trema accuracy of diagnosis, and in both, the most circumspect caution and decision as to treatment. Attributable to causes already specified as generally applicable, the chronic form in the adult may be complicated with constitutional lesions somewhat peculiar, arising from diseases to which he is more liable.

ART. III.—*On Retroversion of the Uterus, and a new Method of treating that Affection.* By CHARLES HALPIN, Esq., of Cavan, L. R. C. S. in Ireland, Practitioner of Midwifery, &c.

[Read before the Obstetric Society of Ireland, 2nd January, 1840.]

MR. PRESIDENT AND GENTLEMEN,

THE subject I have prepared for your consideration this evening, is Retroversion of the Uterus.

In considering this affection I wish to bring before you so much of its history ; the symptoms by which it is characterized ; and the various methods that have been heretofore adopted to remedy it, as may be necessary to elucidate a case of this nature, in which I was lately consulted : and I trust I shall be able to demonstrate to this meeting, that the plan of treatment I had recourse to in its replacement, is so easy of application ; so safe in its employment ; and so certain in its effect, that it is worthy of the very best attention of the Profession at large ; and more especially of those who have made midwifery, and its attendant affections, their peculiar line of practice.

The first account we have of retroversion of the uterus, is to be found in the fourth volume of “ Medical Observations and Inquiries,” published in the year 1771. This is a communication from Mr. Lynn, with an Appendix by Dr. William Hunter. Mr. Lynn calls it “ A fatal Case of Inversion of the Uterus, and Rupture of the Bladder in Pregnancy.” Dr. Hunter, in the appendix, objects to the term “ inversion,” as being equivocal, and proposes the introduction of the word “ retroversion.”

In October, 1754, Mr. Walter Wall, a surgeon in London, was called to see a young woman then labouring under sup-

pression of urine and fæces. She was then in the fourth month of her first pregnancy. Mr. Wall had attended the lectures of M. Gregoire in Paris; and remembering a case of retroverted uterus related by him, was satisfied that this was a similar one, and endeavoured to restore it to its natural position, as taught by that gentleman; but he did not succeed. He then requested Dr. Hunter to visit this patient, whose case, terminating fatally, became the subject of that celebrated lecture, which first pointed out to the practitioners of this country the nature of the malady, together with the means of remedying it. In the succeeding volume of those observations, published five years afterwards, we find five other cases recorded; and also a paper from Dr. Hunter, containing some very valuable remarks on its nature and treatment. Since that time it has been treated of by most writers on midwifery, and in this day its characters seem to be well understood.

Retroversion of the uterus is that malposition of this organ, where its fundus, instead of lying upwards towards the umbilicus, is forced downwards and backwards into the pelvis, below the promontory of the sacrum; whilst the os uteri is carried forward, above the symphysis pubis. In this situation it deranges, very considerably, the functions of the bladder and rectum. For, anteriorly, the compression of the os uteri on the neck of the bladder causes either partial or total retention of urine; and posteriorly and inferiorly, the fundus pressing on the rectum obstructs the free passage of the fæces. Retroversion usually takes place between the third and fifth month of pregnancy. It may, however, arise, as may also retroflexion of the uterus, independent of impregnation. It may exist earlier than the third month, but may not be noticed by the patient, as the uterus is not then sufficiently bulky to produce unpleasant consequences. After this period its attendant symptoms manifest themselves. The calls to make water become more frequent than usual. The patient passes small quantities of it at a time; sometimes this is attended with forcing and pain; at length it

becomes difficult ; and finally the retention is complete. Some drops may come away in a dribbling manner, and occasionally she may be able to pass a few ounces at a time ; but I believe, when the retroversion has arrived at this stage, the bladder is never completely emptied by the natural efforts of the patient, until after the displacement is rectified. The bladder now becomes distended above the pubis, rising as high as the umbilicus, and even above it, filling the anterior of the abdomen ; and the bowels frequently become obstructed to a very dangerous extent.

On examination by the vagina, a large tumour, usually about the size of a foetal head, is felt between the vagina and rectum, which fills the hollow of the sacrum : the os uteri cannot be reached with the finger, or only reached with difficulty, as it lies, in most cases, above the pubis. Other diagnostic symptoms exist, but I shall only insist on those I have detailed, as they suffice to illustrate my views, and the method of reduction I adopted.

Should not this state of things be remedied as soon as possible ? Hear what Dr. Hunter says : “ Must we not presume that every woman is in *danger*, who has a retroverted uterus ? ”* I think so.

The introduction of a catheter is, at all times, most disagreeable to the feelings of a female : and some would endure any suffering, rather than submit to it. In this affection, it is sometimes so difficult, that the most expert operators will fail. Consequent on this we find, great distention of the bladder, frequently followed by inflammation ; adhesion of the bladder to the abdominal parietes ; rupture or sloughing of the organ, with extravasation of urine into the cellular tissue, or into the peritoneum ; followed by the death of the patient. Inflammation and gangrene of the vagina, and external parts, have also been produced by the pressure of the tumour ; this latter, lying

* Med. Obs., vol. v. p. 893.

on the rectum causes an accumulation of fæces to take place, which tends to force the uterus still further into the pelvis; where, finally, it may become so firmly wedged, that no means we were hitherto acquainted with will be able to dislodge it.

