

CASE OF RETROVERTED UTERUS.

COMMUNICATED BY HECTOR ORR, A. M.

THE lady, the history of whose case is the subject of this communication, was about twenty-seven years of age; of a slender and delicate constitution, and in the fourth month of her first pregnancy. From the commencement of gestation, she had been subject to occasional difficulty in evacuating the contents of the vesica urinaria, accompanied with a slight degree of heat and scalding of the urine. These symptoms, though the harbingers of one of the most distressing disorders incident to females in the advanced months of gestation, were considered by her friends, whom she often and anxiously consulted, as the ordinary concomitants of pregnancy. It is not always recollected, that the most formidable and dangerous diseases are often so insidious in their attack, that the first deviation from health scarcely attracts the notice of either the unfortunate sufferer, or her more experienced companions. It is the confirmed stage only, which gives the alarm, when the appearance of more urgent symptoms threatens a fatal termination. It is under circumstances like these, that the first appearance of indisposition, which might have been easily obviated by the interposition of appropriate remedies, is permitted imperceptibly to proceed until the disorder acquires a degree of obstinacy, which defeats the best concerted schemes of relief.

The levity with which her friends heard and treated her complaints, soothed her fears, and rendered her, perhaps, less anxious to apply for medical advice, or to have recourse to the common diuretic infusions, and embrocations to the abdomen and vulva. As they had not the smallest suspicion of any danger, they more confidently endeavoured to allay those disquieting apprehensions, which her situation would naturally create. She was encouraged by their consoling assurances,

and induced to believe, that time would soon bring a relief from a troublesome and painful indisposition, which was represented as transient in its duration, and harmless in its consequences. Naturally fond of society, she continued to seek its amusements with her usual cheerfulness; and to indulge in the luxuries of the table from a persuasion that her constitution required a full and nutritive diet to enable her to realize the consummation of her wishes.

A few evenings previous to her applying for medical assistance, while in the act of shutting the outer door, unsuspecting of any person being in the yard, one of her neighbours, at that instant, discharged a musket in front of the house, where she was standing; at which she was much alarmed, gave an involuntary shriek, and instantly fainted. A trifling hæmorrhagy of the nose ensued, which was easily restrained; and after a few moments rest in a recumbent posture, assisted by some cordial and stimulating applications, she recovered from her swoon and fright. From this time the desire to pass her urine became more frequent, and every repeated attempt was attended with increased pain and difficulty.

It is by an intimate acquaintance with the anatomical structure of the pelvis, and the relative connection of its internal viscera, that we are enabled fully to comprehend the manner in which it is possible for a retroversio uteri to be produced by a suppression of urine. And by a knowledge of the reciprocal influence of the bladder and vagina, the back part of the former being connected with the upper part of the latter, we can satisfactorily account for a stillicidium urinæ being produced by pregnancy. I believe it is a generally received opinion, that the fundus of the uterus is the first part enlarged by impregnation, and in consequence of its enlargement, and the resistance which it meets from the viscera in the brim of the pelvis, the womb sinks deeper within the bony cavity, with the os tincæ projecting further into the vagina. This descent of the enlarged uterus must necessarily shorten the vagina, by which the urethra, which is connected with the outer cellular coat of the vagina, will be compressed, and occasion an obstruction of

urine. How far these observations are applicable to the present case, will be determined by the history of its symptoms, which produce the fullest conviction in my mind, that a suppression of urine was the induciate cause of the retroversion of the uterus.

On the morning of the 30th of August, 1812, after having made a violent exertion, by straining, to pass the contents of the urinary cyst, in which she but partially succeeded, she felt something give way within her, and was immediately seized with bearing-down uterine pains, and great distress in the whole abdominal region. As she had not had an alvine discharge that morning, and had eaten the preceding day a large quantity of green corn; her attending physician supposed the case to be a constipation of the bowels, and a threatened miscarriage. He bled her, and directed a cathartic of jalap and submuriate of mercury, which was soon rejected by the stomach. She was then ordered to take repeated doses of an infusion of senna and sulphate of soda conjointly, and at stated intervals a portion of castor oil, until their purgative effect should be produced. In the night a small discharge of urine, and several liquid stools were procured, which were followed by a temporary alleviation of distress. An anodyne draught was exhibited, and she fell into a quiet and refreshing sleep, which she enjoyed about an hour, and then awoke in the most indescribable agony. Her groans pervaded every part of the house, and were attended with a continual tossing and restlessness. Unable to stand erect, she hung upon the arms of her friends, who supported her for a few moments on her feet, in an inclining posture, then received her in their laps; but the alteration of position brought no relief from the anguish. Every situation was alike painful, and she looked in vain for ease from the unremitting assiduity of her attendants. She was taken alternately from the lap to the bed, and from the bed to her lolling chair, without any mitigation of her distress from change of place or posture.

