused death, we found the uterus, with a large fibrous tumor attached, riding habitually above the brim of the pelvis, far higher than the natural position of the organ; but the shape of the mass was such, that by a slight adjustment it would pass down into the cavity below and fill it so compactly as to compress the nerves passing along its walls, and thus cause the symptoms just described.

This displacement is not characterized by any symptom peculiar to it, nor indeed should we look upon it as an affection proper to the organ,

but only as an accidental condition attending another affection. Of course, for the reason just mentioned, no special treatment can be adopted for it, and with this notice we dismiss all further consideration of it.

Prolapsus Uteri.

As the displacement just mentioned is one of the rarest of all those to which the uterus is subjected, this, on the contrary, is by far the most frequent in occurrence.

Condition of the Parts.—Under the general term prolapsus, we include several degrees of descent of the organ—to each of which some writers, unnecessarily we think, give separate and distinctive names.

So far as the position of the organ is concerned, the disease exhibits itself in three well-marked phases or degrees. In the first, we scarce find any great departure from the normal type. The *os tinæ* is more readily reached than commonly, apparently from a simple shortening of the vagina upon itself; and it seems to project a little more than it should into the extremity of this tube—the groove or depression between the neck of the uterus and walls of the vagina being slightly exaggerated in depth. Otherwise the organ is not appreciably altered in situation, nor is it in size or other particular. Astruc asserts that this condition exists habitually in women who have borne children, and it is this degree to which prolapsus may take place in the earliest months of pregnancy. The organ becomes a little heavier, and—not owing to that circumstance solely, but availing itself of some want of tone in the general system, caused, say, by the exhausting effects of nausea and vomiting and other disturbance of the general health incidental to that state—it sinks down slightly, and there remains until its increased size causes it to wedge itself out of the pelvis again, and support itself against the brim of that cavity.

As the effect of this cause, this degree of prolapsus cannot be called a pathological condition, any more than can the elevation existing during the middle months of pregnancy. But even when it is truly a disease, for practical purposes it cannot much interest us, because it is seldom detected—probably never except accidentally. There are possibly no attendant symptoms advising us of a departure from the healthy type, or these are so slight as not to attract attention. It is therefore more as a stage of the disease than as of importance in its treatment, that this condition is mentioned.

In the next degree the peculiarities of the last become exaggerated. The *os tinæ* approaches more nearly to the *os externum*. The body of the uterus is situated entirely, or almost so, within the vagina, which

has now become turned wrong-side-outward upon itself, to permit this descent into its cavity. Still later, the pear-shaped organ, favored by its wedge-like configuration, forces itself downward, and at last is found lying almost horizontally upon the floor of the perineum. This is the degree in which the disease first urges itself upon the attention of the patient by the severity of the attendant symptoms, and calls imperatively for aid from the physician.

In this stage an alteration in the position of the organ is not the only morbid condition affecting the parts. The uterus itself, if not primarily so, soon becomes engorged, tumefied and hardened, always tender, and frequently highly sensitive—conditions often precursors to a state of chronic inflammation of the organ, attended by unceasing and severe suffering—and always accompanied, as are also often the others, with more or less leucorrhœa.

The walls of the vagina are also unnaturally lax and flabby, doubling before the finger when inserted into it, oftenest bathed with a profuse flow of mucus, mingled with the discharge from the uterus—but sometimes, on the other hand, participating in the excited state of the chief organ, and offering a dry rugose surface, highly sensitive to the touch and of a deep red color.

In the last stage, or highest degree of prolapsus, the uterus is protruded from the external parts. It is then, of course, covered with the walls of the vagina which it has carried along with it. These, as may be readily conceived, are at first irritated and inflamed by their unwonted exposure to the air, and by contact with the urine and with the neighboring surfaces—and, if not speedily relieved by a discharge of mucus so as to unload their distended vessels, become highly tumid and exquisitely sensitive. The displaced organ participates in this condition generally, but is, besides this, still further engorged by the obstruction presented to a return of its venous blood through the vessels now compressed and embarrassed by their unnatural relations to the parts behind. This primary stage passing off, either from the topical application of remedies directed against the most urgent symptoms, or from some rallying effort of nature, the exposed mucous membrane thickens, becomes less sensitive, and assimilates itself to the external integuments, as is the case in similar exposures of it from accidental causes, in other parts of the system. The uterus, too, though remaining hardened and enlarged, abates somewhat of its irritability, and measurably adapts itself to its new condition.

During the descent of the uterus from its normal position, the con-

tents of the abdomen participate in the change and assume new relations with regard to each other. The urinary bladder, the cæcum and the rectum, are too rigidly confined to change in general very much their positions, but the concave dish formed by the peritoneum, as it falls from one side to the other of the pelvis, and from the anterior abdominal walls over the fundus of the bladder and of the uterus, to attach itself to the neighborhood of the last lumbar vertebra, is deepened in its concavity—the rounded elevation in it, formed hitherto by the fundus of the uterus, disappears and gives place to a depression, which is sometimes partly filled by the posterior wall of the bladder sinking backward for want of its usual support, but still more by the rectum almost habitually distended in these cases with retained and hardened fæces. If these do not suffice, a fold or two of the small intestines finds a resting place in the new depression, and their former situation is filled in turn by a general subsidence of the abdominal contents.

These last particulars may be by some considered of not sufficient importance to receive mention here; but they are, nevertheless, a part of the history of the disease, and, as slight as they seem, we still believe, that, to them, at least while the affection is recent, most uncomfortable symptoms attending it may be attributed. We say, while the affection is recent, for every practitioner who has had much experience in these diseases must have noticed how, apparently inexplicably, some of the most distressing sensations attending them often lessen while the affection itself is not ameliorated.

Some cases are on record where the uterus has not only been protruded, but actually become dependent—in more than one, as far as the knees. In these the cavity behind the organ contained some of the small intestines, the Fallopian tubes stretched to their utmost, and even the bladder wrenched, for the most part, from its anterior attachments. Such cases are very rare, and cannot be looked upon so much as instances of prolapsus uteri, as of some constitutional peculiarity or original defect in construction, permitting this large hernia through the infra-pelvic strait.

In simple ANTEVERSION and RETROVERSION of the uterus, without descent, there need not necessarily be any marked alteration in the substance of the organ—nor, indeed, in the condition of the vagina, further than, as may be supposed, a distortion of its superior extremity caused by the change in the proper relations of the axis of the uterus with its own. When, however, the former descends and is compressed in the

antero-posterior diameter of the pelvis, it is found to be in the same condition as in simple prolapsus to a corresponding degree; and this, in many instances, is a little exaggerated from a greater embarrassment of the circulation, particularly in the return of the venous blood from the organ. The vagina, too, in the last case, exhibits the same condition as has been described above in prolapsus of the same stage and continuance.

Of the organs in the neighborhood, the one that suffers most is the bladder; and this more in retroversion than in anteversion. For, though in the latter it is rendered very irritable by the fundus falling against it, in the former the neck is compressed, and retention of urine caused to such a degree as inevitably, in time, to produce organic changes in the organ.

Obliquities of the Uterus.

In obliquities of the uterus, the direction of the deviation is generally to the right, the fundus being forced over by the rectum and its contents. The condition of the parts will, likewise, as may be supposed, be varied with the state of the organ in other particulars, assuming on occasion any of the phases just described. As in anteversion and in retroversion, the bladder is also embarrassed more or less in the performance of its functions by an oblique position of the uterus. An interesting case illustrating this is given by Dr. Montault (in the *Journal Universel et Hebdomaire*, 1832). The obliquely placed uterus was five inches in length, and caused retention of urine for so long a period and to such a degree that the ureters were distended, and even disease induced in the calices of the kidneys.

Hernia of the Uterus.

Though very rare, this has presented itself in some very marked cases. The pathology of the disease does not differ in important essentials from that of hernia of any of the organs of the abdominal or pelvic cavity. The body of the viscus is forced into an opening in the surrounding walls, and may remain there or may pass entirely through. The points at which it has found exit have been—at a congenital deficiency in the linea alba; between the separated fibres of the abdominal muscles, as in ordinary ventral hernia; or, through the inguinal ring, in contact with the round ligament; or, down the crural canal, as described by Lallemand and Chopart. Cruvelhier figures, in the 34th livraison of his *Pathological Anatomy*, a specimen, in which the uterus, Fallopian tube and ovary of one side are entirely within the hernial sac, those of the other side occupying the ring.

For convenience, to do away with the necessity of mentioning this uncommon affection again, we will dispose of it entirely here under this statement of its occasional existence.

The causes of uterine hernia, both predisposing and proximate, do not differ from those producing hernias of other organs in that neighborhood; laxity of the fibres of the abdominal muscles, abnormal or preternaturally large openings in the walls of the abdomen, furnishing the former; some undue exertion or accidental violence, the latter.

The recognition of the disease, for want of any distinguishing characteristic symptom, must depend entirely upon the tact of the physician, and the chance is not great that he will have any opportunity of exerting this as long as the organ is in a state of vacuity. For, the immediate effects of hernia upon the uterus, from the scant history we have of the cases yet known, seem by no means striking. In a state of pregnancy, however, we may imagine the case to be different, and grievous accidents to occur of vital influence upon the patient. Fabricius Hildanus (*De novâ, rarâ et admirandâ Herniâ Uterinâ*—in *Opera Omnia*, Frank., 1682., page 893), and Sennertus (*De Herniâ Uterina*, in *Op. Om.*, Paris, 1641), each relate such a case, where the gravid uterus went through its gradual development wholly without the abdominal walls until maturity, when delivery was effected artificially through the substance of the organ. Another case is given, however, by Saxtorph (*Bibliothèque Med.*, t. LXVII., p. 59), in which the uterus contained in a hernial tumor in the inguinal region, forced itself to the outside of the abdomen as the development of the foetus progressed, yet delivery was accomplished in the natural way. It is interesting to note in these cases that in the last the mother lived, whilst in the two former death supervened; in the first, three days after delivery—in the second, within twenty hours.

With these remarks, we entirely dismiss the consideration of a disease, so infrequent, that, up to the present time, we have too few cases on record to permit us to lay down any rules for its treatment, which could be called more than theoretical, and which would not readily suggest themselves from the meagre facts we have given or from general principles of surgery. The most satisfactory notices of the disease that we have yet found, are by Nauche (*Des Maladies propres aux Femmes*, Paris, 1829, Ire. part, p. 123), though brief; and by Murat (article "Hernie," in the *Dict. de Med.*, in 21 volumes) to whom Nauche refers.

CAUSES OF UTERINE DISPLACEMENTS.

The causes of *elevation of the uterus* we have already given in our remarks upon that affection.

Obliquities of the uterus can, we feel, only be accounted for, at least to a certain extent, theoretically. Probably a congenital want of perfect accuracy, so to speak, in the placing of the organ, or want of symmetry in it or in its appendages, may furnish some causes, and obliquity in the shape of the pelvis others. For right obliquity of the womb, a lax state of the parts, possibly common in the case to the whole system, assisted by a rectum habitually distended by constipation, would offer a very satisfactory cause. But while these causes are theoretical, they are yet the best and only ones we can give, and still, we claim for them that they be not entirely disregarded; for though not confirmed, as well as we could wish, by actual examination, they have surely reason to support them—and thus we leave them.

For *anteversion and retroversion of the uterus* we have even less ability to offer a cause than for lateral obliquities—at least such an one as would stand the test of reason and perfectly satisfy the mind. A lax fibre, want of tone in the general system, afford some explanation, or, at least, ground, for one of these affections; but this is, of course, only a proximate one. The immediate one—why in one case the uterus should be turned over to the front, and why in another it should be turned over backwards—is yet to be supplied. Possibly, our coming remarks may furnish that explanation indirectly, which we do not care to give in the form of mere speculation or theory, directly.

