On Some of the more Important Displacements of The Uterus

John Elliot
On some of the more Important Displacements Of The Uterus

The Uterus or womb, is that organ which is destined to receive the ovum, receive and support it during the development of the Fetus, and expel it at the period of parturition. In its ordinary state it is situated in the Hypogastric region, being the sacrum behind, and the Bladder before, is pyriform in shape, and is intimately connected with the softer part of the vagina, into which it projects. The fundus in the unoccupied state does not reach above the brim of the pelvis, which upwards and forwards, and is situated in the line of axis of the inlet or brim, whilst the cervix is turned downwards and backwards, forming an angle or curve with the axis of the vagina, which corresponds with that of the cavity and outlet. The uterus is covered by peritoneum behind and above, and also in front, except the lower end where it is connected to the base of the Bladder. From its two sides the peritoneum is reflected in the form of a broad double lieure (the broad ligaments) which proceed transversely outwards towards the sides of the pelvic cavity, and are then continued into that portion of peritoneum lining the pelvis. The round ligaments arise also from the
the sides of the Uterus in front of the Fallopian tubes, and proceed outward to reach the Internal abdominal ring, and, after passing through the inguinal canal, reach the fore part of the symphysis pubis, where the fibers are lost in the cellular substance of the MembranaVaginalis. The broad upper end of the organ is called the Fundus, which extends to beyond the points where the Fallopian tubes are attached. The widening part is called the body and the lower, narrower and more rounded portion is called the cervix, which is found to project into the vagina. The leafy portion is called the vaginal part. The color of the Uterus is purple in proportion to the size of the organ, owing to thickness of its parietes. The part corresponding with the body is triangular in form, flattened from before backwards. At the part where the body is continuous with the cervix the cavity is slightly constricted, forming what is called the cavity Internum. The portion of the cavity corresponding to the neck resembles a tube, it is somewhat dilated in the middle and opens into the vagina. The length of the cavity, in the virgin state measures about two inches, but, when the organ has been once
once impregnated: the cavity never altogether
regains its normal size, and will measure
about 2½ or 2½ inches.

This organ is liable to several very important,
displacements, not only in the form of translus
or precordial, and displacement, which have long
been described by authors, but also in the story
of Version or Illusion forwards and backwards
into the pelvic cavity, which till of late years were
thought very rare, and were often mistaken for
other diseased states. But, which are now known
to be of very frequent occurrence, since a more
accurate means of diagnosing them has been
offered by the use of the Blasino Douglas. The Cavity
is liable also to be shortened by induration and other
diseased states, as well augmented by the
attachment of tumours to the sacrum, by
inflammatory attacks &c. all of which may be
ascertained to exist by the same means.

Having premised these remarks, I shall now
proceed to describe, (chiefly from information
derived from various authorities on the subject) some
of these more important displacements.
Inversion of the Uterus.

This displacement, like prolapse of the Uterus, varies in degree, for where the fundus is forced downwards into the cavity of the Uterus, and through it into the vagina, it is said to be partial; and where the whole uterus is inverted, and not only filling the vagina but, protruding beyond, or even dragging the vagina along with it, it is said to be complete.

It differs from prolapse, for in addition to the depression common to both, in Inversion the uterus is turned inside out, forming a cavity open towards the abdomen, and containing the ovaries with the Fallopian tubes, and that which was formerly the lining membrane of the uterus is now the external covering of the tumour. On examination the soft uterus will be felt forming a circular thickening at the superior extremity of the tumour, compressing it, more or less, and in making an abdominal examination the uterus, if the displacement be complete, will be entirely wanting in the hypogastric region. It most commonly occurs immediately after delivery, or in some days after parturition; though
in these cases, it is said depression has existed from the commencement. It may also occur slowly in consequence of a polypus being attached to the fundus of the uterus. It has been divided into reducible and irreducible, and also into acute and chronic, the latter meaning not only that it has been slow of production but that it has existed for some time.

Symptoms of Inversion. In acute cases occurring immediately after delivery, where the inversion is nearly complete, the symptoms are very urgent; sudden exhaustion, a sense of sinking with incline to vomiting, severe pain in the groin and lumbar region, and forcing the patient to sway. The pulse is said to become small and fluttering, and after obstruction of life is threatened, attended with convulsions. The convulsions are by some said to have been mistaken for the restlessness and agitation preceding death. Haemorrhage also takes place for a great extent, embalming more or more the patient, although this is said by any one to be of much less frequent occurrence than is commonly stated, as the estimate seems to have been taken rather from the tranquil state of the patient than from the quantity of
Blood lost. (Radford.) There can be no doubt that, when the placenta is partially detached, haemorrhage may take place to an alarming extent. In such cases where it is completely away and the inversion complete there may be little or none. Violent uterine contractions may precede or accompany the inversion, leading the patient to expect a second child, and the hard mass of the inverted organ has been mistaken for a child's head.

Physical signs. If only depressed the uterus may be felt to be in pectus, but with a cup-like depression superficially.

If occurring to a greater extent, the inverted organ will be felt in the vagina, encircled by the basis uteri, varying in size, and the absence of the fundus will be felt above the pubis.

Symptoms of Complete Inversion. In these cases they are said not to be so severe as in the former case, as regards haemorrhage, and strangulation, but it is just the less to be dreaded, owing to the shock which the nervous system has sustained by the sudden evacuation of the abdominal cavity, and the displacement of a considerable portion of intestine which has taken place.
in cases are recorded where the inverted uterus was filled with a portion of the bladder, bladder of the small intestines with the fallopian tubes and ovaries, a sense of weight in the pelvis and dragging from the limbs is felt. If it protrudes through the external parts long the sensibility will diminish owing to the formation of a kind of epithelium on the surface of the protruded organ.

Physical signs. Will be much the same as those last mentioned, only that the tumour will protrude further. It will be aided in this ease by a visual examination.

Diagnosis. This is in some cases difficult, especially of chronic and incomplete, and even when recent it will require great care.

1. In the slightest degree of inversion, the haemorrhage is by and with the only criterion, but, by cautiously passing the uterus beyond into the body, it will be found shortened, according to the degree of inversion which has taken place, and, on examination above the pubis the depression will be felt.