The relief which the cathartic had afforded was so transient, and her complaints so dissimilar to any thing ever witnessed by Dr. G. Thaxter, during many years of extensive practice, that

he considered the case to be highly important, and advised a consultation. The proposal meeting the approbation of her friends, I was called to visit her in the afternoon of the 31st of August.

On my approaching her bed, she informed me that there was something so peculiar in her distress, that she was unable to describe it; if more perceptible in one part, than in another, it was in the abdominal and lumbar regions, and occasionally in the left hypochondrium. The abdomen was full, tense and sore. From the history of the case, I had no doubt of its being a retroversion of the uterus, and suggested my opinion to Dr. Thaxter, and proposed to him, to ascertain the fact by an examination. But from certain circumstances, at the time, the desired information was not obtained. The alternative left us by this denial, was to adopt a temporizing practice, which, if it did not ensure entire success, might mitigate the severity of her sufferings. To accomplish an object so desirable, a mild laxative was administered; and to evacuate the rectum more effectually, an enema was ordered to be injected, which was effected with much difficulty, but not retained. Late in the evening, she voided a small quantity of urine, and discharged much flatus with several scanty fluid stools, without experiencing any relief of the pain and distension of the abdomen. We felt the awkwardness of our situation, but were not without the hope, that I was mistaken in my conjectures, and that her disorder originated solely in a compression of the uterus on the neck of the bladder, in its attempt to emerge above the brim of the pelvis, producing a painful ischuria. Under such circumstances, we believed there was a possibility of relief, by evacuating the contents of the intestinal canal, and by her continuing, as far as possible, in a recumbent posture, which would favour the ascent of its enlarged fundus above the promontory of the sacrum, and its escape from the confined parietes of the pelvis.

Various cathartic medicines and enemas were daily prescribed, which produced their purgative effects, without affording any mitigation of her distress. On the 6th of September, she had a profuse evacuation of a watery fluid from the vagina,

which announced an approaching abortion. Cordials, cinchona, and the compound tincture of lavender were given for a few days to support her strength, and her attendants waited for the expulsion of the fœtus as the only source of effectual relief of the most excruciating torture.

For the next succeeding six days there was no perceptible variation in her appearance or symptoms. She passed but a small quantity of urine at a time, and that only by being supported by her arms in nearly an erect posture. It was seldom voided in an uninterrupted stream, but was expelled in sudden jets by the most forcible exertions.

Her relations having been made acquainted with my opinion of the probable nature of her case; and being seriously alarmed at the continuance and obstinacy of her disorder, became anxious that I should again visit her, and satisfy myself respecting my suspicions. I complied with their wishes on the evening of the 12th of September, and found her in a situation, than which no description of suffering could be more deplorable. The pain and tenesmus of the abdomen and lumbar region were almost insupportable, accompanied with a soreness, which was aggravated by the most gentle motion;—she complained of great thirst,—nausea,—impaired appetite,—frequent pulse,—hot and dry skin,—swelling of the labia,—and a sense of weight and distention in perineo. She had not voided any urine for eight hours, nor had a stool for the last twenty-four hours, but had taken that day several small portions of the submuriate of mercury, jalap and the succinic acid. By applying my hand to her bowels, I could distinctly feel the enlarged and distended bladder extending nearly to the scrobiculis cordis. I communicated to her my suspicions of the nature and danger of the case, and urged the necessity of an examination, as the only infallible criterion of the identity of the disease. Her fears now yielded to her anxiety for relief, and she complied with my request, without further hesitation.

I requested Dr. Thaxter to make the necessary examination, that my assertion should not be the only evidence of the fact, and that there might not remain any doubt on his mind respect-

ing the disease. He arose from his seat perfectly satisfied; after which I introduced my finger into the vagina to search for the os uteri, which was so far raised and turned up under the ossa pubis, as to be beyond my reach; and the back part of the vagina was nearly protruded out of the vulva by the reflected fundus of the womb, in a manner which rendered the introduction of the finger difficult and painful. The uterus presented itself to the touch per anum like a hard tumor occupying the whole inferior space of the pelvis, compressing the rectum, and distending the perinæum. This examination left us no longer to reason from vague conjectures, but reduced the case to that certainty, from which it was impossible for us to mistake our duty. A large injection was given to assist and expedite the operation of the laxatives which she had taken. After waiting an hour the injection was returned, succeeded by three copious alvine evacuations, and an involuntary discharge of a small quantity of urine. She was now placed upon the foot of the bed, with her hips raised in a position favourable to the introduction of the catheter, which I attempted by slipping the finger of my left hand up the vagina to remove the pressure of the uterus upon the urethra, and with my right hand passed the instrument without any difficulty. I drew off about three quarts of thick, dark coloured and very foetid urine, which afforded immediate relief, but the sudden subduction of so long continued pressure on the viscera of the abdomen, and their great veins, together with the feeble and impaired action of the abdominal muscles and diaphragm, the accumulation of blood in the vessels was so accelerated that she instantly fainted. The debilitated state of the patient, who appeared to be exhausted by her long protracted misery, compelled us to desist from any further attempts to reduce the uterus, at the present.