In common with the last two instances, an attempt to investigate the cause of prolapsus uteri is beset with many difficulties. The chief of these is the advanced stage to which the disease almost invariably arrives before it comes under the notice of the physician. Its inception is possibly unsuspected by the patient, as we have said above; possibly there are no symptoms advising her of a departure from the healthy type, or these are so slight that, even if noticed, they are not attributed to so grave an affection. Both local changes and constitutional troubles have therefore already been greatly developed before the time at which the physician has an opportunity of commencing his investigations. The consequence of this is, that the disease, being one in most instances of very gradual progress—at least during its earlier stages—the difficulty of tracing back its history is very great, and, still greater, that of unravelling the confusion of symptoms so as to distinctly separate antecedent from conse-

quent, and to distinguish clearly simple *post hoc*s from genuine *propter hoc*s. In some few instances, it is true, women affected with prolapsus, or other displacement of the womb, recollect that the symptoms came on immediately after a severe fall, or a jump from a height, or some such violent succussion, and we satisfy ourselves with attributing the disease to the violence—a method of disposing of the rationale of a case too often resorted to by physicians, yet, evidently, highly unphilosophical. The reason why a jump or some such violence, with which hundreds of women meet, without harm to themselves, should in one particular case cause uterine displacement, is too readily shut out from consideration, yet is it not the greater, the most important one?

The method we propose for considering the subject, urges itself more strongly upon the writer, from the fact that he discovers great discrepancy between his own personal observations and those of previous authors with regard to certain particulars in the natural history of the disease. By a reference to former writers, particularly those of forty years back, we find that uterine displacements are spoken of as diseases peculiar to persons in advanced life, or to those broken down in health, or who have frequently endured the labors of a mother. In the present day, our experience (and we cannot believe that it differs greatly from that of others) shows us that these affections are not so peculiar to those coming under either of the above categories, a fact we have already strongly insisted upon in a paper (Boston Med. and Surg. Jour., Aug. 1851) to which we shall have occasion to refer again presently. We find now that, earliest womanhood—that, freedom from the harsher and more evidently-exhausting trials of woman's strength—that, absence of all the more obvious and familiarly reputed causes of these diseases, do not protect from them very many whom by the old rule we should have expected to be the last liable to such affections. It seems, therefore, highly important in our investigations into the causes of a disease which is now so common, and which afflicts so different a class from what it was wont a half a century ago, that we should not rest satisfied with any plausible reason given *in limine*, but that we should go behind this as far as possible, and try to ascertain whether the accident, the violence, the fall, the jump, or whatever it might have been, that is so often assigned as the cause, was not in truth merely the crowning incident to a long series of predisposing causes. It is very evident that, to do this thoroughly and satisfactorily, the care, the tact, the eclectic ability of the physician will have to be greatly exerted, but the exertion we hold to be necessary, and the result will, we feel confident, justify it.

In illustration of our views, let us take an actual case from the many before us. A lady, aged 21, soon after her marriage is placed under our care by her husband, who thinks she is not so well as she ought to be, though she says she is not suffering more than she has done for some time past. The symptoms point to uterine displacement, which the touch, *the only means which can with certainty be relied upon*, and without which the physician should never be satisfied with his diagnosis, makes her case clear as one of prolapsus. The uterus is enlarged and tender, though not hard. The amount of displacement has not yet arrived at the full extent of what we have described as the second degree—the organ does not yet lie upon the floor of the perineum. There is, and has been for a year, more or less leucorrhœa, and, for a longer period than that, there has been dysmenorrhœa, as well as pain in the back; a sensation of bearing down and of weight around the hips. The consequences of marriage have slightly aggravated these last symptoms. She has now but little color, and, though tolerably full in figure, has the appearance of having lost flesh. So much for the present condition of the patient. Upon inquiring into the history of the case, with a view of finding out as accurately as possible the cause of the derangement and of determining the point (not important only as regards the natural history of the disease, but also as regards the treatment of the particular case) as to whether the uterus is the offended or the offending organ—in making this inquiry, the first difficulty we meet with is as to dates. The various symptoms have existed for some time—some of them “ever so long,” “certainly more than a year, yes, even two years and more.” Commencing, then, with the biography of the patient as a girl, we find that when she left school, say at 17 or 18, she was much stouter than she is now, had much more color, and could endure more exercise without fatigue. She entered upon a gay life, and at the end of the first year was as well as ever, except that she remembers she used to feel, habitually, somewhat tired at the end of the winter, spent in the amusements usual in that season. In this way we, in time, draw out the facts, that the symptoms now exhibited in the case, for the most part, gradually became more prominent and constant, until their present urgency was attained—though, be it noted, a certain fall from a swing at a watering place, by which she was laid up for nearly a week, and a certain severe pain in the back with which she was seized immediately after dancing a whole evening, might, had we not examined more deeply, have been considered a fully sufficient cause for an affection which it is very evident now was the effect not of any sudden accident, but of three years spent in violence

to all rules of hygiene—and which have also produced a condition of the general system which must be greatly altered for the better before we can make any impression, that will be permanent, upon the uterine affection.

This is a case from one phase of social life ; those from the other extreme, where workwomen and house servants are the subjects, do not differ except in the details. Severe or prolonged bodily exertion, irregular hours for sleep and food, unwholesome occupations or close workshops, wearing out the vital energies and reducing the tone of the general system, are to us more satisfactory causes for uterine displacement than the fall that one got in going down stairs, or the wrench another gave herself in attempting to lift a heavy tub. And yet, having urged this view of the subject so far, we wish distinctly to be understood that we do not deny that accidental violence may be inflicted upon the organ—by a fall, for instance—which might dislodge it from its normal position and induce any of the displacements we have described. What we do believe, and what we are anxious to present here, is, that these affections occurring in young persons (in so many of whom they do occur now-a-days) are more often the effects of radical errors in their mode of life—nay, even farther back than that, of errors in their training during childhood, by which a weak and lax fibre is entailed upon them, and the whole system debarred from attaining that tone and elasticity, which would of itself be the greatest guard against many of the physical evils to which woman is now so often condemned.

To expatiate more fully upon this point in a treatise solely upon uterine displacements, would scarcely be expected of us, and might possibly be thought out of place. Of the truth, however, of the above proposition, we are more and more convinced the more we investigate the subject—and its importance more impresses us upon every additional opportunity of observation. If, then, a great predisposing cause for these affections is a want of tone—an exhausted condition of the general system—our remarks cannot be thought wholly impertinent, nor ourselves be accused of unnecessarily parading a hobby into the field, though the slight consideration that hygiene in females, as applied to the prevention of these particular diseases, has hitherto received, makes us feel that this apology is needed. The fact that an English woman lives half a century before she begins to wane, while our females reach their prime mostly at little over half that age, and that another lustrum finds them on the decline, ought strongly to arrest our attention and induce us to examine whether we are right in attributing all this difference to climate, and whether we might not find in some error of habits of early life, at least a partial explanation of the disparity.

To be brief, then, after this preface—to state broadly our convictions—we think that it is a radical error to make a difference between the physical training of a man-child and of a woman-child before nature has made a difference in their physical being. So long as there are the same muscles to develop, the same organs of digestion and assimilation to be stimulated, the same apparatus of respiration to be strengthened—so long should the means of doing this be the same in each sex. A system of physical training so planned should, we also hold, only be varied as new functions come into play, which, in the further development of the being, may require special care, and then we allow that this training may be modified—but then only so far and at such times as the demand of the last may be paramount—no longer and no further. We cannot but believe that were the physical female under 12 years of age looked upon in the light in which we have placed her, and that were the course we have sketched out pursued in bringing her forward to the uses of womanhood, those uses would be more properly performed and with far less wear and tear to the general system, than that which it is now the daily pain of almost every physician to witness, and which indeed often makes her a wreck long before she has served her ultimate physical use—her crowning office, as a mother.

We would go farther, and say that the same error is made in her moral training also—and with the close connection in view between the moral and physical being, this cannot be unimportant. Her moral training should be such, that while it made her not less a woman, it should enable her to rise above the hundreds of arbitrary conventionalities that now in every way fetter her—that mould every thought and control every judgment—that under the names of “propriety,” “refinement,” “custom,” “fashion,” exert an absolute tyranny over her from the cradle to the coffin. This tyranny is broken through only in a few individual cases, and then by a rebellion which for want of the very moral training that originally permitted the oppression, is often so outre in its aspect as to expose her to the charge of unsexing* herself, and to render her, if not repulsive, at least the object of ridicule and sarcasm. In short, we wish that woman should be taught to know her proprium and to make herself fit to fill it—not as the antagonist in the

* We often hear horror expressed at a woman’s “unsexing herself,” which used very arbitrarily generally means doing something independently and differently from the generality of her sex, by which she is thought to assimilate herself to man. There is, however, no such horror at women *dis-sexing* themselves—rendering themselves, by a life spent in utter defiance of the laws of physical and moral hygiene, of *no sex at all*—becoming mothers, if at all, only at the expenditure of half their feeble vitality, and wholly unable to nourish their offspring.

slightest sense, but as the complement of man, the other half of a beautiful unity. While the physical training we urge would never enable her to sing bass, the moral training would never fit her for the rostrum, the pulpit or the hustings; but, on the contrary, it would enable her to see clearly her unfitness for these, and still further it would enable her to see as clearly a hundred duties around her, which are peculiarly hers as a woman, and the full and faithful performance of which would save her from that carking care, that discontent, most often unrecognized by herself, that listless aimlessness, that now saps the moral, and necessarily the physical vitality of hundreds of her sex—that wears them down in mind and body—that brings them sick headaches, crooked spines, flat chests, hysterics, premature age, and, as a climax to this list—for our purpose—uterine displacements.

Having thus commenced at the distant extremity of a long series of causes which we believe predispose women to the affections under consideration, we will take up in succession some more immediate. In the class to which we have hitherto confined ourselves, *viz.*, those acting upon the general system, we must enumerate those offences against the laws of physiology which are often so habitually committed that their flagrancy is not only not suspected, but very difficult to be demonstrated to the offender.

It would be impossible, without giving a separate chapter to the subject, to enter into all the particulars of these—nor, indeed, unless we were writing a treatise for the people, would it be necessary. We will therefore only enumerate the heads under which such offences are found.

There are, as the chief ones—diet, exercise, ventilation, thermal condition, and clothing.

Upon the first and second we imagine we can say nothing that the reader does not already know, and, indeed, which is not already threadbare from repeated reiteration in almost every popular work on health. In ventilation, or rather in a want of proper ventilation, we still find offences committed that many practitioners, grounded *theoretically* in the subject, do not fairly estimate. Bed-rooms are, but in a very few instances, ventilated as they should be; even in the largest houses and with the most intelligent. With those in humble life, the fault in this particular is still greater. The consequence is, that many are habitually deprived for one-third of their whole life of the proper amount of pure air necessary to renew and render nutrient the blood, a deprivation that must be powerful in its effects to break down the tone and elasticity of the system, and which of itself seems to us a sufficient cause for the gaunt forms and white faces so common amongst us. The same want of

ventilation is found to as fully great a degree in most of the workshops of female operatives, at least during the winter time, when dozens may be found occupying one room, of itself far too small, and heated by a close stove.

In the thermal condition in which we keep ourselves, we think the fault two-fold. Houses are heated too highly—and the difference between our in-door and out-door garments is not in any degree proportionate to the difference in temperature. From the first fault, an unduly rapid yet feeble circulation, and a lax fibre of body, are acquired—two conditions highly favorable to engendering the diseases under consideration, particularly when the individual is, as is often the case, exposed to such influences day after day without any out-door exercise; the only variation being from a sitting room at 80° and over, to a close and unventilated bed-room. The change we would advise, is to keep the house cooler, to dress habitually warmer, to depend more upon natural, and less upon artificial heat. Then, when out-door exposure is to be endured, meet it with a greater difference of garment.

The above fault in our clothing is one which applies equally to each sex. Another which interests us here more, is peculiar to women—viz., the slight protection offered by their garments to the lower limbs. Their shoes are too thin, and their stockings, even when of thick material, too open to effectually prevent the access of cold to a large portion of the surface of the leg. The effect of this is to drive in the blood and induce engorgements of the pelvic viscera, more particularly of the rectum and uterus. That cold applied to the feet and legs does this, any one who is subject to hæmorrhoids can testify, from the readiness with which thin shoes on a cold day, or wet feet, will bring on an acute attack of the disease. The same mischief is effected with woman; though, unless the imprudence is committed at the menstrual period, and then does it immediately by suppressing or at least embarrassing the flow, the evil consequences are not perceived until the damage is a confirmed one. Their skirts wet by dragging through the snow or rain, and then hanging about their ankles for hours afterwards, is another very prolific source of these engorgements in school-girls and work-women. In both, we have traced dysmenorrhœa immediately to this cause, which it is evident may be, and is likely to be, repeated with both these classes of females until the effects are permanent.