2. If complete, it may be mistaken for prolapsus, but, as has been formerly said, (see prolapsus) ....
The latter, the cavity of the Womb is not diminished in length, on the contrary often elongated, whilst in the former (Supervum) the cavity will be diminished all round, so that the sound can not be passed more than one or one and a half inches. So, perhaps also the os Uteri, will be felt at the lower part of the tumour. 3rd. From polypus. If after the Birth of the child and placenta a fishy humour issues on the vagina, how are we to ascertain whether it is a polypus growing from the inner wall of the Womb, that has come down through the os, or a inversion of the Womb itself? If it is a polypus the sound will pass into the cavity to the depth of six or seven inches, and the fundus Womb may be felt above the pubes, if a true inversion the cavity will either be shortened, or if complete entirely obliterated. "If the Poagie passes two inches and a half, or more, the disease is not inversion of the fundus: if the Poagie cannot pass at any part around the stem of the tumour, to a greater extent than about one inch the Womb cavity may be considered as shortened by inversion." (Symon). 4th. If the Womb have returned to its normal size, the difficulty of Diagnosing between inversion and polypus will be increased. The pericous membrane of the inverted Womb is said to be highly fleshy.
a fibrous layer, &c., that is fibrous tissue encircles the tumour, whilst the inversion is formed part of the tumour itself. That fibrous & tumourous tissue is broad at their base and attached by a narrow peduncle, while the inverted tumour is broader above than below, but these means of diagnosis are uncertain, for the peduncle sometimes become highly sensitive whilst the mucous membrane of the inverted tumour often loses to a great degree its sensibility, and the finger can in some cases be passed between the tumour and the inverted tumour, if the fundus uteri has penetrated through the bladder. A safer method would be, that proposed by Valpargne, to introduce a catheter into the bladder and by turning round its point to press on the cul de sac of the inverted tumour, and the impulse will be evident to a finger placed in the vagina. All these means are inferior to the use of the baggie by which the state of the cavity can be ascertained with much greater accuracy, and a more correct diagnosis formed. Care should be taken to ascertain that the cavity is diminished all round, for if the polypus adheres to one side, the depth will be lessened on that side only. If tumour in a case of inversion it will be lessened on all sides to the same extent.
extent. In cases of inversion complicated with polyphyes, the anterior history of the patient must be the guide in our diagnosis, and the character of the tumours, assisted by a double examination both of the Bougie. By it, we ascertain first, the depth of the uterine cavity from the os, to the limit of the cul de sac uteri; then the length to which the tumour projects through the os, into the vagina; if the latter measurement added to twice that of the former be only equal to the healthy Uterus 2½ in. it must be innocent only, but a polyphyes complicates the inversion of the measurement much less that, and the index will indicate the extent of the Polyphyes.

5th. From polyphyes arising from the cervix Uteri, which may obliterate the os altogether. The Speculum will be of use here, to ascertain the situation of the os, as it is often displaced, and then by the cautious introduction of the Bougie, into the cavity of the Uterus, it can be ascertained to be of its normal length; if a case of inversion, the Bougie can not pass, and the Uterus will not be felt above the pubes. Treatment of Inversion.

1st of Acute. The former the Uterus can be replaced by the latter, for the longer it remains inverted, the worse will it be to reduce. Cases are related where after the lapse of four or five hours reduction could.
could not be effected, but, on the other hand, there are many instances where it has been replaced after a much longer period, and even to have been reduced spontaneously when the displacement has been complete. The humour is to be pressed gently by the hand, and the fundus pushed upwards in the proper axis of the pelvis, changing as it ascends into that of the cavity, and latterly into that of the bladder. Little change will be produced until it has ascended so far, that the vagina is in its natural position, and after that, it will be found to ease; and, on being further pressed, will start from the hand, which should not be withdrawn till the lower part of the uterus is irritated so as to produce contraction. We should also make sure that the reduction is complete by an abdominal examination externally. If the first attempt at reduction fail, it might again to be attempted from time to time. If all our means fail, then the case must be treated as one of common pedilus, or if health fail owing to the continual discharge the organ may be removed altogether. When partially herniated and when qv.-by the W. it has been advised to hang down the fundus thus render it complete, which is said to

Relieve
relieve not only the pain, feverss and swelling, but also prevent danger from Haemorrhage, which proved beneficial in one case. When completely inverted it has been recommended if any difficulty should occur, to grasp the tumour tightly and thus diminish its bulk, which will remove the chief obstacles to its reduction.

There is a difference of opinion about the treatment that is to be adopted where the placenta is still adherent to the uterus, whether it should be reduced with the placenta still adherent, or whether the latter ought not to be removed before attempting reduction, some recommending one method before the other. The former method is adopted by Durwham on the grounds that it will prevent Haemorrhage, and being on contraction of the organ that, most Authors hold the opposite opinion viz, that it should be removed before attempting replacement.

It is allowed to remain it will add to the bulk of the Tumour, and if removed with promptitude there will be no fear of Haemorrhage. Dr. Phipps remarks that if the placenta be partly separated, it would be proper to finish the separation before we attempt reduction, but
of the placenta wholly adhere, it will be better to replace the uterus before we endeavour to separate the placenta. In many cases it will probably be found impossible to reduce the uterus with the placenta adherent, on account of its bulk, and if the placenta be entirely detached there must be no fear of haemorrhage ensuing that the vessels are as effectively constricted under this accident, as when the organ is in its natural position. When the tumour is in danger of strangulation from the accipitral band of the umbilical vein, or if this should impede the reduction, it has been recommended to divide it by a bistoury. If any time has elapsed the bladder and abdomen should be emptied before attempting reduction. When replaced it will be proper to avoid a recurrence of the accident, or it may be precipitated by the uterine, by maintaining the horizontal posture, and the use of a Bichat requisito.

Treatments of Chronic Ametail.

