

*Retroversion of the Uterus, irreducible; Pregnancy; Death; Autopsy.*—ISAAC B. BROWN communicated the following case to the Royal Medical and Chirurgical Society, Jan. 24, 1854:—

The subject of this case was a young woman, aged twenty, of delicate appearance, who first suffered from prolapsus uteri, brought on by lifting a heavy weight, but which was relieved by a bandage, and from which she appeared to suffer no inconvenience. She became pregnant, and, increasing in size, she first sought medical relief from the difficulty she experienced in emptying the bladder, and then only by great straining, passing but small quantities, suffering, however, in the interim, from incontinence of urine. She was admitted into St. Mary's Hospital; and, on examination, the author found the anus very open and the rectum protruding, as in a bad case of prolapsus ani; the perineum distended and tense, and the labia partly open, through which an oviform body was discernible. On passing the finger within the labia, a large tumour was felt behind the posterior wall of the vagina, and on exploration by the rectum, the tumour was felt anterior to it. The whole pelvic cavity was filled with the tumour. The bladder being first emptied, two fingers of the right hand were passed under the arch of the pubis to the brim of the pelvis, and then the os uteri was felt pressing the neck of the bladder firmly against the pubis, the posterior lip of the os being in this case inferior. The movements of the fœtus were distinctly felt. The urgency of the symptoms which rapidly followed her admission into the hospital precluded all hope from surgical interference. Vomiting of a dark grumous matter came on; she rapidly sank, and died the third day after admission. On a *post-mortem* examination, the peritoneal surfaces indicated considerable inflammatory action; the bladder was much dilated and flattened, adherent anteriorly to the abdominal walls, and contained some fetid ammoniacal urine; the mucous membrane appeared disorganized. The intestines being removed, the uterus was found occupying the pelvic cavity, to which it was completely moulded in its retroverted condition, with its fundus pressing against the posterior wall of the vagina and sacrum, and the os, high up behind the arch of the pubis, in firm contact with the neck of the bladder. A fœtus of five months, with breech presentation, was found within the cavity of the uterus. The author concluded the paper with some practical observations on the treatment of such cases.

Mr. Streeter said it was singular that not a single case of retroversion of the uterus had been placed on record in the *Transactions* of the Society. The affection, however, was well known to all well-informed accoucheurs, since it had been figured by Dr. William Hunter in his 26th plate. The possibility of its continuance till the full period of gestation, and of delivery by the natural efforts with safety to the mother, had been established by Dr. Merriman, in the sixteenth volume of the *Medical and Physical Journal*, in 1806, by the publication of two cases; and where, indeed, the whole subject was ably discussed. He had risen, however, not so much to comment on the subject, as to place on record another case of safe delivery at the full term, and thus add another to the data already recorded for guidance in these embarrassing and difficult cases. It occurred in the practice of Mr. Nicholas Stone, of Mayfield, Sussex, one of the contemporaries and earliest pupils of Astley Cooper. At the patriarchal age of eighty-six he writes the particulars: "The case to which Mr. J. Streeter refers, made such an impression upon my mind at the time it occurred, that I believe I shall never forget it. It must have been more than fifty years ago, but I have a vivid recollection of its particulars. I made an examination, and found the head of the child occupying the whole pelvis, and resting on the perineum. Something peculiar intervened between my finger and the head of the child. In consequence of this, I sat down for some minutes to consider what the case could be, and then made a second examination, and found that I could not pass my finger round the head towards the rectum. I then again considered the case, and upon a third examination, passed my finger by the child's head to the pubes, where I discovered the os uteri and the membranes pressing on it. I found the membranes, upon the return of the pain, pushed down, and to my surprise, felt one foot of the child presenting; the head receded, and I delivered the child by the feet. The woman was deformed, and had had children before—how many I do not recollect. Although deformed, the pelvis was capacious, as there was no difficulty in the delivery. The child lived, and the woman did well." Other cases were to be found in Moreau's *Traité d'Accouchement*, and Dr. Bedford's translation of Chailley, and one in Sabatier, which proved fatal from mischief to the bladder. With reference to the practical suggestions in the case read to the Society, he could not sit down without remarking that the tenor of the cases already recorded, appeared to show that the making an incision into the fundus of the uterus was a very questionable proceeding.

Dr. Copland remarked that the extraordinary enlargement of the bladder in Mr. Brown's case, and the adhesions of the pelvic viscera, took it out of the category of the usual cases of retroversion of the uterus.

Mr. I. B. Brown said, that the observations and cases recorded by the last speaker did not bear upon the case which he had placed before the Society; for in Mr. Streeter's case there was sufficient pelvic space to allow the fetus to grow to the full period, whereas in this case the pressure on the pelvic viscera was so great as not only to destroy the functions of the bladder, but also to produce organic disease of that viscus; and, again, the pressure on the rectum was so great as to destroy its functions, and then the patient actually died from these causes. He (Mr. Brown) intended, when making his practical remarks, to point out the importance of doing everything, even to puncturing the uterus, and drawing off the liquor amnii, that could enable the surgeon to replace the uterus beyond the promontory of the sacrum, and to keep it there by restraining the patient to the position described in the paper. He observed, that if death were not feared, it was certain that extensive disease must be anticipated in some of the pelvic viscera by the long-continued impaction of the impregnated uterus; and, therefore, it was of the highest importance to attempt at the earliest possible period the reduction of the retroversion. He said that reduction in this case was impossible even at the *post-mortem* examination, so firm was the impaction.

[A very interesting case of retroversion of the uterus, in which reduction was impossible even after death, is recorded, by Professor C. D. Meigs, in the No. of this Journal for October 1853, p. 337.—*Ed.*]