Even when not produced in the above manner, but as a disease of itself, dysmenorrhœa from a uterine engorgement must, we think, be enumerated among the causes of the other affection. At least, cases have been presented to us in which we have had an opportunity of watching

the progress of the disease, though unfortunately, from indisposition of the patient to assist us, without power to arrest it—where we have found no other reason for the gradual descent of the womb except its unnatural weight and the loss of tone in the parts from the violent perturbations to which they were subjected at each menstrual period. To this we ask particular attention, as with the exception of Lisfranc [*Maladies de l'Uterus*, p. 526] we find no author giving congestion the prominence we have been led to think due to it as a cause of these affections.

The last of these causes operating only indirectly, is habitual constipation—we mean in one method of its action. The mass collected at the extremity of the colon, and in the rectum, pressing upon the vessels returning blood from the uterus, evidently furnish a frequent source of engorgement of that organ, and, if the views just stated are correct, a cause of displacement.

We have thus disposed of those causes, or, at least, of the principal and sufficient of them, which in producing uterine displacements operate through the general system. We will now take up those that act more immediately upon the organ itself.

The first among these, acting indeed to a certain extent in both ways, is found in exertion too soon after child-birth—and we feel assured that our readers will agree with us in considering this a very prolific one. There is scarcely a more common error among women than to pride themselves upon the early period at which they “get about” after confinement. With the young and hearty—primipares—the general system soon rallies after child-birth, and they feel as strong as ever; and possibly—even putting aside the stimulus of emulation, so they are—except, locally. The contents of the pelvis, however, have not fully returned to their previous condition; or if they have, they have not yet regained that tenseness of fibre which is necessary to guard them from the effects of severe strains—so, that though the first bodily exertions may not immediately be felt, these do produce an impression which, if increased, or even kept up, must result in a most hurtful disturbance of the organs of that locality, particularly of the most mobile one—the uterus.

Adding to the above cause the method in which many women habitually support their children—not against the chest or upon the lap, but against the upper part of the abdomen, and, when sitting, with the whole weight of the infant directly upon its walls—and we have, if not of itself a new cause, at least a powerful adjuvant to the last.

We have just mentioned the indirect effects of constipation. It acts, however, still more immediately by effecting displacement mechanically, a fact that no one will doubt who has ever examined by touch the uterus

of a woman habitually costive. It will be found wholly impossible to produce the slightest effect in attempting to return the organ to its proper place, while the rectum is full. Another method in which this condition acts in producing these affections, is, by the great exertions required to obtain a stool. The efforts of the abdominal muscles to force out the hardened and impacted fæces must be felt almost equally by the uterus, and assisted by the still more direct effects of a loaded rectum upon it—just spoken of—they cannot but have great effect in forcing down that organ, or in pushing it—already canted forward—over upon the bladder, and thus inducing anteversion.

Another mechanical cause of uterine displacements is one which has as yet received but little attention, and which, in the paper above alluded to, we have set forth at length, claiming at the same time to be the first to have so done. It is in the weight and in the method of wearing the skirts of their dress now adopted by women for some eight or ten years past. We feel that we cannot do better than to quote from the article. After describing the upper half of the dress now worn, as cut low in the neck and receiving no support from the shoulders, but held solely by the strips of whalebone planted upon and supported by the expansion of the figure at the hips, we go on to say: “To the part below the waist however, we believe we can look with confidence for a full and satisfactory explanation of the mischief done.

“With a view to improving their shape, the lower part of the dress of women now consists of six, eight, or even more skirts, made of various materials; cotton—the stiff woollen material, intended for curtains, called moreen—flannel, and at times quilted with cotton-wool—weighing together, as ascertained by actual experiment, ten, twelve, and even fifteen pounds.* Each of these is supported by a string drawn very tightly round the body. We have seen the marks of these strings for days after the skirts have been removed—we have seen them even after death. Here, then, is the first source of evil; the continued pressure and constraint that these strings keep up, evidently embarrassing greatly the organs within. When to this, however, we add the weight of the skirts, we cannot but at once perceive how great an additional force we set to work, particularly if its operation, as exerted upon organs having amongst

* The higher numbers mentioned here must of course be considered as rare and extreme cases. The truth of the general statement—which we have often heard denied—we again re-assert. Our authority is the acknowledgment of women themselves, and still better, actual experiment. In one case we astonished an incredulous patient, by weighing one of her skirts in her presence, and showing her that she had been carrying *five pounds* in one garment alone, strung round her hips. How much the *other four* weighed, we did not think it necessary to ascertain.

themselves a mobility almost as great as that of fluid, be properly estimated. To protect the abdominal viscera against this pressure, remember there is nothing, in front at least, save a thin partition of woman's soft and tensionless muscle. That these viscera should be forced downwards, is not surprising; that they must in turn exert an equal force downward on the pelvic viscera, is apparent; and that the uterus, the most moveable of the last, and the most obvious by its situation to receive such an impulse, should give way to the continual assaults upon it, is what we might most readily expect from the premises. Here we have an explanation, full, and we trust convincing, of the frequency of a disease in the youngest and heartiest of the sex, which twenty years since was considered peculiar to those whose powers of life were greatly exhausted by demands upon them, or were already on the decline from age."

With reference to the insidiousness of this cause, and the blindness of the sufferer to it, we say: "We look upon the mischief thus done as no whit less than that effected by tight lacing; but if anything, greater, for it is more silently done. Friends cannot see, and do not understand, the evil at work, and therefore can give no warning word. The symptoms themselves commence so gradually and point so indirectly to the cause, as to excite no alarm in the victim. Exercise which ought to invigorate, soon fatigues and becomes distasteful. Ascending a flight of stairs, or stooping to lift a comparatively light weight, instantly loads the hips with a burden that can scarcely be borne. The back, particularly at the lower part, feels sprained, and memory is taxed in vain for some injury to account for it. Dragging sensations around the hips, pain down the legs, and weak knees, are attributed to rheumatism. The symptoms may now begin to point more directly to the real seat of the trouble—every monthly period brings renewed sufferings, from which the system rallies more and more slowly—daily and hourly embarrassments occur of nearly all the organs within the pelvis—an irritable bladder (a very frequent symptom in my experience)—hæmorrhoids—unceasing pain and continual sensation of bearing down. The retiring delicacy of maidenhood shrinks from telling these, and unless marriage happily brings her under the care of a physician, the mischief goes beyond hope of relief."

So much, for the present, upon this particular cause, the importance of a consideration of which, as we have just said, has forced itself strongly upon us; being convinced that even where it cannot be esteemed the sole cause, it yet plays such a part in aggravating and perpetuating the disease, as to render futile any attempt at relief until it be removed.

To close this list of mechanical causes, we add to it all those occupa-

tions which require strong contractions of the diaphragm and abdominal muscles continued for a length of time, particularly when to these are added a stooping position. We cannot, of course, specify all such, but among them we may mention as instances washing, ironing, scrubbing floors, some branches of the manufacture of cotton and woollen cloths, and, indeed, several mechanical trades in which women engage. This list, however, is already sufficient for our purpose.

We have thus divided the causes of uterine displacement into two classes—viz., those acting upon the general system, and those acting mechanically upon the organ more or less directly. In enumerating these, we have given only those about which there can be no doubt, or which at least were so plausible as to demand in our estimation careful consideration, on account of the immediate practical bearing of them.

There are still some causes of uterine displacement of a mixed character, between these two classes; and, also, some which various authors have given, but which we think very doubtful, though still such as we ought not to pass over in silence.

Among these is frequent child-bearing; which, however, we cannot look upon, as some would, in the light of a cause, necessarily, though we do not doubt that the exhaustion of the system attending the frequent bringing forth and nursing of children may predispose a woman to descent of the uterus.

Relaxation of the vagina has, with great plausibility, been considered a frequent cause of prolapsus uteri; we do not think, however, that this tube acts so peculiarly as a supporter to the organ above, that we can very well separate and particularize the effects of a flaccid state of it from those of a want of tone in the neighboring parts—which, be it noted, must always necessarily be the result of the same influence that produces the other. In saying this, we have in view the success of the operation devised by Girardin for the relief of prolapsus, by excising a portion of the circumference of the vagina, but we do not think that it weakens our general position. We will speak more particularly of this bye-and-bye.

Prolonged phthisis, and also chronic bronchitis, are often accompanied by prolapsus, which may be the result of the combined influence of the enervation of the system and of the frequent spasm of the diaphragm. Great emaciation is also charged with inducing it, and we can readily conceive that an attenuation of all the parts concerned would favor a descent of the uterus, more especially when accompanied, as it almost always must be, by general debility and relaxation.

There are certain peculiarities of the person which are considered as

predisposing causes of prolapsus. Those most so, are great breadth of the pelvis, and obesity. As unvarying as all traditional assertion is in giving these as causes, we still feel great doubts as to the facts, and wait for further systematic observation to determine them. Though we cannot as yet offer a great array numerically, what cases have come under our notice have been such as to start the doubt above expressed. As another structural cause, Levret mentions preternatural length of the ligaments of the uterus, which may be congenital or may be induced. Dugés and Boivin oppose this, as would any one who took the view above quoted from Astruc as to the functions of the ligaments. With this we close our list of causes of uterine displacements, confident that we have fairly exhibited all that have any claim upon our attention, either for their interesting pathological bearings, or for any practical purposes in treating the disease.

CONSTITUTIONAL EFFECTS AND SYMPTOMS OF DISPLACEMENT OF THE UTERUS.

As, in estimating the causes of these affections, there was a difficulty in separating the attending conditions of the general system from those which lead more or less immediately to displacement of the uterus, so in detailing the symptoms of these diseases we find some difficulty in separating those sensations proceeding from disorder of the economy, accidentally attending the chief affection, from those caused by the displaced organ. This difficulty is increased from there being in fact no pathognomonic sign of the disorder—no symptom that of itself can set the existence of the disease beyond all doubt, and still less which will enable us to discriminate in all cases and accurately between one form of displacement and another.

There is a difficulty, too, in separating the constitutional effects from symptoms. For, if the former are very constant, they of course could properly be classed under the latter. We have therefore embraced both of them under one head, and in detailing them, for the most part, shall leave it entirely to the reader to class them as he wishes.

We should here say that the absence just spoken of, of any pathognomonic sign, for all practical purposes does not matter, as the touch is an infallible test of the existence of the disease; and, as we have already strongly stated, whatever symptoms may lead us to suspect uterine displacement, and however strongly our suspicions may be heightened, no practitioner should feel justified for a moment in depending upon them, when so speedy and so sure a means of removing all trace of doubt and all possibility of mistake is at hand.

We look, then, upon the symptoms attendant upon these diseases as only valuable in turning our attention at the outset to the affected organ, and in pointing out what other derangements accompany or are caused by the chief one.

Omitting any further consideration of elevation and of hernia of the uterus, we will give in turn the symptoms of the other displacements to which the organ is subject, and afterwards those common to all—or the constitutional effects, where they have not been sufficiently detailed in our previous remarks.