When the case has become chronic and the uterus still protruding the tumour will have changed its form and will be more of a polyhedral shape, from the increasing contraction of the uterine

part.
part of it, are all hopes of returning it to be given up. Cases are given where many days, even weeks, have elapsed, and reduction has been effected. And in one case where it had resisted all efforts at replacement, reduction followed in consequence of a fall upon the site after eight years had elapsed from the time of inversion. It should always be put into the vagina at least to protect it from injury, and palliative measures employed. Bladder irrigation by anaesthetics, and fulminating, come an traumatic, hysterectomy. By these means the uterus may contract to its normal size, and the painful menstruation as usual.

Should all these means fail, success it may be a question as to the propriety of attempting to save the sufferer. If the inverting organ be not affected with cancer, and the patient in a fit state of health for the operation.

It is commonly treated in the same way as polypi, viz. by ligature. Many cases are on record, which have proved successful, one by Nevinham, where several such were required for the separation.
separation of the tumour, and others where the patient differed from inflammation requiring the ligature to be loosened for a time. If inversion be complicated with polypsus, it may only be necessary to remove the latter and the uterus will be easily restored to its natural position, or in other cases it may be requisite to remove both.

Causes of Inversion. The causes given by different authors are very various, but most of them such as would act mechanically, such as dragging too early, and too violently at the child, after the expulsion of the child, before the uterus has had time to contract, to cut to detach and expel the placenta.

2. It has been attributed to shortness of the chord either by its being twisted round the child's neck or being actually shortened, but the former is said never to be the case, as it rarely occurs, but when the cord is longer than usual, and it seldom reduces the cord below twelve inches. There thought perhaps the common causes are not the only ones, for it has taken place after delivery, no one dragging at the cord.

Two cases occurred about the same time in Aberdeen the one from dragging at the chord, the other from shortness.
of the chord, which did not exceed 88 Inches. The functional causes are: Such labors or a disturbance of labor in any of its stages, or any of these circumstances which produce irregular contraction of the uterus. Redfynd. A florid and distensible state of uterine parietes, inertia of uterus, if at the time an effort is made at traction of the placenta. Irregular uterine contraction within 4 days. But another may take place, unconnected with parturition, from a polypus or other tumor, attached to the inner surface of the fundus uteri, gradually inclining its way through the os, dragging the fundus with its tissues constituting complete inversion. It frequently results from some uterine contraction of the fundus and body of the uterus, whilst the os is lax, combined with some muscular effort on the part of the patient, as well as from dragging of the cord,.
"Prolapse of the Uterus"

Descent of the Uterus into the middle and lower parts of the pelvic cavity, is said to be of very frequent occurrence, and it is not uncommonly met with completely protruded through the external vaginal orifice, dragging with it the vagina, and forming a large tumour between the limbs of the patient.

Various modes of division have been adopted by different Authors, according to the degree of descent which has taken place. Thus, By Blasie, it has been called 1st. Depression, when the Womb is set lower than usual in the pelvis. 2nd. Prolapse when it hangs on the perineum, the body occupying the cavity of the Pelvis. 3rd. Prolapse, when the Uterus is protruding through the external orifice of the vagina, extending the bladder and vagina. By others the second degree is called Proptosis, and the third, Preceditatio. But the most common division is into 1st. Incomplete or Preceditatio. 2nd. Complete or Prolapse. As it descends it alters its direction in the Pelvic Cavity, keeping first in the Line of axis of the Body, then on the Line of axis of the Cavity, and lastly on that of the actor. The Ancients doubted the possibility of the occurrence of prolapse supposing the Uterus to be strongly supported by
The ligaments. But it is now known to be of very frequent occurrence, and it is now doubted whether the ligaments at all prevent the displacement. It may occur at any age, but is most common in those who have borne many children and is said to be a consequence of laceration of the perineum. It may happen in those who have borne no children, for a case is related occurring in a child three years old. It takes place under various circumstances. The uterus being unpregnated. But increased in weight by labor or by fevers, etc. At an early pregnancy the uterus then being increased in weight. During labor from large size of Placenta, relaxation of soft parts. At some short period after delivery: more common at this time than any other.

Symptoms. These, in this as in other diseased states of the uterus vary much, in different instances. The pulsation symptoms are sometimes not well marked, for the uterus may protrude in some cases to a considerable extent, and yet, there be present, except the annoyance it causes between the limbs of the patient, but in another case may give rise to very great suffering. They generally arise from the pressure of the impacted uterus on other organs, or from its involving them in the displacement.
or, from the sympathy that exists between other organs of the body and the Uterus. If it is within the vagina, imbibation may still be effected, although the colpaeum is pedunculated. And menstruation in many cases is said to be quite regular. If dilatation as is generally the case exists, there will be a discharge more or less of a purulent character, a sensation of fulness in the pelvis is complained of, weight and bearing down as if the Bowels were falling out, pain in the back & groins, some attributed to the stretching of uterine ligaments. If the womb protrude through the external orifice, there will be difficulty in passing Urine & In empting the Bowels, from the pressure on Bladder & Rectum, the walls of the vagina may be erected, the Bladder and Rectum displaced, and the latter has been observed to be distorted or elongated. The front wall of rectum may be dragged in and displaced along with the Uterus. The farther it descends the greater will be the inconvenience that is felt, and all the symptoms will be aggravated by maintaining the erect posture, as related by lying horizontally. The Stomach from its connection with the uterus soon becomes deranged, the appetite irregular, the Bowels lose their tone, and the diaphragm
is sometimes affected with spasm and is usually produced. (Clarks.) There is sometimes a
nervous or sensibility of the whole abdominal paries
present, disappearing when the uterus is displaced.
 probably produced through sympathetic by a reflex
act.

Physical Signs. If the prolapse be imperfect, the
uterus will be felt, on introducing the finger into the
vagina, filling more or less the pelvis cavity, the
vagina being loose or thrown into folds. The or
uterus will be found at the base of the tumour.

If completely prolapsed a tumour will be found
on separating the leaves, varying in size according
to the degree to which it has prolapsed. Having on
its anterior wall the Bladder, which alike will
vary in size, according as it is distended or
empty, and the whole will be covered by the injected
vagina, the mucous membrane of which will
the base, or thrown into folds, if the Bladder is
empty. The tumour small. The colour of the
Tumour will depend upon the degree of exposure
for if long exposed, the mucous membrane covering
the prolapsed organ becomes changed into a
kind of epithelium of the moist secretion
ecrases. From exposure also it is apt to inflame
and...
and elevate, even gangrene and sloughing have been known to take place. Or placing the hand above the pubis, the organ of course will not be felt in pubis.