September 13th, at two o'clock in the morning, she was placed across the bed on her knees, upon several pillows, with her head reclined and firmly supported by an assistant, who stood on the opposite side of the bed, while two additional attendants, by applying their hands to her hips, prevented her from slipping. As there was no expectation of being able to avail

myself of any advantage by drawing down the os tincæ from the pubes; I introduced one finger into the anus only with which I made several gentle efforts in different directions to press backwards and upwards the fundus uteri. This first attempt proving ineffectual, I introduced a second finger per anum, which produced so much pain and distress, that she desired me with all the earnestness of entreaty to desist, and leave her to her fate. But I encouraged and consoled her, at the same time continuing my endeavours with a gradual and increased exertion of force, until I felt the bulky fundus recede; I then instantly passed two fingers of my left hand up the vagina, and seized the os uteri, which now presented, and was so far dilated as to admit the end of one of my fingers. By pulling down the uterine orifice from under the pubes with one hand, and by pushing up the fundus with the other, I had the satisfaction in a few minutes to accomplish the reduction.

He only, who has witnessed at the bed side of the sufferer, the agony of a retroverted uterus, can form an adequate conception of the deplorable state, to which it reduces the patient. The pain and tenesmus with which it is attended, are seldom confined to the displaced organ of generation only; but are extended to the whole internal viscera of the pelvis. The urethra is necessarily distorted from its natural direction by the elevated orifice of the womb, which is pressed forward upon the os pubis in a manner which interrupts or totally obstructs the flow of urine. The suffering is aggravated by lancinating uterine pains, resembling in frequency and force the spasmodic contraction of the uterus during the progress of labour; produced by the reflected fundus of the womb compressing the rectum. We may indulge our imaginations in solitude, but it is only the presence of misery which makes a durable impression on our minds, and interests our feelings and sympathy. It is under circumstances like these the physician feels the high responsibility of his profession; and the gratification derived from the success of a well conducted operation, or the effectual relief by an appropriate remedy, is scarcely surpassed by the

happiness and gratitude, which is expressed on such occasions by the wretched victim of the disease.

Having completed the reduction, the patient was immediately placed in bed, in a state of perfect exemption from distress and anxiety, and left to the charge and management of her attending physician. About an hour after my departure the foetus was expelled by one trifling gravitating pain, and no unusual hæmorrhagy ensued. She passed a comfortable day until five o'clock in the afternoon, when I received a sudden and anxious call to visit her. I found her complaining of equal distress as on the preceding evening; the abdomen full and tense; and a constant and urgent desire to gratify the demands of nature, without the power to obey its calls. I passed the catheter, and drew off two quarts of urine of the same quality and appearance, as was drawn off in the morning. After so long distention of the urinary bladder, it was probable, that its muscular coats were so thickened, and its fibres so far extended beyond their natural length, as to lose their contractile power, and to render a repetition of the introduction of the catheter frequently necessary. But the distance she resided from my house made it difficult for me, with my other engagements, to afford her assistance so often as the peculiar exigency of the case required.

September 14th. I visited her at 7 o'clock this morning; introduced the catheter and drew off two quarts of highly foetid, brick coloured urine; and at nine o'clock in the evening, I again waited upon her, repeated the operation, and took three quarts resembling in appearance and odour that which was drawn in the morning.

September 15th. She had passed an indifferent night, having but few intervals of ease from the most excruciating torments and distress. I passed the catheter at five o'clock in the morning with much difficulty, and drew off three quarts of urine, in every respect resembling the last discharge.

September 16th. My professional engagements had prevented me from seeing her for the last twenty-four hours. When I visited her this morning, I found her much dejected; great prostration of strength; slight nausea at the stomach; restless;

and her countenance pale and meagre. In the course of the day the catheter was twice introduced, and five quarts of urine evacuated. At the earnest solicitations of her friends, accompanied with her intreaties, I consented to remain with her until the issue of the case should be determined.

September 17th. A more restless night ; the unremitting severity of her distress interrupted her repose, and the little sleep she was permitted to enjoy was short, broken and unrefreshing. Took but a little nourishment ; complained of great thirst ; often sighed ; frequently called me to her bed side with a voice plaintive, full of tenderness and distress, imploring my assistance, which when offered, was instantly rejected. I introduced the catheter three times, with much difficulty from soreness of the parts, and drew off about six quarts of urine.

September 18th. There was no abatement of her distress ; her groans, though feeble, were constant,—and her exhausted strength ; slight delirium ; tremulous voice ; indistinct vision ; deafness, want of perception ; frequent sighing, moaning, and difficult deglutition, indicated her approaching dissolution. I deemed it expedient to pass the catheter twice, and at each operation I drew off two quarts of very foetid urine. Considering my assistance no longer necessary, I took my leave in the evening, and she expired the next day.