Anteversion and Retroversion.—In neither of these derangements, when existing simply without prolapsus, are the symptoms at all marked, unless they produce embarrassment in the functions or the surrounding organs by mechanical pressure. We have had but two cases of anteversion and one of retroversion in our practice; and this seems, from the statistics of others, to be more than our share. Of course, they cannot of themselves go far to illustrate the diseases, but they did exhibit to a marked degree a difference of symptom which we are inclined to believe may be pretty constant. It was with regard to the manner in which the bladder was annoyed. In one of the cases of anteversion, there was an irritability of the bladder—a frequent desire to urinate; in that of retroversion, there was an inability to vent the urine. In the first case, the fundus of the uterus having fallen against the body of the bladder, irritated it and excited a desire to empty it. In the second, the mouth of the uterus had settled against the neck of the bladder, and thus created the difficulty in urinating. So far, our observation from these solitary examples is confirmed by other writers. Of the second case of anteversion, we will have occasion to speak, when we come to treat of the displacements of the gravid uterus. In retroversion, embarrassment of the rectum becomes a very troublesome accompaniment, the fundus often lying directly against it, and causing an accumulation of fæces. In anteversion, the bladder is chiefly annoyed. For the rest, there are no symptoms of the displacements which are not common to both, and also to prolapsus of the organ. Upon examination with the finger, there can scarcely be any difficulty in recognizing the disease. Even where engorgement has altered the form and density of the organ, its orifice can be reached with the finger, and thus prevent its being mistaken for a tumor, whilst the direction in which the aperture is found will determine the particular kind of the displacement.

In *obliquities*, the embarrassment of the neighboring organs not amounting to a very perceptible degree, the disease is generally not suspected until pregnancy, or until the uterus is also prolapsed, in which

case, the symptoms are those common to a descent of the organ without obliquity, modified possibly to a slight degree by interference, as in the above cases, with the neighboring organs.

Prolapsus Uteri.—The immediate symptoms of prolapsus uteri—that is, those sensations excited in the neighborhood by the mechanical impingement of the organ upon the neighboring ones—are somewhat anticipated in the last paragraphs. As in anteversion and retroversion, both bladder and rectum are liable to be embarrassed, particularly the latter, rendering defæcation difficult. There is a feeling of weight within the pelvis, as of a body pressing downwards and exciting efforts at times to bear down; accompanying which is a sympathetic sensation of weight all around the hips, and a peculiar dragging pain at times in the small of the back, where, indeed, almost always, there is more or less pain, though not of so distressing a kind. With these are also the general sympathetic sensations as given in the quotation from our article on woman's dress; altogether, a group, of which, though in particular instances several may be wanting, yet furnishing a very characteristic exhibition of the disease, and one to which we can scarcely make an addition. One particular symptom is not there included, which we have frequently met with. It is a feeling of emptiness at the pit of the stomach, sometimes heightened to a sense of gnawing. We suppose that this may be one of those instances where a very trifling cause gives rise to sensations utterly incommensurate with it—and that the settling down of the organ, taking from the small intestines their support, forces them, also, to take a lower place in the abdominal cavity, and causes this sensation of vacuity at the upper part of it. It is true that we have found this symptom quite a prominent one where the disease existed to a slight degree only; but this, it may be here observed, is a remarkable peculiarity of the symptoms of uterine displacements, viz., that they are by no means proportioned in severity to the amount of the disease. So far from this, we have found them quite urgent when the displacement could scarcely be detected by touch; and, again, we have found the uterus lying on the floor of the perineum, and yet the patient perfectly comfortable so far as it was concerned. Indeed, there seems to be in some instances a disposition on the part of nature to accommodate herself to the new circumstances, and to submit to them without producing annoyance and trouble. Thus we have had patients who at the onset of their disease suffered much with all the characteristic symptoms of uterine displacements, yet in the course of time these disappeared one by one, though the affection became more advanced, until by the time the second degree of prolapsus was confirmed, the annoyances had for

the most part ceased, or were only such as attention to emptying the rectum would relieve.

Leucorrhœa is an almost invariable attendant upon uterine displacement. But we look upon it as a symptom common to many diseases of the organ, and dependent upon a condition of it which has not necessarily any connection with displacement. So, with dysmenorrhœa, an almost equally constant attendant; it is the effect, not of the dislocation of the organ, but of an engorgement of it, which state, however, does very constantly exist with the other.

As for the state of the uterus itself, we have already mentioned its engorged condition, which may vary from a slight tumidity to enlargement accompanied with great hardness. In the event of protrusion of the organ, this state is heightened, and the organ increases much in size, offering a firmness and elasticity to the touch. In color it varies from a light pink to a dark red, or brown, taking the latter hue when perfectly irreducible. The mucous membrane covering it, acquires, for the most part, a thick epithelium, but is exceedingly liable to ulceration, as is also the organ itself. These ulcers are often very deep, always increasing greatly the sufferings of the patient, and lessening the strength by the perpetual drainage they keep up. Sometimes they become gangrenous, and, in more than one case, the whole organ has sphacelated and dropped off; in one instance, of a lady 60 years old (related by Nauche), with perfect relief to the patient.

With regard to the more distant influences of uterine displacements, as we stated at the opening of the chapter, it is difficult to say what we should enumerate as sympathetic sensations from the displacement of the organ, and what as accidental feelings either dependent upon another affection, or due to a general state of the system of which the disease under consideration is an effect, or of which it is an accidental attendant. Thus, a dizziness of the head, coming on irregularly, and in some cases depriving the individual of consciousness for a moment, is a frequent accompaniment of prolapsus, and we consider it a manifestation of the hysterical condition which is, so notoriously, often associated with affections of the uterus. Pain between the shoulders occurs sufficiently often to entitle it to note; yet we must consider this as merely a result of the generally debilitated state of the system, and one which would, and does, of course, occur independently of the local affection.

Be this as it may, it is very certain that except with those blessed with unusual powers of *vital resistance*, as the French term it—with an imperturbability of the nervous system, so to speak—uterine displacement, whatever may be its origin, and however healthy the subject of it may

be in all other respects, soon brings with it a train of evils, in enumerating which we can scarce make a limit short of a general derangement of all the vital functions. This undermining influence is first felt by the nervous system. The patient, generally irritable, is sometimes correspondingly depressed in spirits; or, at other times, loses control of herself in paroxysms of hysteria. The digestive organs are not long in showing their subjection to the influence. Dyspepsia, in one of its many forms, appears; and the functions of assimilation being interfered with, the blood begins to be less rich, becomes thin and impoverished, of course losing its fitness to nourish the economy. The heart, now, from feeling the defects of innervation and from want of its accustomed stimulus of a rich circulating fluid, becomes irregular in its action—mostly feeble, and scarce sending its contents to the extremities of the system. At times it loads the lungs with a flood which the respiration, hurried to the last degree, can scarce dispose of. Of course muscular debility has long since supervened; and, to it, still later, is added cold hands and feet, pallor and emaciation. To this description of the general wreck of the physical, and, in many instances, sad to say, of the moral health of the woman, caused by uterine displacement, we have to add but one more detail—that is, the sterility which most usually attends it. Of this, however, we will have occasion to speak again more at length.

TREATMENT OF UTERINE DISPLACEMENTS.

The first end to be attained in the treatment of these affections, is the replacement of the organ. When the case is one of simple prolapsus, this is not difficult. The rectum should first be emptied, the patient placed on the back. The forefinger of the right hand, previously well smeared with lard, is then introduced into the vagina, and the extremity of it placed against the edge of the os uteri. Gentle efforts must then be made to carry the womb upward towards its proper situation, and, if a little discretion be used in modifying the direction of the thrust, it will in most cases obey the impulse. When elevated to the utmost, the left hand should be placed above the pubis and gentle pressure exerted there. The result upon the uterus will soon be ascertained; and if it is found that the pressure forces it still higher, or retains it firmly in its proper situation so that it be not disposed to follow the finger in withdrawing it, we have at once a powerful assistance given us in our efforts to prevent the organ from being again displaced. A bandage and compress, a belt, or an abdominal supporter, may then be put on, with reasonable hopes of acting successfully.

This examination into the effects of pressure over the pubis we hold

to be very important, because there are many instances in which the organ is not pushed high enough to permit pressure exerted there to act beneath it. The consequence is, that instead of its being retained in its place or carried upwards by the external force, it is actually impelled downwards again. In such cases, of course, the various external mechanical contrivances intended for the relief or the cure of the disease, so far from being beneficial, are, in fact, just the reverse—hurtful.

If there is anteversion or retroversion, replacing the organ is not generally so readily accomplished, as it has first to be brought into its natural relations with the axes of the pelvis. In one case of the former affection we had no difficulty in doing this; but, in the other, and in the case of retroversion, both accompanied with great prolapsus, we found much difficulty in placing the organ in such a position that it could be carried upwards. In the first of these, in fact, we had to introduce a silver catheter directly under the pubis, and by this, elevate the fundus of the uterus, while, with the forefinger of the other hand, the neck was brought downwards and forwards.

In many cases, however, a restoration of the organ to its proper situation is not immediately possible, on account of its congested, enlarged and hardened state; and in most, even where it can be restored at once, we have to combat this condition. We must therefore now look to the means we have of doing this.

If it has not gone beyond simple congestion, the uterus feeling slightly enlarged and spongy to the touch, revulsives to the small of the back are in many cases perfectly sufficient. We have used dry cupping as efficaciously as any other form of these; and the ingenuity of Dr. Augustus Gould, of Boston, has afforded us the most simple and convenient means of doing this. He suggested, for either wet or dry cupping, cutting in half the hollow India-rubber balls made as playthings for children, and applying the cut surface to the spot, emptying at the moment the space within of air by pressure upon the outside. When the pressure is removed, the elasticity of the ball creates a vacuum within, and thus all the requisites for an efficient cupping apparatus are obtained. We have still further increased the power of this little instrument by only cutting off a third of the ball, and thus making the other two thirds an exhausted receiver; in this way attaining a larger and more perfect vacuum, and of course greater strength of *suction*. The great advantage in these is, that the patient can apply them without any assistance whatever; and from this circumstance alone, the remedy is much more likely to be used faithfully, or for a sufficient length of time to render it efficacious, than if it were repulsive either in itself or from the circumstance

of its requiring the interference of others. Our direction for the use of these cups generally, is to apply them for fifteen or twenty minutes before dressing in the morning, and for the same space of time after undressing at night, using a little care to slightly shift the spot for application every day, in order to avoid the chance of making the skin sore where the mouth of the cup bears against it. We have often found that so much relief was given by these, and so speedily, that our patients have enthusiastically persevered in using them three times a-day; though, for general purposes, we think twice a-day sufficient. The lady, whose case was given in picturing the individual history of uterine displacements, was treated thus, and with the most marked success.

Where a general fulness of the system indicates the propriety, wet cups may be used instead of dry ones, but of course not so frequently. Twice a week is as often as we should care to use them; but we even prefer to this, timing their application to the menstrual flux, using them say once a-day, for the three days immediately preceding that period. The advantage of this is, that it lessens the embarrassment of the uterus just at a moment when it is about to make an effort to do its duty—an effort, that, without assistance, would be futile, but which, with it, is often in its effects a most powerful means of accomplishing the very aim we have in view. Leeches have been used for the same purpose, but we do not consider them so convenient. By some, they are recommended to the organ itself, and we see no reason why they should not be as eminently useful as they are represented to be. It is very evident, however, that their application must be very troublesome to the physician—who, of course, in our country at least, would have to apply them himself; and to the patient, in most instances, they must, when used in this way, be repulsive in the extreme on several obvious accounts. The same objections apply to scarifying the neck of the uterus, which has also been found a very efficient remedy. Where the organ is protruded, however, this is very conveniently done, and has an immediate effect in reducing the fulness of its vessels.

Where the condition of the uterus is a still more chronic and confirmed affair—where, for instance, a year or more has fixed upon it the condition of congestion and its attendants, the means just mentioned would have but little efficacy. In such cases we want something which will act more steadily—more uniformly—more powerfully—and which can be continued any length of time that may be requisite, without losing its efficacy, or exacting too much from the patient. The latter is a very important consideration, as every one who has had much to do with chronic cases will at once confess. In many such, the disease is submitted

to, the system gets accustomed to it, and reconciles itself to the annoyance—but not so to the remedy. The influence of the latter is slow, its effects not perceived for some time. There is nothing, therefore, immediately to cheer and encourage the patient, who in it only finds a new annoyance. If, then, this latter be great, it will not be persisted in faithfully and hopefully—two important conditions in any remedy—nor sufficiently long to attain the end desired.