Causes of Prolapse. There is a great variety of opinion as to the cause of this displacement by some it is attributed to relaxation of the broad and round ligaments above, and 2nd to the relaxed state of the vagina below. Many deny the former, and think that the uterus is not kept in place so much by the ligaments as by the surrounding fascia, and by the contraction of the vagina at its upper part, or the lower segment of the uterus; that it is more pressed than suspended, in the cavity of the pelvis, and may be moved about in any direction, that it is from its laxity and mobility in the pelvis which makes it so liable to displacement, when any part of it becomes increased in weight. On the other hand, that when the vagina is contractile prolapse does not occur to such an extent as it is in those in whom the vagina is loose. (Bennett.) Dr. Bennett, attributes partial prolapse and all other partial displacements to the results of increased volume, piz, and...
and weight of the Uterus, produced by inflammatory action, or by morbid growths, and says where the cervix becomes inflamed, inflamed and enlarged it falls in the direction of the line of arts of the outlet, and approximating the suture at last protrudes constituting a greater or less degree of prolapse according to the cavithy or contractility of the vagina. "The ligaments probably restrain to a certain extent the lateral movements of the Uterus, but it is the submucous tissue of the vagina which prevents its descent into the back regions of the pelvic cavity." (Stewart). Dr. Hamilton also seems to have thought that the Uterus is retained in its place more by the surrounding organs than by the ligaments or says. "It will be found that in every case of prolapse uterus, the vagina or bladder or rectum, or muscles lining the pelvis, or filling up its outlet, are debilitated or lacerated, add therefore the relaxation of the peritoneum and its productions is the effect of prolapse not its cause."Dr. Blundell enumerated the elongation of broad ligaments and relaxation of vagina acting in cooperation with a large pelvis. The time when there will be the greatest
Predisposition to prolapse is after parturition when the pelvic fascia is lax and yielding, so that it can not well bear the weight of the superincumbent viscera. Besides at this time the uterus itself is heavier than usual, therefore if the woman, posture is assumed for long, or any attempt made at lifting weights or any tendency to this displacement will be favoured. But prolapse is not always the result of parturition, for it occurs even in the unmarried, after exertion, from lifting heavy weights to the head, or from overwork of the abdominal muscles; in many cases also where the uterus is heavier than usual from tumours. Hypertrophy &c. Dr. Herring mentions cases which were caused by ascites, which were cured for a time by tapping the perineum, but returned on the reaccumulation of the fluid.

Pathological nature. Dr. Sempé considers the disease as a kind of hernia in the floor of the abdomen, and just as the abdominal fascia gives way in femoral or inguinal hernia so the fascia in the floor of the pelvis yields in hernia or prolapse of the uterus.

Diagnosis. Till of late years many desired states of the uterus were considered rare and...
were confounded with one another, for want of
a proper means of diagnosing them. But
now since this can be done more accurately
by the use of the uterine sound or Bouchier's first
used by Dr. Simpson, they are much better
understood, for by it we are not only enabled
to judge of the length of the cavity of the uterus
but by it also, we are enabled to diagnose
correctly the malpositions or displacements
that organ is liable to, as also the state
of the walls or parietes in regard to tumours.
We shall speak of the means by which
we may diagnose between aseptic and
a perfectly tumour growing from the inner
wall of the uterus, and protruding through
the uterus. In a case of polypus the os uteri will
be felt at the base of the tumour, but as there
is often a drap resembling it in polypus from
ulceration having taken place, the Bouchier
should be passed into the cavity and if a
case of polypus it will be found to pass the
normal length 2½ in. or more more to the extent
of 5 or 6 inches all round, whilst if a polypus
it will pass to the same extent, but will protrude
either on that side to which the tumour is attached, and
in the former, the Urinæ will be felt in statue, or making an abdominal examination similarly. 2nd. Prolappeus may be mistaken for a hernia of the Urinæ, in the latter if complete to the 2nd Urinæ will be entirely extended, and the cavity and the cavity will be diminished to the extent of one or one and a half inches all round; whilst in the former, the cavity will be increased in length, and the 2nd Urinæ will be felt at the base of the tumour. There are generally no very severe symptoms accompanying prolapse, whilst those accompanying hernia are very severe. 3rd. Prolappeus may be mistaken for prolapsed bladder, that is, drawing off the urine by a catheter the tumour will disappear, and we shall be enabled to feel the point of the instrument; the pessaries of the vagina and bladder will come in. 4th. Prolappeus may be mistaken for uterine of the vagina, where, its anterior wall is both forwards carrying the posterior wall of the vagina before it, not as in the latter case the uterines is found in its proper position, and by making the examination perfectly the tumour will be sufficiently plain. 5th. Elongation of the proximate Urinæ is apt to be
mistaken for prolapseus. Two kinds of this affection, may occur, either of which is either of the lower situated above the reflection of the rest of the vagina as seen in cases of complete prolapseus, or of the portion which is situated below that reflection. Part of the abdominal visera may come down into the pouch formed by the peritoneum, and thus form a kind of hernia. Hernia may be the first made as most common with prolapseus, complicated with hernia at the posterior part, whilst the ovaries remain unchanged in prolapseus, complicated with Hernia at the anterior part. In a similar manner a case where the anterior occurred, the posterior wall remaining in place forming a deep seclusion behind the protruding Tumour whilst the anterior wall of the vagina with the bladder formed part of the external bulging. The elongated cervix can be measured by the D' Arvans, at the same time introducing a finger into the vagina or rectum. The spot will be felt above the most depending part of the Tumour, and by passing the sound into the uterine cavity, and manipulating externally the organ will be felt in its natural position.

