Original Communications.

CHRONIC INVERSION OF THE UTERUS.

Read before the Boston Obstetrical Society, Nov. 2, 1857.
By C. G. Putnam, M.D., Boston.

In 1856, I reported three cases of chronic inversion of the uterus, under the care of Dr. Channing and myself, in which, after ineffectual attempts at repossession, the uterus was removed by ligature. Two of the patients recovered and are now living and well, and the third would probably have done equally well, but for an exhaustion induced by a premature exposure. No one who has not experienced them, can appreciate the difficulties of replacing the uterus in cases of chronic inversion, and we cannot but feel tempted to say with Dr. Meigs: "You have no art or skill nor any power equal to the performance of such a miracle of surgery." It was, very naturally, seldom undertaken with the confidence which is likely to insure success, and the few favorable cases were presumed to be rather the result of happy accident, than of special skill. In the mean time the cases of Tyler Smith in England, and of Dr. White in this country, proved its possibility, and I determined, if another case occurred, it should not fail for want of sufficient effort.

On Wednesday, Oct. 23, 1867, I saw, in consultation with Dr. J. Flint, a young woman 25 years of age. She had been confined with her first child seven months previously. The labor was reported tedious—the placenta removed without difficulty—but severe flooding immediately ensued, and she became very faint and pulseless. In four weeks, while yet too feeble to leave her bed, a second dribbling hemorrhage occurred, and four weeks later still a third.

From that time to the present, a space of five months, she has never been free from hemorrhage, always making eight or ten changes daily, unless for a short time leucorrhoea occurred. She was pale, suffered from palpitation and breathlessness on the slightest exertion, slept uneasily, had no appetite. She had taken chiefly beef-tea and brandy, but was not reduced in flesh and strength to the extent one would have expected.

On examination, the diagnosis was easily made. In the vagina was a solid tumor, about the size of a duck’s egg, sensitive to touch. The upper portion or neck encircled by a groove, around which the sound passed to the depth of a quarter of an inch. The point of the sound in the bladder was distinctly felt from the rectum. And, lastly, the uterus was not to be found in its natural position above the pubes. Upon the fundus of the inverted uterus was a fissure half an inch long, extending apparently through the mucous membrane and nearly to the peritoneum. At the request of Dr. Flint, I took charge of the case, and operated with the assistance of Dr. Read and my son.

The patient was placed on her back, and thoroughly etherized. I then introduced my whole hand into the vagina, in order to get complete control of the inverted uterus, and kneaded it in various directions, until the texture, which at first was hard and dense, began to soften. With occasional pressure upward, this kneading was continued unceasingly, especially at the neck, which was less inclined to yield. I also tried to push up the fundus with my thumb while holding the uterus in the fingers, but did not use much force, because the parietes at the fundus seemed thin, and there was no disposition on the part of the uterus to return in that way. Before long, with the relaxation of the abdominal wall and stretching of the vagina, a depression corresponding to the inverted uterus could be felt distinctly above the pubes, and by applying the hands in a ring around it, a counter-pressure was obtained to that in the vagina, which tended very decidedly to assist the unfolding of the uterus. By these manipulations, the length of the uterus had been diminished by an inch and a half at the end of two hours. I was relieved from time to time by the other gentlemen, who

[Whole No. 2289]
continued the same manoeuvres, until the main body of the uterus had been carried up within the already replaced neck. So close was the constriction at this point, even when the fundus was fairly on a level with the neck, that a full hour and a half elapsed before the fundus could be passed through it. As this had been going on, the hollow felt above the pubes had gradually disappeared.

The restoration was now complete. Placing the finger in the cavity of the uterus and moving it from side to side, the organ was felt through the parietes over the pubes to have regained its natural form without dimple or depression.

During these seven consecutive hours the patient was kept thoroughly etherized. The pulse at the beginning was 120. It occasionally rose to 130, but never became more feeble and never faltered for a moment.

She continued under the effects of ether for an hour after the operation, vomiting occasionally. At 7, P.M., great pain in pelvic region. Had hypodermic injection of two-thirds of a grain of morphia and in a few minutes was easy. At 10, P.M., the pain having returned, had one-half of a grain of morphia with one-eighth of a grain of atropia.


Monday, Oct. 28.—Slept well in the night. No vomiting after 10, P.M. Less thirst. Dysuria. Pulse 96. Skin cool. To take champagne and brandy at intervals.

9, P.M.—Pulse 96. Tongue clean, not dry. Frequent spasmodic pain in back and hips. Loss nausea and dysuria. Took mutton broth. Hypodermic, one-half grain of morphia.

Tuesday, 29.—Slept tolerably well. Pulse 98, less feeble. Skin cool. Whole aspect better. Pain in pelvis whenever she moves. Continue broth, brandy and champagne.

Nov. 2.—This A.M., seven days after the operation, is still in bed, very comfortable. Pulse 96. Some appetite. Wants to sit up. Perfectly recovered.

A few cases of spontaneous restoration in chronic inversion have undoubtedly occurred, and there are cases in which restoration has been effected in a few hours, or even in a few minutes, as if the innate resiliency of the uterus were only waiting to be set in motion, but such success is not to be often anticipated, and it is wiser in undertaking the operation to prepare for a long siege.

Complete, often stertorous, etherization is indispensable.