We have found the seton to be such a remedy as is wanted—lacking the objectionable points just mentioned. Why this old means of revulsion should have gone so much out of use, we have never been able to explain to ourselves. Its application is far less painful than drawing a blister, and the care required in dressing it also much less than that of a blister, or of an issue. It looks, too, much less repulsive than the last, and does not leave so large and unseemly a scar when healed. We prefer a thumb lancet as the instrument with which to introduce it. Gathering up a fold of the skin we transfix it, and while the lancet is still in, pass between it and the skin above, but in the contrary direction, a common tape-needle, armed with silk braid. Performing the operation in this simple way disarms it of much that is frightful to the patient, and the thumb lancet is much more apt to be very sharp than the seton needle. Instead of the old way of using a long strip of braid wound on something, and unwinding a little every day and drawing it through the incision, we prefer, as far more convenient and cleanly, taking a piece only six inches long, and, after its introduction, tying the ends together in a hard knot, so as to prevent its being accidentally drawn out again. The length of the loop will readily admit of its being drawn back and forth an inch or so, and this should be done daily. When the strip has become soiled, it should be cut, a new piece sewed to the knotless end, and drawn through as in the old method. We have found this so much more convenient and cleanly than the former way of managing a seton, that we have thought the time given to describing it as fully worth the while.

Thus applied, we have found the seton a most efficacious revulsive in cases where the uterus is hardened and enlarged by a long continuance of the disease. And even, at an earlier period, it seems to have a most wholesome effect in so far relieving the organ as to permit it to return to the more regular exercise of its menstrual functions; a thing always greatly to be desired in such cases, both on account of the local and of the general effect.

As an assistant to these depletives and revulsives, we have used, just at the menstrual period, warm hip baths—commencing some three or four

nights before the flow is expected. They should be taken just before going to bed, which should be warmed to such a degree as to avoid all possibility of chilling the patient upon getting into it. As a means of taking the hip bath, a common wash tub does very well. It should be so large that the patient can sit down in it with the feet over one side and the back against the other, and so deep that the hips will be well covered. While taking it, the rest of the person should be well protected from cold, and a blanket ought to be thrown over the tub, so as to retain the heat, and make it more uniform to the parts not submerged.

There is another local remedy which, so far as a very few cases go, we have found very efficacious in mild degrees of uterine engorgement. This is cauterizing the neck of the organ with nitrate of silver. It was first recommended in cases of uterine irritation, and the success of its application has gotten it very largely into use where that condition exists. Finding that on applying it in cases where the prolapsed and tumid uterus was very irritable, not only the last symptom, but also the tumidity, was relieved, we have since used it successfully for that alone, but, as yet, in too few cases to urge it strongly, though these cases were very marked. It is effected through a speculum, by a piece of nitrate of silver in a *porte caustic*.* The frequency of its use must be determined by the symptoms. In most instances we have found that four days would give time for the eschar to fall off and a fresh surface to be presented for the caustic again.

Thus far our remedies have been directed to the organic condition of the uterus itself, and to replacing it in its proper situation. There are other symptoms closely associated with it and with the parts in contiguity, which require attention. The most obvious of these in most instances is the leucorrhœa; and in combating this, we think we have reason to say, error is often committed in addressing the remedies to it without sufficiently considering the condition of the organ whence it proceeds and its relation to that condition. As we have hinted above, we look upon it in a measure as a sort of provisional drainæ from the engorged vessels, connected undoubtedly in advanced cases at last with an alteration, to a greater or less degree, of the inner surface of the organ. To attempt, then, to suppress it, whilst the condition on which it depends, or, to say

* We have been much inconvenienced in making applications to the os uteri for want of a proper instrument to hold the substance applied, whether it be solid caustic, or a sponge, or cotton wool dipped into a solution. To remedy this, we have had one made which we find answers admirably. It consists simply of a rod of whalebone, 3-16 of an inch in thickness and eight inches long, furnished with a pair of gilt forcep jaws at one end. It is easily cleansed, and does not interfere with the sight when using it.

the least, with which it is so closely associated, still exists, must be an error, and we feel that this view will be confirmed by closer examination into the phases of the disease in its progress towards removal. Why it has not been more insisted upon hitherto, is, that in most cases two or three symptoms are attacked at once, and the opportunity for analyzing the relation of the one to the other, is lost by their successive disappearance being attributed to the influence of the respective remedies used against them. Thus, the uterus is replaced by manipulation, and retained mechanically in its position; its congested state attacked by revulsives, and the leucorrhœa by astringents. In due time each morbid phenomenon disappears, and we attribute the disappearance to the particular remedy used, without having any reason to suspect that had the engorgement of the organ been relieved, the flow *might* have ceased of itself. It has, however, more than once happened with us, that the astringents acted a little faster than the revulsives, and an aggravation of the uterine irritation, amounting in one case to decided inflammation, was induced, leading us to examine more closely into the correctness of the principles on which our treatment was planned, and to come to the conclusions above stated.

The same remarks apply, though not with the same force, to the vaginal leucorrhœa. Here we have a vascular membrane in a state of irritation and congestion, pouring out from its surface a quantity of fluid which must have a very direct effect in relieving the vessels. To leave these vessels in their full condition, and at the same time essay to prevent the drain, would be bad philosophy, and the speedy induction of acute vaginitis that we have witnessed as the result of such efforts, has since ever made us cautious on this point. Proceeding upon the above views, our course has been not to concern ourself about the leucorrhœa in the commencement of the treatment, but to wait for the indications of a return to health of the uterus itself. In many cases the other will disappear. In some instances, however, the drainage may be so profuse as of itself to be a great obstacle to the recovery of the patient on account of the debility it produces. In such, as in the others, we essay to relieve the condition causing the flow, but we do this by more direct means. The most efficient of these we have found to be injections of warm water, made two or three times a day. Trial by the individual will give the best indication of the precise temperature to commence with, which in most cases it will be found can be gradually lowered with advantage until the water used is positively cold. In other words, as we relieve one symptom, we go on to attack another—the want of tone in the parts—by a powerful tonic.

Frequently, even when the original offending condition is removed, the

leucorrhœa is still perpetuated, either by the want of tone just mentioned, or by what is called, for want of a better term, habit—instances of which we often see in chronic inflammation of any of the mucous membranes. In these cases an interference or assistance is legitimately called for, and tonic and astringent injections become highly useful. Cold water is the simplest of these, but not always applicable; we have had it in one case produce violent neuralgic pains all through the pelvis. The vegetable and mineral astringents have both been largely used, and are probably equally extolled; but what experience we have had induces us to give preference to the latter.

Of the former, oak bark—rhatany, either in the root or in the extract—catechu and kino, used in the form of decoction or of diluted tincture, are all highly recommended, and we have never had reason to think one superior to the others. Of the latter, alum—aromatic sulphuric acid—the sulphates of iron, of copper or of zinc and nitrate of silver, are the principal; indeed, all that we can have need of. In ordinary cases, the astringent we commence with is a decoction of an ounce of white oak bark in a pint of water, using it twice a-day. To this, as the parts get accustomed to it, may be added a drachm of alum. As with all such remedies, one should not be used too long, but a change should be made at the end of a week or ten days, and some other astringent substituted. As we often find, in treating chronic indolent ulcers, that a powerful remedy in time loses its efficacy, and a change even to a much milder one is beneficial; so in treating leucorrhœa, we find that it is better to go backwards to a less powerful astringent, than to continue to use one too long.

Among the mineral astringents, the aromatic sulphuric acid pleases us most. It should be diluted until it is about as acid as ordinary vinegar; but if on trial it produces no bad effect, the strength may be very gradually increased—say as far as two or even three drachms to the pint of water. The solution of nitrate of silver we have only used when there was, in addition to the leucorrhœa, an irritable or sensitive condition of the lining of the vagina. We found it then, after prefacing its use for a week or ten days with warm water, to be very efficacious, while other astringents irritated. The strength in which it was used was four grains to the ounce of distilled water. The particular application of the other astringents we leave to the judgment of the reader, based on the well-known properties of the article, all familiar, and the demands of the individual case.

For injecting fluids into the vagina, many syringes have been invented—most of them objectionable. The common female syringe—a cy-

linder of uniform diameter and perforated with holes at the end to be introduced—is faulty in size. If made to hold much, it is too large to be readily introduced. The body of the syringe being introduced, it is very inconvenient to push the piston up; and when the latter is of glass, it is very apt to be broken off. When the syringe is of glass, it is of course fragile, and it must be managed with great care that it may not be broken while using it. Pewter ones are acted upon by mineral solutions, and of course will not answer in using these. Where it is desirable to use a continued stream, as is often the case with warm or cold water, Dr. E. Kennedy [Dub. Quar. Jour. of Med. Sc., Feb., 1847] offers an instrument which seems well contrived for the purpose. It is in fact nothing more than the common force-pump injecting instrument, with a rose nozzle fitted to the end of the elastic tube, which also passes through a piece of India rubber some two and a half inches wide, four long, and a quarter of an inch thick, to apply over the external parts, and retain the fluid a little longer than otherwise would be possible. As excellent as this adaptation really is, it would be unnecessarily complex for any but the above-mentioned cases—though the India-rubber plate might be adapted with advantage to any syringe.

The syringe to which we give the preference, is the India-rubber bottle fitted with an ivory tube, having a small ball at the end perforated with fine holes. The bottle is filled by compressing it, putting the end of the tube into the injection fluid, and suffering the bottle to expand again; it should therefore be just so thick as to keep its shape when empty. Thicker than this, it is not emptied readily; thinner, it does not expand and fill itself. The great advantages of this injection apparatus, are, its perfect simplicity of construction, the facility with which it is used and also kept clean, its quality of resisting the action of all fluids, and its durability—not being liable to be put out of order or to be broken. The only improvement we could suggest to this is, that the ivory nozzle might be connected with the bottle by an elastic tube, say six inches in length—and, instead of the bottle being fitted to this last by a screw, the connection might be made by a short ivory-mouth piece, accurately fitted with a ring of the same material on the tube. With this, the bottle could be readily detached and re-charged as often as necessary, without disturbing the nozzle when introduced, thus having all the advantages of the force-pump arrangement just described, but none of its complexity.

The rectum is another organ in the immediate neighborhood, which requires a large share of attention in the treatment of uterine displacements. As we have already mentioned, before any attempt to reduce

the displacement it must be thoroughly emptied. But this is only a beginning. It must be *kept* as empty as is consistent with the general comfort and health of the patient. This we have already anticipated in our mention of the causes of these affections. How to effect the desired end in this particular, we leave for the most part to the reader. The indication is a very simple one, and the means should be equally simple—avoiding of course everything that is unpleasant in itself and therefore liable to be neglected by the patient; and also everything which might prove irritating to the parts and thus increase somewhat the trouble already existing. With some, we have found injections of cold water answer admirably; with others, powdered senna eaten at bed-time in a fig suits very well, both as regards the method of taking it and the effect. Rhubarb root, chewed in such quantities as trial has shown to serve, is also very convenient. Whatever the means be, thoroughness and gentleness should be its characteristics. One formula which we think it well to offer for this purpose, is as follows—R. Pill. Rufi, pulv. rhei, āā ʒj. Mix and make into 24 pills. The dose is from one to four of these, taken at bed-time. The particular excellence of this compound is that the aloes it contains is a sufficient quantity to produce a thorough evacuation of the rectum without irritating that organ; and from the well-known tonic properties of the ingredients, the bowels are often strengthened so as to act without any aid. We may add that we have seldom found these pills to act at all harshly.

Having gotten the organ back to its proper place, the next thing is to keep it there. To be sure, the means we have just been recommending for restoring it and the neighboring parts to a healthy condition, all tend mediately to this, but we want something more direct. Position is of itself in most cases sufficient—keeping the patient on the back; and Dr. Godefroy, of Rennes, reports [Lond. and Edin. Monthly Jour. of Med. Sc., March, 1842] two cases of anteversion which were cured by this means alone. But however excellent in the abstract, it is unfortunately greatly inapplicable in the actual. The objections to its use are several. The most prominent one of all, is the inability of getting any woman, born in New England, to lie long enough in bed, unless otherwise physically incapacitated from getting out of it. Even if the disposition existed, there might be other reasons why it could not be carried out. Time is money with most; and besides, there are certain duties and cares of a domestic nature, which must be met personally, and for which money cannot buy a substitute. As efficacious, therefore, as rest is, we not only cannot use it often to our advantage, but, on the contrary, we

have to contend not solely against the disease, but also against bodily exertion, the result of the habits or of the necessities of the patient.