Treatment. If liable to occur after delivery, the horizontal posture must be kept longer than usual, and as some attribute the slighter cases to a congested state of the uterine vessels, the first must not be bad; if that if still persists.
The other remedies which have been recommended for prolapse. Dr. Hamilton thought the horizontal posture only relieved the feelings of the patient, whilst it weakened "the natural supports of the womb." During the maintenance of the horizontal posture, the use of cold water injections or medicated potions should be employed. Some authors object to the former asking lye, especially if detergent, as the fluid is likely to pass into the cavity of the uterus; and especially if any inflammation of the mucous membrane of the vagina exists, or congestion of the uterus, both will be contraindicated until anthropologists have been employed. Attention to the general health is said to be of great benefit in such instances, so that attention must be paid to this. By giving tonics, and change of air etc.

For complete prolapse, if protruding through the external parts, reduction must be first attempted. The uterus is to be pressed gently yet, firmly upwards, and down within the vagina. It is recommended to pass one or two fingers into the vagina, in order to place it in its natural situation, or as nearly so as possible.
Particular care should be taken says, Leith, when to see whether inflammation has at any time attached the internal parts of the tumour, because if it has, and if the parts should be connected with each other by exuding phlegm, the force necessary to accomplish the return of the tumour might separate the adhesions, or tear the parts, with which they are connected, and the life of the patient be brought into danger; and he recommends that when acute pain has been felt in the tumour, or any marks of pressurized inflammation, no attempt should be made at reduction. Even in some cases where the organ had become swollen its replacement has caused such annoyance that it had to be again permitted to come down. The method of Pope has been given with success in order to lessen the bulk of the uterus and thusly effect replacement.

Suspending the uterus to be replaced, how is it to be kept in situ? The ordinary method is by using a necessity, if it can be borne by the patient. These are of various kinds. In old times they were made of wood, live, glass, ivory, aluminum, and others, round or oval in shape. Some use...
a piece of sponge coated with oil silk, to prevent it absorbing theunctions, others use an elastic piece of whalebone covered by crottlehen. But it is found not to be strong enough in some cases. Many others are described by different authors but the payment commonly used is that invented by Dr. Mar, which is grasped by the vagina, is easily introduced, and can be removed by the patient at night. In slighter cases Blenchille states that he uses a bag of coarse muslin three inches long and one side, suited to the vaginal canal. This bag is filled with Bruised galls, Mastic &c., being dipped in water and filled it is easily passed into the vagina. Some object to the use of pistols in bot, on account of the irritation they are said to produce, and recommend Bandages or Belts, which may do well for those in whom the vagina is not suitable. The object is to compress the scrotum, and serve as a stay for them to rest on, keeping their weight off the thighs. Dr. Lang is said to use a pistol or copper wire, a film of zinc in the form of Dr. Pons of the surface in contact with the zinc becomes ularated, owing to the galvanic action that is set up. The parts ularated contract,
in this way he has succeeded in keeping the uterus permanently replaced, where other means had failed. Recent cases from overwork may often be radically cured, but in others all that can be done is to palliate. Physicians should not be seen for long continuely.

Where all these means fail to produce the desired effect, various surgical operations have been proposed

1st. To produce adhesion between the two Laties, and thus keep the uterus at least in the vagina. In some instances it has failed to do so. The Band is not being strong enough and I believe is not now commonly used to.

3rd. By removing portions of the mucous membrane leaving the cellular tissue intact. This has succeeded in several cases, but in other hands it has not been so successful owing to the difficulty with which mucous surfaces unite, and also owing to the weight of the superincumbent pelvis.

3rd. By cauterising the mucous membrane of the vagina, by potash jesa, or pother acid with a pin to contract it.

1st. By producing adhesion between the two surfaces of vagina, and forming a Band to
to support the Uterus, and it has been supposed that by taking out a curvilinear portion of the Pagina that Uterus could be kept in place, being contracted both in length and in diameter.

5. By inserting small needles into the mucous membrane of the vagina, and allowing them toough out, also with a view to contraction of the vagina.

In some cases where pregnancy has taken place with prolapse of the Uterus, or prolapse occurring at the latter end of pregnancy induction has sometimes been effected, whilst in others it has been found impossible. When prolapse happens during labour the fingers should be used as a crutch, the head should be pushed up a little so as to allow the membranes to get in and dilate the os Uteri, and if necessary one or two incisions should be made into the cervix.
"Retroversion of the Unpregnated Uterus"

This displacement, called antversion, was till lately, and still is by some writers considered rare, but by others as usual, especially in those who have borne children. It has a wider range of position than is supposed (without inconvenience) and that perhaps these deviations have been mistaken for disease; but it has been sufficiently proved by Dr. Simpson's recent observations of late years to be of very common occurrence, and that, in some instances, it was continually being overlooked, and mistaken for tumors both of the ovary, and fibrous bands growing from the posterior wall of the uterus, and that, in others, very commonly overlooked in the dead body, owing to the uterus being dragged up with the rest of the viscera by post-mortem examinations.

It has been divided into Retroflexion, when the cord takes place in the substance of the body, or upper part of the cervix, the fundus being displaced only, along with more or less of the body of the uterus; and into Retroversion, when the whole organ is displaced backwards, the cord taking place in the upper part of the vagina.
sharp not much changed in form. They are said to differ only in degree, as all intermediate forms may occur.

Symptoms. The functional symptoms vary much in different women; in one the distressing symptoms may present itself, whilst in another it may be quite the reverse. Joslyn remarks that no appreciable sign may be present except perhaps a greater flow of the vitreous, and a greater tendency to abortion in the married female. One other more common are pain in the back, and bearing down in the regions of uterus and bladder, dragging pain in the knee, and in the region of the uterine ligaments, clearance when the uterine presses on the rectum, but generally does the fundus pressing on that part of the Bowel, there will difficulty for defecation, or the Bowel may be paralysed at its lower part and unable to expel the contents of the canal. Incontinence of Urine may take place, or there may be pain and difficulty in urination; in fact the Symptoms are much the same as those mentioned under Distention.

In power of walking may be entirely taken away, may become suddenly restored should the uterus regain its normal position. The horizontal posture is that
that in which the patient has most pain, and the symptoms are generally aggravated by severe and the feet, posteriorly. If the displaced organ press on the sacral nerves, there will be pain in the back, and it will probably extend down the thighs; but, as all these symptoms are so liable to vary, a physical examination should be had recourse to to determine the real state.