“ I think,” says Dr. Hunter,* “ where it can be done with ease, it would be better to put an end to pain and danger, by replacing the uterus. And when we can easily, and at once, remove her pain, and put her into a state of security, can it be advisable to be passing a catheter for days and weeks together, till the uterus recovers itself; even, if we could be sure that this would happen?”

From the days of William Hunter to the present time, very little improvement (if any) has taken place in the treatment of this disease. Nay, I think I am borne out in saying it has retrograded. An enumeration of the various methods resorted to will show this clearly.

Dr. Hunter, in Mr. Wall’s case,† having procured the discharge of a considerable quantity of urine, “ placed the patient on her knees and elbows, with the shoulders as low as possible; then introduced one hand into the vagina, and two fingers of the other into the anus, * * * but these attempts were all in vain, she became weaker and weaker, and died on the following Monday.” “ On dissection, the uterus was found firmly wedged in the pelvis.” He then asks,‡ “ Would it not be advisable in such a case to perforate the uterus with a small trochar, or any other proper instrument, in order to evacuate the liquor amnii, and thereby render it so small and lax, as to admit of its reduction? If other methods failed, I think such an operation should be tried.” In subsequent practice “ the urine was first completely drawn off, then a sufficiently stimulating clyster was thrown up, and after the bowels were well emptied, it was always found easy to replace the uterus.”§

* Med. Obs., vol. v. p. 393.

† Ib. vol. iv. p. 403.

‡ Ib. vol. iv. p. 406.

§ p. 408.

In Mr. Wilmer's case, published in 1779, he followed Dr. Hunter's method, with two fingers of one hand in the rectum, and two of the other in the vagina, but did not succeed, as the uterus was firmly locked in the pelvis.*

Dr. Denman, in illustration of the opinions and practice of the men of his day, says :† “ In case of failure by plain and common methods, the means we have been advised to pursue, many of which are severe, and some extremely cruel, as well as useless, would best describe the dread of those consequences which have been apprehended from retroversion.” For himself he relied chiefly on attention to the state of the bladder and rectum, trusting greatly to the spontaneous rising of the uterus to its natural position.

Burns follows Hunter's method. He “ would even introduce the whole hand itself into the vagina * * * * * forcible and violent attempts are, however, to be strongly reprobated : they give great pain, and may excite abortion, inflammation, or convulsions.”‡

Dr. Davis§ advises “ the introduction of the first and second fingers of the right hand within the sphincter ani, with which we are to keep a steady pressure on the uterine tumour, so as to raise it gradually up—this must be done, not with violent jerks, but by a most cautious effort.” If the fingers are not sufficient, he passes an *instrument* that shall be long enough to continue the bearing ; it consists of a piece of cane of considerable thickness, with a broad, firm, and finely textured piece of sponge secured at its top. When this has been borne for some time on the retroverted fundus, the latter will sometimes be felt to pass suddenly up into the abdomen.

This is the first mention I find of an instrument being used in the treatment of these cases.

Mons. Dussausoy, then senior Surgeon to the Hotel Dieu at

* Cases and Remarks, p. 147.

† Denman's Mid. vol. i. p. 146.

‡ Burn's Mid. p. 173.

§ Mid. pp. 845, 846.

Lyons, "with proper caution passed into the rectum the four fingers and the thumb of his right hand, and, spreading them on the whole convexity of the tumour in such a manner as to embrace its entire surface, he applied considerable pressure from below upwards," &c. Another case is mentioned by Dr. Davis in which the whole hand was passed through the sphincter ani for the same purpose. Dr. Davis does not give the practitioner's name; but he adds, "the author is convinced, from some trials made on the dead subject, that such a thing may be done without rupture of the sphincter.

Dr. Blundell* is exceedingly partial to the plan of keeping the bladder and rectum empty, and the patient placed in a position favourable to the spontaneous return of the uterus. If these gentler means fail, he would introduce one or two fingers into the vagina (the patient being in a suitable position) and press the womb, endeavouring to urge the fundus above the brim of the pelvis; or he would introduce the fingers of the right hand into the vagina, and the thumb into the rectum, so as to get a double bearing on the uterus; or, with Dr. Hunter for our guide, with one finger of the left hand in the rectum, and one or two of the right placed on the os uteri, we should endeavour to draw it down into the pelvis whilst we pushed up its fundus.

Where reduction could not be accomplished by any of these means, and where the symptoms became urgent, other measures of a more dangerous tendency have been advised and resorted to; for instance, the bladder has been tapped above the pubis, by Dr. Cheston; Cruickshank recommends the division of the symphysis pubis; Dr. Hunter advises tapping the uterus; and Hamilton, Dewes, Boivin, and others, recommend breaking up the structure of the ovum by the introduction of an instrument through the os uteri.