Various mechanical contrivances have been made for the purpose of retaining the uterus in situ. Some of these—pessaries—are introduced into the vagina. Others, called abdominal supporters, uterine trusses, &c., are worn externally, acting of course by pressure through the abdominal walls, or on the perineum.

Pessaries have for the last fifty years been greatly relied upon as a remedy for uterine displacements, particularly for prolapsus; and to adapt them more perfectly to that use, they have been very much varied in the material of which they are composed and in their form. The first conception of a pessary was that of a body of such a size, that, when introduced into the vagina, it would not only retain its situation there, but do this with sufficient firmness to support upon it the uterus tending to prolapse. With this view it was made of some material which could not be affected by the fluids that it might be brought into contact with—hard wood, sponge, ivory, gum elastic, silver, and, lastly—the suggestion, we believe, of Dr. Hopkinson, of Philadelphia—of glass. To dispose of the merits of these various materials is not difficult, and we will do it at once. Glass is fragile, unless thick and heavy, and then should be carefully annealed, otherwise the shape into which it has to be blown, to serve as a pessary, will dispose it to break readily. The results of such an accident seem likely to be too severe to run any risk. Wood, no matter how hard and dense, will in time be acted on by the fluid, and its surface undergoes a sort of erosion. We have seen this in box and lignum vitæ, but have never tried ebony. We should, however, discard all. Gum elastic serves well as far as its resistance to the action of the fluid goes; but it is difficult to get them made of such shape and size as may be required, and when once moulded, they cannot be altered in the slightest particular. Sponge has the advantage of being compressed so as to be introduced readily, but has of course to be replaced very frequently, and even then is apt to irritate the parts in contact with it. Silver, of all others, is the best, taking material solely in view, particularly when it is gilt. But it is expensive. Ivory, in most cases, using the pessary as we do, is perfectly sufficient in its resistance to the action of the secretions. It has the great advantages of cheapness and of being very readily shaped in the lathe or by hand to precisely suit any particular case—this latter is very great.

In shape, with the simple intent above mentioned in view, the pessary was a disc with very thick edges where it bore against the walls

of the vagina, and having the upper surface concave so as to receive the lips of the uterus. It had also a hole through the bottom of this concavity to give vent to the uterine secretions. It was oftenest circular; though, to meet the views of some, ellipsoid in shape, the antero-posterior diameter of course being the longest one. In England, spherical ones were at one time greatly lauded and used, but with what particular end in view we cannot imagine. It is evident that the uterus could not so readily be sustained upon a convexity, and the shape would fit the instrument to slip down too readily. Besides which, unless drilled in every direction, so that whatever portion happened to be uppermost, the fluids could escape through it, these must collect in some degree behind it.

This is the pessary contrived with the single intent above mentioned. In many instances the pressure above is too great to let it avail even when increased in size to the utmost, an increase which it is evident must be limited after a certain point, both on account of the difficulty of introducing it, and of the disturbance a too bulky body might cause when introduced. Besides which, exercising the distension that it does and must do, it only remedies one evil by substituting another, and never effects a cure. It also sets up a great deal of irritation, accompanied with profuse leucorrhœa, sometimes with ulcerations, putrid discharges and fungous growths. It is apt, too, to make the bladder irritable, and to cause costiveness and embarrass defæcation.

On account of these obvious objections, several pessaries have been devised with a view to avoid them. The body of the instrument was made smaller, and to keep it in its place it was mounted on a stem, passing down the vagina and supported externally. The particular form of the stem, and the method of attaching it to the disc, have been varied with a view to convenience, &c., but the principle is just as stated. Recamier invented one with an elastic stem, which he thought would present an advantage in yielding to any accidental jar or motion of the body. Hervey de Chegoigne, besides mounting the pessary upon a stem, still further adapted the stem and the upper part of the instrument itself to the form of the neighboring organs, so as to embarrass the latter as little as possible, and to produce a more equable operation of the sustaining force. For retroversion of the uterus, for instance, he thickened the posterior edge of the disc, and thus more effectually canted the organ forwards than could be done by one of more uniform thickness. [De quelques déplacements de la matrice, et des pessaires le plus convenables pour y remédier. Dans *Memoires de l'Acad. Roy. de Med.*, 1833, tom. ii., p. 319. A fair abstract of the paper will be found in the *Gazette Med. de Paris*, Jan., 1833.] The cases given with the memoir

are not only interesting themselves, but are illustrative of an important fact, viz., that we cannot use any pessary under routine direction. We must adapt the instrument in size and shape to the particular case, and cases vary so much as to make it useless to enter into a disquisition on the advantage of one precise form over another. Each may suit in some particular instance—all may be equally inefficacious in some. In other words, in adapting the shape of a pessary, it has to be done by the requirements of the case in hand, and the physician has to depend rather upon his mechanical tact than upon any rule or direction that can be given him. We therefore abstain from any further enlargement upon this part of our subject, although it has stimulated the inventive talents of many, and afforded employment to the pen of Jules Cloquet [Dict. de Med. in 30 vols.], of Gerdy [Traité des Pansements, 2d edition, 1839—Des Pessaires, t. ii., p. 57], of Rognetta [Remarques Nouvelles sur les Pessaires en Caoutchouc, &c. &c., Gaz. Med. de Paris, Juin, 1834], of Duges, of Desormeaux, and of a host of others in advocating the merits of particular curves, concavities, &c.

We must notice, before going further, the dispute between Duges and Hervey de Chegoigne, as to whether the uterus should be supported by the lower extremity, or whether this, as the latter insists, is apt to irritate it, making it more proper to sustain the organ by contact with its body. We have been unable to find anything to support the views of M. de Chegoigne, and we must therefore be permitted to pass them by in spite of the attention they received when he first insisted upon them with such urgency in 1833—an attention and an urgency which made us hesitate to leave them unmentioned.

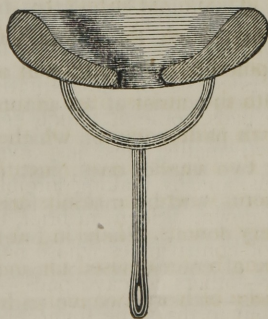
For anteversion and retroversion, Dr. Simpson, of Edinburgh, devised a pessary consisting of a slender stem of ivory, two inches in length, rising from the middle of a circular disc—the whole being mounted upon a wire supported by a perineal strap. The ivory stem is introduced into the uterus, after getting it into proper position, and by this it is kept from falling over. Of the effects of this pessary, Dr. Ashwell says:—“Two cases have recently come under my care, and I have heard of more, where the results arising from the use of this instrument have been very serious. Looking at it pathologically, I can scarcely imagine anything better devised for inducing disease. According to this practice, a piece of ivory two inches long is to be introduced into the uterine cavity, and its bearing must of necessity be on some part of the lining membrane, a surface ill adapted to support the pressure for two or three months together of such an instrument. * * * In both, the speculum showed that abrasion of the os and the ostium vaginæ had resulted from

the use of the so-called uterine supporter. * * * Is there anything so serious in a retroversion or retroflexion of the unimpregnated uterus, as to justify a practitioner in running the risk of exciting peritonitis, cellular inflammation and abscess—injuring the structure of the womb—and enkindling desires, or implanting habits, which destroy purity of feeling and physical health? Our own conviction is, that this supporter will be found to create more disease than it cures.” One case, in which we tried it, supported fully Dr. A.’s opinion, yet friends of ours have seen cases treated by Dr. Simpson himself very successfully with it. We should wish, however, better recommendations before using it again.

Dr. Simpson [copied into the *Am. Jour. of Med. Sciences*, 1849] and several others have advocated the employment of medicated pessaries, the first suggestion of which was probably given by Osiander, who used to support the uterus by inserting into the vagina a small bag filled with chippings of oak or other astringent wood. Undoubtedly, in their medicinal influence these would be an advantage; but we think this could be, on the whole, more conveniently obtained by injections, leaving for the pessary a more perfect material in other respects.

We find, both from publications on the subject, and from the verbal expressions of our friends, that, latterly, pessaries are not relied upon as they were formerly, either as a curative or a palliative means, nor resorted to as frequently in either capacity. This distrust in them and disuse of them is in perfect accordance with the views to which our own experience has led us.

In fact, in treating uterine displacement with a view to cure, we look upon the pessary as an assistant during the first periods of the treatment to relieve speedily an urgent and embarrassing difficulty—the disposition of the organ to descend. In using them, we feel that they should not further distend the vagina and embarrass the organs in the neighborhood; the pessary must therefore be as small as possible consistently with its furnishing the proper amount of support to the organ. To retain it in its place, as it lacks size for this, it should be mounted upon a stem and supported by a perineal strap. This is a satisfactory settlement, in our mind, of the



question as to what kind of pessary should be used—one with or without a stem. As to the material, in ordinary cases we use ivory, of the shape here given in section. If the case is a peculiar one, and requires some particular modification of the instrument, gutta percha offers an admirable

material, as under hot water it can be readily modelled to any shape desired. The stem is a piece of brass wire, having an eye at one end by which to attach it to the perineal strap, and at the other a semi-circular piece of wire by which it is attached to the pessary. The strap that supports it is buckled in front to a belt—is bifurcated in the perineum, and each end passes up backward to a button on the belt at each hip. At the bifurcation, a common button mould should be inserted, and to the material covering this, the end of the stem supporting the pessary is attached. The material for the belt and strap is common cotton or linen cloth, covered on the perineum with oiled silk—together a most simple contrivance, that any woman can make for herself. The pessary being very small, is readily introduced by the patient in the morning before rising, and removed by her on lying down at night, prefacing the insertion and following its removal with an astringent or tonic injection. This is the only pessary we would ever use, and we only use it until our other remedies can restore tone to the parts concerned as well as to the general system, and enable these to do their work.

The only bad effect that we have found from the use of this pessary is, that the wire stem has in two cases irritated the neck of the bladder—though in one of these, there was a preternaturally irritable state of it, which had already required treatment. The fear of this, at the present moment, prevents us from using it in another case. Mr. Schofield, of Bradford, Eng., seems to have used one very similar, made of porcelain, with great benefit, but we do not know that it would have any advantage over the one described; and the pessaires “*a tige*” of Hervey de Chegoigne and others do not seem to be as simple.

Abdominal supporters have varied as much in their fashion as pessaries, though there are few principles concerned in their employment. Some are belts, buttoned or laced around the hips and over the abdomen. Others consist of an adaptation of springs, furnished at particular points with pads, some of which keep the apparatus in place, whilst one large or two smaller ones, just over the pubis, are intended to act upon the uterus, and by making forcible pressure there, keep that organ from slipping down. Such, in brief, is the rationale of the construction of a variety of contrivances whose name is now legion. Some have spiral spring pads—others concave pads—others horn ones—and so on; but they all amount to the same thing, above sketched.

These affairs are now so generally worn, that opportunities of observing the effects of them are very plenty, and the result of availing ourselves of such opportunities has brought us to the conclusion—possibly

surprising to others—that in not more than one case out of six does the supporter retain the uterus in place. These numbers are not given from accurately recorded cases, but we are certain that they cannot be far from right. To be sure, in some of the six cases the instrument is not needed so far as the uterus is concerned, for in fact no displacement of it exists, and the instrument is adopted at the recommendation of some unprofessional friend, in consequence of an error caused by feelings of debility which the instrument does remedy. In the cases upon which we make this assertion, it had been used too short a time to have produced a cure. In the cases remaining, the uterus often remained prolapsed, because, as we above explained, the line of pressure was too high to act beneath the body of the organ—yet the instrument was a comfort in sustaining the contents of the abdomen, disposed to sink down from relaxation of the walls. In some, we found the supporter decidedly hurtful; and its name a misnomer, for if it did not actually force the organ down, it tended to keep it so.