Physical signs. As in anteversion, so here, on making a vaginal examination, a solid tumour will be felt, blocking up the passage, situated between the posterior wall of the vagina and the rectum. The same hard mass will be felt, on making an examination per anum through the anterior wall of the bowel. The os H芈vis will, may either be displaced anteriorly, or in their natural position. If the displacement is recent, or the posterior wall contracted or engorged, the tumour will be sensitive on pressure, (Imp.)

On attempting to pass the Bougie into the Cavity, in the usual way, i.e. with the concavity, and rough side of its handle looking forwards, it is stopped and cannot pass further, until it is forced and the point directed backwards, the concavity looking towards the Sacrum, when it will pass.
into the humour fell to the pelvis. Proving it to be the fundus uteri. By gently making sound to the region, so that that the concavity is made to lie forwards, the humour will disappear, and the uterus may be felt, replaced upon the instrument by an external abdominal examination of necessary, also by introducing a finger into the rectum or vagina, it will be felt that the apparent humour can be made to appear and reappear at pleasure, by moving round the instrument.

Should pregnancy occur in the Reversion of the uterus, abortion is apt to be the result, but the organ may become rectified in position, and the patient go on to the full time. Reversion is said to cause engorgement of the ovaries, particularly the left one, and inflammation of the cervix uteri may be present, either as the result, or as many maintain as the cause of the subsequent

Diagnosis of Reversion.

1st From fibrous tumours in the posterior wall of the uterus. This displacement was in former times mistaken, and described as an enlargement of the posterior wall of the uterus, the surface of which was said to become more and more irregular, till at last it attained the size of a walnut, or was larger, projected into the uterine cavity.
causing the same symptoms as Traction, but she was before this the Bougie passes into the centre of the apparent tumour of the uterus is retracted.

2. From ovarian tumour. On the contrary, it presses the uterus before it, and the tumour is invariably situated behind the uterus. I may be mistaken for the Rehaut especially, but the introduction of the Bougie shows that the uterus is in its normal place, and by it we can be satisfied the organ as to amount that the tumour is not in connection with it, or at least does not form a continuous structure with it.

3. From pelvic lithaemia or from disease of the Anterior wall of the Rectum of an organic nature. The Bougie will show on being introduced that the uterus is not retracted. Combined with the accompanying symptoms in the former and the use of the exploring needle, if necessary, will be sufficient for the diagnosis, whilst in the situation of the uterus with an examination per rectum, by which it will be felt that the anterior is thickened or indurated. Dr. Simpson mentions it as having been
mistakes for Pregnancy, of which there may be all the symptoms, as also for false
multiple conceptions lodged between the Mucous Placenta. 

3. From structure of the Placenta. It is very apt to be mistaken for structure of the Placenta owing to the funderi being on it, and diminishing the calibre of the latter, but on using the Kangii or Vaginal Sound, the structure disappears, when the instrument is turned round carrying with it the fundus uteri.

Treatment of Retention: Depending on inflammations or congestions of either Wairi as some affirm probably antiphlogistics, and mere replacements may suffice with maintenance of Pergeulst's position. It really found in some cases that this was sufficient, along with additional injections after retention. But in extreme cases and of long standing, the same rules are to be followed as those abovementioned under retention. E.g., removal of false of any unclear state, replacements, and retention in position by the use of stretchers, and when these are not to be borne by using general drugs by removing inflammatory or congestion by sucking, counterirritation &c., and rest; the
patient, may be at least involved, an abdominal bandage, such as that of St. Hamilton, with a pad to support the fundus may be useful. By some retroversion is thought to depend on an elongation of the back wall of the vagina, by putting a finger to occupy the place of the displaced uterus it was thought could be remedied. Caustics have likewise been applied to the posterior lip of the uterus, to produce reposition by the contraction they cause in the introitus that is left in the posterior portion of the vagina.

Causes of retroversion.

The causes commonly enumerated are:

Increase in weight of the fundus or body of the uterus, or of the posterior wall. Congestion of uterus. Hypertrophy, etc. Most commonly it takes place after delivery or abortion, when the fundus of the organ is increased in weight, and the surrounding parts lax and yielding, and when in addition tumours are attached to its posterior wall or fundus.
Retention of the Impregnated Utero.

The uterus is liable to be retained in the impregnated, as well as in the unimpregnated state. It commonly happens when the bowels are filled within the cavity, or rising out of the pelvis. About the third or fourth month it appears to have been known for a long time back—by the Ancients, and to have been out of notice for a long time by Authors, till the eighteenth century, when it again began to be taken into notice by Authors.

It may be partially recovered when the fundus rests in the promontory of the sacrum, or completely when lodged in the cavity of the sacrum, between the sacrum and posterior wall of the vagina, and the os and cervix carried forwards upwards behind the symphysis pubis. It may take place suddenly or gradually, according to the nature of the exciting cause.

Symptoms. The first symptom that attracts attention particularly is sudden inability to evacuate the bladder, from the pressure of the uterus upon the rectum or neck of the bladder; and second inability to empty the rectum from the pressure of the displaced fundus upon the rectum.

Dr. Blandell remarks that the retention of urine
is not complete, but is expeditiously passed, never thoroughly emptying the bladder. Till at least in drops it shall yield drop by drop. The patient all the while believing himself to labour under inconvenience of urine, and in this way the bladder may become enormously distended, and may even burst should nothing be done, and its contents be discharged into the peritoneal cavity, causing fatal peritonitis. Pains also in the loin and back region are complained of, with a sense of fulness in the pelvis, causing a constant effort to bear down, resembling labour pains. It is sometimes also attended with vomiting, and should this state long continue the general health will suffer. In all cases where suppression of urine and pains are present they will not only cause pain, but by their accumulation above the uterus will press it still further down into the cavity of the pelvis, at the same time that the distension of the bladder in this state draws up that part of the vagina and cervix that with which it is connected, so as to allow the Jundus Uteri still more directly backward. (Ynote)

It has been remarked, that an examination for vaginismus should never be omitted in a case
of retention of urine occurring in early pregnancy.