It is important to have two or more able assistants, that the uterus, once attacked, may have no interval of rest; for I noticed, in this operation, that if my efforts were suspended for a minute or two, the uterus would regain its size and density, and not only the body, but also the neck, through which the inverted parts are to pass, should be kneaded and thereby made soft and flexible.

A fulcrum to work against may be found, first, by holding firmly through the abdominal walls the folded cervix, while pressing the uterus upward; second, by holding the uterus in the vagina and pressing through the abdominal parietes with the hands in a ring round the infundibulum. (In this case, unfolding was distinctly promoted by stretching the abdominal parietes in opposite directions from the centre outwards.) And lastly, by bringing the strain on the vagina alone. All three methods were used in this case, though the latter is dangerous, and should not be used when it can be avoided.

The reduction seems to have been accomplished in some instances, as in the case of Mr. Barrier, by indenting the fundus with the thumb, while holding the body with the fingers, but in this case there was certainly no tendency of the uterus to return in this way, but, as in other cases, the restoration was accomplished by upward pressure of the whole body and a gradual unfolding process beginning at the neck.

In recent cases, while the neck is yet flaccid and uncontracted, the fundus may be readily carried through it, for, although it is disposed to contract with the manipulation, contrary to what happens in chronic cases, the operation lasts so short a time, as to make this contraction unobjectionable.* In chronic cases, the part which was the last to double up would be most likely the first to unroll again.

An accident which has proved fatal, viz., perforation of the uterus by the fingers, might probably be avoided by pressing, not with the tips, but with the pulp of the fingers.

I proposed to use various plugs on curved and straight rods, probanges, &c., but they

* Such at least has been my experience in two cases, one of which I saw in a neighboring city within an hour from its occurrence. This latter was under the care of a very judicious practitioner and no undue effort had been made in extraction of the placenta.
are apt to slip off, and I found it easier to regulate the force and to ascertain its effect when applied with the hand, than with any instrument.

In this case, a sulcus which extended through the wall of the uterus nearly to the peritoneum would very likely have permitted a perforation into the peritoneal cavity.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. B. GREENOUGH, SECRETARY.

Nov. 13th.—Encephaloid Tumor in the Abdominal Cavity.—Dr. Borland reported the case.

The patient, a woman aged about 54, was seen for the first time a year ago last July, when she was suffering intense pain in her right side just below the ribs. She was relieved by subcutaneous injection of morphine, and in a day or two was apparently as well as ever. Last August Dr. Borland was again called to her, and found her unconscious. The history of her condition during the interval, as obtained from her friends, was that she had never been free from pain for any length of time, and that once in about ten days she would have an attack of quite severe pain, but never as intense as the first one had been. On the night preceding the morning on which Dr. Borland was called to her, she had gone to bed apparently as well as usual, and in the morning was found insensible. She had convulsions at intervals for about thirty hours, when she died. A post-mortem examination showed an encephaloid tumor, as large as an infant's head at term, on the left side over the kidney. Permission to open the head could not be obtained.

Dr. Borland said that until the autopsy the case had been a most obscure one, and one in which it seemed to him impossible that a true diagnosis could have been made.

Nov. 13th.—Amount of Phosphorus found in the Substance of the Human Stomach.—Dr. C. T. Jackson read the following paper on this subject:

It sometimes happens that we are obliged to estimate the amount of phosphorus in cases of poisoning with that substance, by determining the proportion of phosphoric acid in the state of phosphate of some base. This is always required in those cases where oxidation of the phosphorus has taken place and the organs are in a putrid state.

I find, by the books on Toxicology, that no record exists of any analysis of the normal human stomach showing the real amount of phosphates contained in it, and that the proportion in the brain is assumed as the largest in any portion of the human body, and the proportion of phosphorus in that organ is deducted from the amount of phosphorus obtained on analysis of a stomach for phosphorus, and the difference is charged as the poison administered. This, it seems to me, is rather a loose method, and one that might raise important doubts in the minds of jurymen, who would be likely to inquire how much phosphorus actually exists in the stomach itself in its natural state, a question the chemical witness could not answer.

Last month I made a chemical analysis of a stomach taken from a young woman who died of tuberculous consumption, for the purpose of ascertaining the amount of phosphorus contained in the organ, no such analysis being found in our books on Toxicology.

The stomach in its natural state of moisture weighed 2000 grains, and when dried, 380 grains; 200 grains of the dry stomach, burned in a platinum capsule, gave 4.5 ashes, which on analysis yielded—

Phosphate of lime 0.90 grs. = PO4 0.533 = P = 0.233
Phosphate of soda 0.01 grs. = PO4 1.006 = P = 0.702
Chloride of sod., and other salts
Insol. silico-c.

Then 380 grains of dried stomach contain 1.3015 grains of phosphorus, and, of course, the 2000 grains of moist stomach the same amount.

Nov. 13th.—Compound Fracture of the Thigh caused by the jamming of the limb between a Car and Locomotive. Complete Recovery. Dr. John Homans reported the case and exhibited the patient.

J. S., a laborer, 45 years old, employed by the Old Colony R. R. Company, in attempting to put the coupling pin of a locomotive in place, was caught between the front of the locomotive and the buner of a platform car loaded with lumber. His right thigh was crushed and the femur fractured. This accident happened about 6 o'clock, June 13th, 1871. He was taken to the City Hospital, and from thence, about 10, P.M., to his home on Ontario St. I saw

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