We have used supporters in very few cases with a view of directly supporting the uterus, for we think it will be found that in very few, comparatively, can it be so supported; but we have found them very serviceable in assisting to restore tone to the abdominal walls and their contents, and also sympathetically to the organs within the pelvis. Using them in this way, they act in the same manner as bandages on a feeble limb—supporting the muscles and other tissues, until they gain one elsewhere, but which would not be so readily gained without such support. Having this in view—and also an ever-ruling principle with us, to simplify everything as much as possible—we have added ourself to the number of contrivers of abdominal supporters. Ours consists of a belt of Dowlas linen, cut bias so as to “give”—three inches wide behind—becoming broader as it passes forwards over the hips—and six inches wide in front where it laces up. On each hip there is a *gore*, so as to fit it to the shape. In front, the line of it is horizontal above—but cut to the line of Poupart’s ligament and the pubis below. From two inches back of the lacing on the upper edge, passing down to *just* back of it at the lower front corner of the belt, there is let into it a strip of sheet brass about half an inch wide. This should not be thick enough to be heavy, but sufficiently so to keep its curve, when once fitted to that of the abdomen. This, like the pessary, is as simple as possible, and any woman of ordinary ingenuity could fit herself with it. She should have two for a change.

This is the belt which we use in connection with the pessary; as even where its other offices are not particularly wanted, it sets so well as

to fully repay in comfort for the trouble of making it. We have been much gratified at the number of instances in which we have seen the more complicated and expensive supporters thrown aside, and preference, after trial, given to this simple affair. It may be well to add, that if our views are correct, and it is a general supporter to the muscles that is wanted, rather than a doubtful sustainer of the uterus—a broad belt, like the above described, gives much more equable and uniform support than any series of pads could.

For cases in which cure is out of the question, and prevention of protrusion is the only object in view, the pressure of a pad upon the external labia has been found very effectual. Dr. Hamilton's contrivance for this was a simple T bandage, or belt and perineal strap, the latter supporting the cushion [Practical Observations, p. 25]. Dr. Annan, formerly of Baltimore, used a spring like that of a truss around the hips, and to this was attached another at right angles, passing down in front of the pubis and furnished with a pad at its extremity—[Amer. Jour. of Med. Sc., Aug., 1836]. On general principles, we should prefer the first.

Having thus disposed of mechanical contrivances, we will now see what surgery essays to do for uterine displacements.

Dr. Hamilton, in his strong objections to pessaries, detailed in his Practical Observations, before advising the contrivance just mentioned, suggests narrowing the calibre of the vagina. This he attempted himself in one case by introducing into it a ball of "*emplastrum ceral*," and a second time a bag of alum. Inflammation and sloughing followed, but no adhesion or narrowing. In another case he got Mr. Liston to bring together the walls of the passage by ligature; but after much suffering, no benefit was attained. Langier made the same attempt with actual cauterization and with nitrate of mercury, but was equally unsuccessful—[Sur le Cauterization du Vagin au fer rouge—Encyclog. des Sc. Med., Sept., 1838]. We are, however, under the impression, though we cannot now recall the authority, that he did effect his object with nitric acid.

M. Girardin suggested an operation like that of Hey and of Dupuytren for prolapsus ani—removing a strip of the vaginal mucous membrane by the knife, and bringing the edges of the wound together with sutures. This has now been frequently performed by different surgeons with great success. They exhibit some slight variation in the operation. Thus, Dieffenbach removed a strip on each side—Marshall Hall one in front. Dr. Ireland [Dub. Jour. Med. Sc., vol. vi., p. 484] has performed it twice—in the first case taking one broad strip from the side; in the last,

one from the back and another from the front. The removal should include nothing but the mucous membrane. The incisions should embrace a very acute triangle, with the base towards the external labia. Three ligatures generally suffice. The one nearest the os uteri should be tied first, and the uterus reduced as each is tied in succession.

The hemorrhage is slight, as is also the pain except when dissecting near the labia. The subsequent inflammation must be combatted with the usual antiphlogistic means, among which cold water injections are very useful, and should be given three times a-day. This operation is termed episiorrhaphy. The only objection to it is, that, in child-bearing women, the course of the incision might be re-opened during delivery; but Dr. Fricke, who has cured three out of four cases by it, says that he delivered one of these without the slightest accident. Where the patient is beyond the period, a modification of the operation has been used, having in view the prevention of protrusion. It consists in obtaining an adhesion between the external labia to some distance within. This has been done by Dr. Geddings, of South Carolina, with success in several cases—[*Amer. Jour. of Med. Sciences*].

As a last resource, surgery, failing in its highest aim, has removed the prolapsed organ in one case where reduction was impossible. The operator was Dr. Toogood, of Bridgewater in England. The patient was 60 years of age. The result was a great relief to the sufferer, who bore the operation well. It will be recollected that we have already mentioned a case where nature resorted to the same means of relieving prolapsus, and with success. The number of cases of excision of the uterus which are now on record, enables us by this time to pronounce upon the operation. So far as danger to the patient is concerned, it is not as objectionable as many others which are unquestionably among the justifiable efforts of surgery. It has other bearings, however, which must always have a strong modifying influence with the physician—a controlling one against its performance except in a very few, exceptional, cases.

This comprises all the local treatment for uterine displacements which we think merits attention. It is not, however, all that we can expect to do for these affections. A very important part of our care yet remains in that addressed to the general system.

Much that would otherwise come under this head, has already been anticipated in our disquisition upon the causes that lead to the disease. Of course in our essay to cure, we must first remove any cause that may still exist, and alter all those circumstances that originally led to the morbid condition—or that still tend to its continuance. This will induce a rigid scrutiny as to whether the laws of hygiene be habitually and strictly

complied with, more particularly those which we pointed out as so liable to be disregarded by the female sex. Upon only one point concerning these do we now think it necessary to say more, and upon this but little.

In speaking of dress as a cause, we quoted largely our previously published views, and corroborated them with the results of our more recent and fuller experience. We will now only add the method in which we remedy evils from this source. When a case of uterine displacement presents itself to us, after insisting upon the free and gentle yet thorough evacuation of the bowels once a-day, as an absolute necessity if cure is desired, we next insist on a complete alteration of the dress, by which all its objectionable peculiarities are remedied. Where the disease is not urgent; where it has not continued long, and the rest of the system still preserves its tone, if we cannot go farther, we require that a light under jacket shall be worn, to which all the skirts shall be buttoned, and by thus sustaining them, relieve the hips and abdomen almost wholly of their weight. This is a modification greatly for the better; but there is a still greater one which we enforce where the disease has continued longer, and where the general system has suffered so much from it as to demand in its favor *every* advantage, no matter how trifling. We urge that warmth and comfort be attained entirely by loose drawers, buttoned to the jacket just mentioned; and that over these only one light skirt—say a starched cotton or a grass cloth one—be worn beside the outer dress. In other words, that the woman be dressed just like a boy in jacket and trowsers—covered after this with her outer garments, for propriety and grace. This is, we confess, a very thorough change, and many might call it an unnecessary exaction; but we do not think so, nor does one of the many patients who have submitted to it. On the contrary, they have without exception used the most unqualified terms of praise—often approbatory to an extravagant degree, in assuring us of the comforting effects of it. It not only attains the immediate end of relieving the uterus, but it gives a freedom to the whole person, ensuring more warmth with but half the former weight of clothing.

Another point in dress requires, as we have already hinted, attention; the legs and feet *must* be warmly clad. This may be effected in the way most agreeable to the patient, but we say with emphasis, it *must* be done.

Having attended to these more external matters, we still have the want of tone, and general debility of the system, to remedy; and for this it is very difficult to lay down any general rule.

We mentioned among the effects of these affections a disposition to

gastric derangement, or rather to atony of the stomach. This in most cases we treat with ale, which affords at once a stimulus, a tonic and nourishment—relieving the exhaustion of the moment—strengthening the stomach, and affording an easily assimilated nutriment wherewith to invigorate the attenuated frame. We know of no objection to the use of this, except some accidental idiosyncrasy of the individual. If it be not advisable, sherry wine is the best substitute—lacking the nutritive and the direct tonic effect of the other. Beyond this we cannot specify a stimulus—for after all, it must be fitted to the wants of the particular individual, and therefore trial must indicate what is best. Where not only the immediate stimulus, but also a more powerful and continuous tonic is needed, Peruvian bark, gentian, columbo, and all articles of that class, will serve us in turn, but of course it would be unnecessary and indeed impossible for us to attempt to discriminate between them here. That must be done by the physician when the individual case is before him.

We also mentioned as one of the consequences of disorder of the uterus, an attenuation of the blood—an anæmic disposition, exhibited in pallor of the countenance, waxy aspect of the skin, and cold hands and feet. Iron of course is our remedy for this, and it only remains for us to indicate the form in which it is to be administered. As that form of the remedy against which, in the largest number of cases, the stomach does not rebel, we have long used the ammonio-tartrate. It is very convenient, too, to administer. We write for two drachms, and direct the patient to dissolve it in sixty teaspoonfuls of water or syrup (say of orange peel, a home-made article). The dose measured by the same teaspoon will then contain two grains, which may be taken four times a day. When there is fear of this fermenting, or where the stimulus of wine is also wanted, sherry is a good menstruum, though it takes more of this fluid than of water to serve as a solvent—about double the quantity. The flavor of neither of these solutions is unpleasant, and we have found but few cases where there was an intolerance of the remedy. The tincture of the muriate of iron has been much extolled for leucorrhœa, and therefore if that accompaniment is a prominent and troublesome one, it may be administered instead of the ammonio-tartrate. It is very apt, however, to disagree with the stomach, and the flavor of it cannot be made very agreeable. Care should be used that neither be taken into an empty stomach, or if so, a cracker or something of the kind should be eaten immediately after. This will prevent an unpleasant gnawing and nausea that often follows the administration of iron without these precautions. Where the last remedy is not tolerated, and a demand for it seems to exist, we have used the sulphate of iron instead, under the same precau-

tions, dissolving it as we advised for the ammonio-tartrate, but giving it in smaller doses—say $1\frac{1}{2}$ grain; this is as much as in most instances will be borne without irritating the stomach in the course of the period for which we may have to use it. Frequently, indeed, we have to commence with a half or third of a dose, and gradually increase it to the maximum. This of course is easily done when the salt is in solution.

However admirable may be the effects of the above-mentioned tonics, there are few cases where they alone will suffice to restore the health and strength of the patient, and enable her to preserve them when recovered, unless we bring the influence of cold water to their assistance. Indeed, this remedy in some form or another is by us brought very early to bear upon the disease, and we should have introduced a mention of it sooner but for not wishing to interrupt the above continuous series of kindred remedies. Not only, too, do we look upon cold water as a tonic, but we consider it a powerful alterative in breaking up that circle of morbid phenomena, at various points of which are found, as we have before this detailed—a displaced uterus—dysmenorrhœa—gastric irritation—hysteria—and the rest, too familiar by this time to repeat. As soon as we have made an estimate of the vital energies of our patient, we commence enveloping her to a degree proportionate to what we consider her power of re-action—with the wet sheet. When the energies are much reduced, this must be done very cautiously, and only very partially. Thus, as a first essay, we wrap the hips in a common roller towel about twenty inches wide, dipped in water at about 60° . Over this is wrapped a flannel skirt or some such thing, and the patient lies thus in bed for an hour or hour and a quarter. After this she is well rubbed with a crash towel, and dressed if necessary. If this is readily endured—if the chill it causes soon passes off—and particularly if it be replaced by a proportionate glow, we may venture further, and envelope more of the frame in it, and use colder water, until we reach the point of wrapping the whole figure, from the arms down, in a sheet wet with the coldest pump water. When so wrapped, the patient should be also covered in blankets and remain thus for an hour and a quarter. If the operation is such as is desired, the chill passes off at the end of ten or fifteen minutes—the remaining discomfort of the cold in twenty more. Soon a glow is felt which goes on to diaphoresis (though not profuse), attended with a positive feeling of enjoyment and exhilaration. Used in this way, we claim that this means is raised from all taint of hydropathic quackery to a rational and scientific remedy, and as such we ask for it its fair share of attention. We are confident that if this be given, it will be highly valued in the light both of a powerful alterative as above stated, and as a tonic,

tolerated and beneficial, when the stomach refuses others, or where they may prove incompatible, as is well known they often do, with some other condition of the system.