Physical signs: On making a vaginal examination, a tumour will be felt occupying the greater part of the pelvic cavity, internal to the vaginal walls, between the posterior wall and the rectum. The direction of the U. tertio also will be altered; instead of looking backward to the sacrum, it will be found looking forward to the pubes, and has been found 1 1/2 above the symphysis in some cases; the posterior wall of the vagina will be lax and thrown into folds, while the anterior is more upon the stretch, so that the apex of the bladder is sometimes dragged above the pubes. On examining per rectum, the tumour will be felt, pressing firmly on it, and preventing further passage of the finger, proving that the tumour is between the rectum and vagina.

Diagnosis: The same functional symptoms may be caused by an enlarged ovary or other pelvic tumour, and as in this case the bougie can not be used, the Diagnosis will be somewhat difficult, but from the position of the U. and fundus of the bladder, combined with the anterior history of the patient, the slow and gradual growth of tumours, and of uteri from relied
taken into consideration with the sudden occurrence of Retention, and the distressing symptoms which
have supervened in connection with the latter, will
assist the diagnosis, at the same time making it
sure the patient is pregnant, because if she is
not so by using the hand and replacing the
Uterus the symptoms will disappear.
The distended Bladder may be mistaken for
ascites, but, the disappearance of the swelling on
the introduction of the catheter into the bladder
will mark the distinction. bliwow.

The case of sudden prolapsus of the Uterus might be
mistaken for Retention, but, the presence of the
ovary at the base of the tumour in the former
whilst at the same time the vagina will be unaltered
in form, and merely shortened will show that
the case is one of prolapse not of Retention. Right.

Treatment. The first object in treating a
case of this kind will be, to evacuate the Bladder
and in attempting to do so it, must be kept
in mind, that the Bladder is sometimes not
easily reached, owing to its being displaced by
the ascent of the Bladder, or the Uterus may be
compressed or twisted to one side. In many cases
the catheter must be passed in a direction nearly
perpendicularly behind the symphysis pubis, and 2" to evacuate the contents of the sacrum by enemata, or medicines of a mild kind, and then to attempt reposition of the organ to its proper situation. If the case is recent, and the displacement of short duration, evacuation of the contents of the bladder and sacrum may of themselves be sufficient; for after this the uterus has been known to return to its proper position. It is recommended by some should this fail to keep the bladder empty, and place the patient on her hands & knees; and it is said that by adopting this plan the womb will sometimes return to its natural position. Should these means fail it is recommended to pass two fingers into the rectum or vagina in order to push up the fundus, and by some to hook down the cervix uteri at the same time; but as the latter can scarcely be reached by the finger in most cases during this state, the attempt to do this will probably fail. Others recommend a pair of hooked forceps to be used for this purpose, and if the fingers are not sufficient to introduce the whole hand into the vagina or sacrum, in order to act with more power. The uterus must be pressed forward
and then upwards in order to get clear of the
promontory of the sacrum. Should these
means fail, of course, and if necessary
antiseptics must be employed, the
bladder must also be kept from overdistension
and as soon as the uterus has risen above the
Brim of the pelvis, the usual operation may
be resumed. But if the organ can not be
replaced by these means, what course is to
be pursued? It will depend upon the symptoms
manifested. If there be no inflammation of
the uterus, nor surrounding parts, if the blood
can be evacuated by phemeta, and the uterus
drawn off, no further steps need be taken, as
probably it may of itself become replaced, but
should these symptoms show themselves, or the
parts become congested, general bloodletting has
been proposed, and a small towel is to be
introduced into the uterus through the vagina
or rectum, in order to discharge the uterine
and thereby render the uterus small and less
as to admit of reduction. But premature
expulsion of the fetus will be sure to take place.
If this is the case, an instrument
might be introduced by it for the same purpose.
Puncture of the Bladder has also been practiced where the Urine could not be drawn off.

Causes. The exciting causes enumerated by different Authors are various. Dr. Burns and others supposed that overdistension of the Bladder is the cause of Stricture, from the firm connexine it has with the Uterus by cellular substance at the base or neck of the Bladder; and, that whenever the latter is distended and rises in the pelvis, the cervix theri will be drawn up along with it, and the fundus displaced backwards partly by the pressure the Bladder exerts on its anterior surface, and partly by the elevation of the Cervix theri. The patient at the same time being subjected to violent, motion. Others consider the distension of the Bladder the effect and not the cause of the displacement. It is said that those who have a large pelvis are most liable to this displacement; others maintain it is most frequent in those women, in whom the conjugate diameter of the Penum is below the normal standard; for, if the prominence of the Sacrum juts forwards the fundus as it rises into the abdomen will impinge under the projecting shelf. Should the fundus be increased in weight, by Sameness...
attached to its posterior wall, combined with contraction of the abdominal muscles and diaphragm, it will be apt to occur, especially at about the third or fourth month. If the weight of the supine-umbilical fascia will be pressing upon it, and any additional weight to the fundus combined with the action of the abdominal muscles at this time will act upon it, with increased effect. A fall or blow may also give rise to it. "Dujes."

If the organ can not be replaced, the bladder may lodge into the peritoneal cavity of the uterus can not be drawn off, inflammation suppuration and even gangrene of the bladder may take place, as also in the uterine and neighbouring parts. From the accumulation of joints in the uterus the uterine will be pressed more and more into the cavity of the pelvis. When abortion may take place by the irritation that is caused, or bursting of the fundus uteri may take place and the fetus is discharged either by the abdomen or vagina, as in case of partial pregnancy.
"Anteversion of the Uterus"

Some authors have in this displacement, as in Retracement, drawn a line of distinction between the forms of it, and divided into anteversion, meaning the bending forwards of the body of the uterus upon the cervix, and antecurvature meaning a bending forwards of the whole organ without change of form, the fundus pressing on the back of the Bladder, whilst the cervix projects backwards pressing on the Rectum. The term occupying a backward position in the pelvis. This distinction is probably unnecessary, as all intermediate forms may occur. Dr. Churchill and others consider this displacement rare, in the unimpregnated state, being it is so well supported before by the Bladder, behind by the Rectum, but I think this has of late years been proved to be of very frequent occurrence. Even in the impregnated state it is said to be rare, and can only occur when the Uterus is about the natural size and in the cavity of the Pelvis. (Churchill.) But others mention it as occurring at the end of pregnancy, and interfering with parturition, the os often being tilted so much backwards as to lead to the supposition that there was none, and it
to the posterior wall of the vagina, it will still further increase the displacement. Dr. Burns says he never met with it during gestation, but that he had met with it in the semi-impregnated state from enlargement of glands. When

Dysplasms. The functional symptoms in this case in the other displacements of this organ will vary in different cases. By pressing much on the uterus, the patient will suffer from constipation, or defecation may be impeded; or, if impinging on the Urintha or Bladder, dysuria or retention of urine will be the result. Pain will complained of in the hypogastrium or spinae, sometimes stretching down the limbs, a sense of weight and bearing down in the pelvis, dragging of the limbs and in the region of uterine ligaments. The menstrual discharge may or may not be affected, according to circumstances. The

vulva secretoire will be altered, if congestion or inflammation takes place.

Physical Signs. On making a vaginal examination the pelvis will be found blocked up by a dense bodily true uterus and if introducing a catheter into the Bladder it will impinge upon the displaced fundus.
has been mistaken for stone in the Bladder. The os uteri may project backwards or be in their usual position. In attempting to introduce the Bougie it will not pass to the usual direction owing to the change that has taken place in the situation of the Uterus, until the point is directed backwards, but the cavity of the instrument still looking forwards, and when introduced it may be turned round & the Tumour that was pressing on the Bladder will have disappeared; and by examination through the abdominal peritoneum the Uterus can be felt upon the Bougie if required.

Diagnosis of Anteverision. 1st. From stone in the Bladder, by the absence of sound communicated to the instrument when struck. By the use of the Uterine Sound, to show that the Tumor is the Uterus, by making it disappear and reappear at pleasure, by moving the instruments, and also by ascertaining that there is a continuity of structure between the Tumor and cervix by a finger in the vagina.

2nd. From Tumours growing from the anterior wall of the Uterus. By using the Bougie and isolating the Uterus it can be ascertained whether
whether it is the organ itself, or a tumour attached to its anterior wall. If the former the sound will be felt in the very centre of the mass, if the latter, it will move along with the tumour.

3. From Retraction. By the cervix being posteriorly, and the greater bulk of the tumour being anterior.

**Treatment of Anteversion.** When pain, occurring from congestion and inflammation of the uterus is mere replacement of the organ may suffice, at the same time maintaining the horizontal posture, and preventing an obliquity of the Bladder, and rectum, and removing at the same time any congestion or inflammation that may be present. But should such means fail our duty will consist in removing any broad adhesion, that may exist, with the displacement. 2. In bringing the uterus to its normal site. 3. In using proper means to retain it when replaced in its proper situation. As to the first rule, should inflammation, ulceration or any other morbid state exist, they should be removed if possible by appropriate treatment, or at least, moderated. More especially
whether it is the organ itself, or a tumour attached to its anterior wall, if the former the sound will be felt in the post centre of the mass, if the latter it will move along with the Utens.

3. From Retroversion. By the term being posteriorly, and the greater bulk of the Stomach being anterior.

Treatment of Anteverision. When pain occurring from congestion and inflammation of the Utens is, mere replacement of the organ may suffice, at the same time maintaining the horizontal posture; and preventing any diminution of the Bladder, and restoring the bladder at the same time any congestion or inflammation that may be present. But, should such means fail, our duty will consist 1st. In removing any mobilised action that may occur with the displacement. 2nd. In replacing the Utens to its normal site. 3rd. Insuring proper means to retain it when replaced in its proper situation. As to the first side, should inflammation, ulceration, or any other mobilised state exist, they should be removed if possible by appropriate treatment, or at least moderated, more especially...
especially if they seem as some think they are the cause of the antiloozece. But if they are the effects of course they can not be felt till the Uloma is reduced to its place.

As to the second, it can generally be done by the same means, and at the same time that the Diagnosis is made, i.e. by the hand or Bougie, prior to which various methods all less efficacious were tried, such as: By pushing up the fundus with one hand and holding down the cervix uteri with the other. By means of instruments made of whalebone etc.

As to the third, In those cases which cannot be kept by the position of the patient, and means already mentioned. Various forms of pessaries have been invented. Formerly they were placed in the acetum, with a peice to support the Uloma but much better in the vagina, and in the Uloma itself. [Ammon]. Of these men been shown that the Uloma in most cases, can bear for a long time the pessary that is requisite for retaining its in its place. It consists of a stem (about 2½ inches long) covered of course with the length of the cavity. And always about 1½ of an inch shorter than the latter, which
is introduced into the cavity: and, of an oval bulb flattened, upon which the cover rests. In addition a vaginal portion, and a wire frame, to hold the internal portion in place. In the slighter cases probably the vaginal and pubic portion can be dispensed with, especially if it is antversion, we are called to treat, as it is retroversion chiefly they have been used. If these preparations do not cure they will at all events palliate the sufferings and annoyance the displacement causes.

Causes of Antversion. It is said to be caused by whatever renders the fundus uterine heavier than usual, chronic enlargement in anterior wall, by tumours growing from that part, or embedded in it. Congestion in the unperforated state. In some cases it is said also, that it first commenced from the accumulation of force in the uterus, pressing forwards the fundus. In a post-menopausal examination of a body during this session in the Royal Infirmary here, the uterus was contracted, owing evidently to the pressure of an ovarian tumour situated behind the uterus.
Uterus, and pressing forward the fundus. An attack of Chorea Hebried, which has rendered the womb top heavy, definite Dampness in the have been enumerated also as exciting causes, but, probably the fault is in the fascia.

If it occur during pregnancy, it is generally in Conveneun in the abdominal pubis, allowing the Uterus to fall forwards. If it impede the progress of labor, it is desired to place the patient in the Horizontal posture on her back, and a Bandage placed round her is requisite, to press up the Band of the Uterus which is between the head and pubis. When that is done the Band next the sacrum is to be pressed upon, and when it yields, the infant rapidly advances. (Hamlet)

S. G.