The proper time of the day for using this remedy is the forenoon, though the particular hour we do not deem important; we permit the patient to choose that which will best suit her convenience. The re-action is probably greater on first awaking, and, if nothing hinders, we should select this time.

Used in this way, the influence of cold water seems much more deep and thorough than when simply taken in the form of a cold bath. We cannot suppose that a very different series of phenomena occurs in one than in the other; but, with the wet sheet, each one of the series is prolonged, and in this way possibly the depths, as it were, of the system are more perfectly probed, and the most distant and hidden operations of the morbid influence reached. Thus in a cold bath the chill is endured at the farthest for five minutes—the body is then dried, and in another five every opportunity given for re-action, which comes on with greater or less despatch. With the wet sheet, the chill is prolonged for ten or fifteen minutes—the rallying effort to force back to the surface the blood which had left it then begins, but requires from fifteen to twenty-five minutes more. Still, after this, the surface is excluded from the air, and kept bedewed with a fluid now at blood heat, prolonging and heightening the duration and violence of the re-action. This at least seems to us a rational comparison between the two.

We must finish this chapter with some notice of the other alteratives which have been at various times advised to break up the morbid action—the congestion, hardening, and irritation of the uterus, and the disturbed functions of the neighboring organs accompanying displacement. For this purpose the writers of fifty years since advise mercurials, but with apparently no very great precision in their views as to what was to be done. Later, since the virtues of iodine have been recognized and appreciated, some of its combinations have been recommended for the same purpose, but apparently scarcely more than on theoretical grounds, even with the few who have made the recommendation. We have looked very carefully for any facts that would support the view that they are beneficial, and we find none either in the flood of periodical medical literature which we now enjoy, or in the experience of our personal friends or ourself. We do still occasionally use the syrup of ioduret of iron, but it is rather as a tonic and an appetizer than as an alterative.

We thus conclude our list of remedies, and the details of our course of treatment of uterine displacements. There are many suggestions

which have been made, many theories broached, and many instruments contrived, of which we have taken no notice. We feel, however, that we have weighed these carefully and without prejudice, and estimating them not hastily, have deemed that no benefit could accrue to the reader from a mere rehearsal of them and exposition of their failings; but have thought that time was better spent in making a full exposition of what reason and experiment have taught us we can rely upon.

DISPLACEMENTS OF THE GRAVID UTERUS.

To avoid confusion we have hitherto treated only of displacements of the unimpregnated uterus. When the impregnated uterus is displaced, or when the displaced uterus becomes impregnated, some new features are presented which require particular notice.

The chances of impregnation are much lessened by displacement of the organ, though from cases on hand, where the affection existed to a very great degree, and yet it did take place, we must conclude that it is not the simple displacement, but the condition of the uterus which generally accompanies it, that leads to sterility. This condition and this consequence of it seems to have been recognized by Hippocrates in saying, "When the mouth of the uterus is hard, it is also shut"—[54th Aphorism, Sec. v.]. And again, "Women who have the uterus cold and *dense*, do not conceive"—[62nd Aphorism, same Section].

Impregnation of the prolapsed uterus, when the organ is reducible, is readily managed, if, indeed, it require interference. It should be reduced, if it does not readily reduce itself, which, however, is generally the case, and so retained until the fourth month, when it will have increased to such a size as to sustain itself above the brim of the pelvis. This, indeed, ministers to the cure of the disease—provided care be taken after confinement to prevent, by all the other means we have above indicated, a return of the affection. When a protruded uterus becomes impregnated, which has happened now in three or four recorded cases, too familiar even to quote [Portal gives one, *Mem. de l'Academie de Chir.*, tom iii., p. 369. Chopart, another, *Traité des Malad. de la Vessie*, tom. ii., p. 73. Still later, Perfetti, a third, reported in *Prov. Medical and Surgical Journal*, Dec. 2nd, 1844. The last is very interesting, because after delivery the organ was reduced and apparently a cure effected], the difficulties attending the condition arise from the size and weight of the organ during gestation, and from the hardness and undilatibility of the mouth at delivery. The first is remedied by rest and by mechanical means which will suggest themselves—suspension in a properly contrived bandage. For the last, the knife has been resorted to—enlarging the

opening by a crucial incision. This was done in three of the cases recorded, and without great complication of the case, or suffering to the patient.

The anteverted or retroverted uterus is not so liable to become impregnated as the simply prolapsed one—for besides the condition above mentioned of the organ itself opposing it, the neck of the uterus is so placed as to increase the difficulty. When it does, however, become so, it is a much more serious thing than with the prolapsed organ—for there is generally no tendency in it to rise out of the pelvis, as the period of gestation advances. The consequence is, as the development proceeds, the organs in the neighborhood, particularly the bladder and rectum, become more and more embarrassed, until they are wholly unable to perform their functions, and the result of course is fatal unless effective aid be given. Should, then, a woman, affected with either of these displacements, find herself pregnant, her condition must at once become the care of her physician. Every means must at once be used which may tend to rectify the position of the organ, or at least to raise it out of the pelvis before its increased size makes this impossible, that its subsequent development may cause no such urgent embarrassment in the vital organs, as those just mentioned.

How to effect this elevation of the uterus, does not require particular directions, or indeed any, beyond what are already suggested earlier in this essay. When retroversion exists, there is often difficulty in getting the fundus out of the concavity of the sacrum. We have seen an instrument contrived for doing this, which consisted of a steel conductor to be introduced into the rectum—and upon it, but passing into the vagina, was a rod armed at the end with an ivory pad, intended to act against the fundus of the uterus. This would undoubtedly be serviceable, though we scarcely think a surgeon would need any special contrivance for the purpose.

In anteversion the difficulty of reduction is not so great, and the fundus is more readily reached and passed behind the pubis.

When the development of the ovum has increased to such a degree as to render it impossible to reduce the uterus, and the grave consequences above mentioned are imminent, it becomes of serious moment to know what shall be our resort. Sabatier seemed to think that emptying the bladder by puncture would remove its bulk and thus permit reduction; but we can see that the main difficulty, the size of the uterus, will not thus be affected. Hunter advised plunging a trocar into the organ itself, and reducing its size by giving exit to the amnios. There is no record, however, of such a course being adopted; though judging from the effect

of accidental wounds of the uterus and from other parallel cases, we cannot but think it would be unattended with serious consequences, and it surely seems the most rational means suggested.

With a view of saving the infant as well as the mother, Purcell [Capuron—*Traité des Malad. des Femmes*, 1817, p. 287], suggested symphysotomy, supposing that it would effect such an enlargement of the pelvis that the uterus might be reduced when otherwise it would be impossible. Gardien advocates this strongly, but both are as strongly opposed, and we think with reason.

In one of the cases of anteversion quoted above, as occurring in our own practice, abortion took place regularly at the end of the fourth month—apparently as a resort of nature to get rid of what could be developed no further.

INVERSION OF THE UTERUS.

This is the term given to the condition in which the uterus is turned inside outwards. It may occur suddenly, or by very slow degrees. It can only take place suddenly immediately after delivery, when the whole organ is a flaccid bag—the body of which may be forced through the mouth, either by pressure behind or by traction through the os, as by the cord. When it takes place by degrees, it is always the effect of the weight of some tumor attached to the fundus, which in its development forces its way through the os, drawing the fundus after it. In this latter case it is evident that the tumor is the main difficulty, and that our contest must be with that—we therefore dispense with any further consideration of inversion from this cause.

Symptoms.—A feeling of sinking and utter prostration comes on immediately after inversion has occurred, even when no flooding accompanies it. This is sometimes accompanied by convulsions, but almost always with those violent, nervous perturbations so frequently attending uterine trouble. These symptoms are generally proportioned in violence to the degree of inversion. With them there is often a most alarming hemorrhage, sometimes destroying life immediately. When several of the above symptoms excite our suspicions of the nature of the mishap, examination must be carefully made for the organ through the walls of the abdomen, and an inability to detect it there will at once of itself convert our suspicions into conviction, especially if, in addition, we find the vagina filled by a fleshy substance. Without the abdominal examination, the latter alone might be taken for another fœtus (breech presentation, for instance)—a polypus, or some other tumor. It may be well to suggest that a polypus has comparatively little sensibility, while the inverted uterus is highly sensitive.

If the organ be not speedily reduced, a contraction and thickening of its walls soon render this impossible. We should therefore lose no time in setting about to effect its reduction. Well oiling the hand, the organ should be grasped and passed back into the vagina. Forming the fingers into a cone, the apex of which is placed against the fundus of the uterus, pressure must be made steadily upwards. This will at first carry the whole organ unaltered further into the pelvis, until the vagina is put upon the stretch. After this it will commence receding, and then with a sudden start pass through the os, and it is again in its usual condition. The hand now must not be withdrawn, but left there until contractions are excited, by which it ought to be permitted to be forced gradually out. This is to prevent a return of the accident.

One point incident to this operation has excited much discussion—the removal of the placenta. Should this be done before the reduction, or afterwards? On the ground of lessening the bulk of the mass to be returned, some of the highest authorities on the subject advise its removal. Others of equally high position—with the plea that the force used in separating the two will irritate the uterus, and that an increase of the hemorrhage may be induced at a moment when every drop of blood is important—recommend that the after-birth should be carried back and the case afterwards treated as one of retained placenta. It seems to us that the course must be determined for the individual case, for we can conceive of the placenta being so bulky as to greatly embarrass if not entirely prevent reduction—and the attachment between it and the uterus may not be so strong as to require violence and cause irritation in overcoming it. Nauche advises snipping the circular fibres of the os, if they seem to threaten strangulation or to otherwise impede the reduction.

As we above said, the reduction ought to be attempted without any delay, for every moment increases the contractions of the uterus and lessens our ability to turn it back again through the os. The liability of this is so great that even a half dozen hours may put the mishap beyond reach of remedy, though two cases are recorded where reduction was effected after an inversion of several weeks standing [one of these is in the *Am. Journ. of Med. Sc.*, vol. xvi., p. 81].

When permanently unreduced, inversion of the uterus is attended with most painful, harassing and dangerous symptoms. The organ becomes highly sensitive, and is affected with a constant feeling of uneasiness, heightened at times by severe, sharp, lancinating pains. A profuse discharge is soon set up from the inner surface, now turned outward, and is of itself enough to speedily exhaust the vital powers; but in addition to it, frequent hemorrhages still further increase the danger from this

source. The os uteri is at all times very much contracted, but occasionally this contraction is greatly increased by inflammation, and strangulation may ensue, causing sphacelus of the whole organ. Even where the circulation is not interrupted sufficiently for this, the vitality of the organ may be so lessened that, as in protruded uteri, ugly sloughing ulcers form in its substance, and thus add another source of suffering, danger and death to the patient.

To ameliorate this horrible state of things, various courses have been adopted by different practitioners, but apparently without any guarantee of success. The only resort which holds out promises of restoring the sufferer to comfort and health, is one which, considering that the subjects of this mishap are generally otherwise in the full enjoyment of their womanhood, seems dreadful, and which could not be justified and would not be tolerated, but for the perfect conviction that it is the *only* resort. This is extirpation of the uterus. The method which has been adopted is by ligature—first drawing the organ down so as to get it as near the labia as possible, and then transfixing the neck just below the os with needles armed with strong silk. The ligatures are tightened very gradually. At first the pain is very severe, and attended by nausea and prostration—which are combatted with opiates and stimulants. In a case otherwise favorably fitted for it, there seems to be no peculiarly serious source of danger in the operation.

The cases recorded exhibit a gratifying return of strength and health after the removal of the cause of exhaustion and disease—and the general state of the system does not seem to be greatly altered—indeed, not even appreciably so in several instances. One patient, Lasserre [*Encyclop. des Sc. Med.*, v. xxxvi. p. 179] tells us, “est restie sensibles aux voluptes conjugales.”

THE subscribers have made arrangements to manufacture the belt recommended by Dr. Coale in the preceding essay, and it may now be obtained of them at their store, Nos. 2 $\frac{1}{2}$ and 3 Bromfield Street, Boston.

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