This is a concise summary of our knowledge on this subject;

* Diseases of Women, p. 12.

I shall now lay before you the particulars of the case that called forth these remarks.

On the 7th of December I was called to see A. B., the wife of a respectable farmer in my neighbourhood, in consultation with Dr. Finlay of Belturbet. She is about 23 years of age: she has been married about five months; has menstruated but once since her marriage. For the last five days she has experienced more or less difficulty in making water, with much pain at the neck of the bladder. Bowels costive. She has had aperients which acted well; was leeches three times above the pubis; and used the hip-bath with relief. For the last two days she has not been able to pass more than two ounces of urine at a time. I found her lying on her back with her knees drawn up as in peritonitis. Her impression is that she is pregnant, but the abdomen is larger than she thinks it should be at so early a period; and this increase has occurred chiefly within the last few days. Tongue white and loaded; pulse 90; spirits very good.

On laying my hand on the abdomen I found it enormously distended. A large pyriform, soft tumour, reaching from the pubis to half a hand's breadth above the umbilicus, filled it anteriorly. She complained of a tense feeling, with much pain about the neck of the bladder. From these symptoms and the history of the case, it was plain that there was a great accumulation of urine within the bladder. I proposed the introduction of a catheter, which, after much difficulty, was agreed to by the patient. This is a matter in which I have had a good deal of experience, but in this instance I could not effect it; and although I persevered a considerable time in endeavouring to do so, using the greatest gentleness and caution, I could not recognize the orifice of the urethra. On examining the vagina I found that she had complete retroversion of the uterus: the fundus, lying low in the pelvis, could be felt within an inch of the external parts. I now handed the instrument to my colleague, Dr. Finlay, an experienced midwifery practitioner, who, after a

most patient trial, succeeded no better than myself. Unwilling to allow such a large quantity of urine to remain, I again attempted the introduction of the instrument, or rather, I wished to make a more accurate investigation of the state of the parts, to ascertain in what the difficulty lay, in order to take the measures proper to overcome it. The os uteri was high above the pubis: the orifice of the urethra, instead of being situated just above the vagina, and somewhat anterior to the pubis, was drawn completely backwards and upwards, and was so stretched by the rising up of the bladder, that it had lost completely its nipple-like, or dimple-like feel to the finger. It was so thinned by tension, that I recognized it with difficulty. How was I to reach it? The female catheter was quite unfit for this purpose; and, unacquainted with the nature of the case, I had brought none other with me. I now raised the uterus with my finger as much as I was able, at which the woman passed about four ounces of urine, and felt greatly relieved; she had an anodyne that night, and slept pretty well. I visited her early next morning, taking with me several gum elastic male catheters. Having selected one of large size, I curved it a good deal more than when used in the male, and introduced it without much difficulty, drawing off five quarts of water. As there was nothing very urgent in this case, I advised that little more should be done than keeping the rectum and bladder empty. On the 10th, I was again sent for; the retention of urine was complete, she had not passed a drop since I left her; and Dr. Finlay, having tried the introduction of the catheter most carefully and perseveringly, was obliged to relinquish it altogether. I drew off about seven pints of urine, and on this, and the two following days, I endeavoured by position, and gentle, steady pressure, with two fingers in the vagina, to return the uterus.

On the 14th I found the symptoms greatly aggravated. Circumstances, which I could not control, prevented my visiting her on the preceding day. Persisting in her refusal to permit any person but myself to introduce the catheter, the bladder had again become greatly distended, and so painful that

she could not lie down ; the desire to evacuate its contents was incessant, accompanied with strong forcing pains. Her countenance exhibited great distress and painfulness ; her mind was in a state of anxiety and alarm ; pulse had risen to 110 ; bowels confined since last visit ; stomach so irritable that it will not retain medicine of any kind. I drew off about five pints of turbid urine, the temperature of which, as it passed over my hand, appeared much above the natural standard, and it sent forth a powerfully foetid, ammoniacal odour. Although greatly relieved by this, there was still a sharp burning pain in the region of the bladder, that produced much distress. The rectum was so pressed upon, that it was found impossible to throw up an enema.

In this state of things it was plain that the palliative plan had been carried far enough, at least ; and that something decisive must now be done was equally clear. Accordingly, having placed her in the proper position, I introduced two fingers of my right hand into the vagina, and pressed the tumour upwards and forwards ; the resistance, however, given by the promontory of the sacrum was so great that I felt I should not be able to overcome it. Though I used all gentleness possible, the woman expressed great agony, crying out, almost to screaming, "that I would burst something within her if I did not desist."

My fingers became so painful from cramps that I was obliged to withdraw them. After an interval of rest I renewed my attempts ; two fingers of the right hand being in the vagina and the thumb in the rectum, as advised by Dr. Blundell. This gave greater pain than the former trial, the patient still exclaiming, that " I was bursting something in her inside." I now relinquished all hope of being able to return the uterus safely by any introduction of the fingers or hand into the vagina or rectum, and retired with Dr. F. to consider our difficulties. I communicated my impressions to him ; which were, that on bringing my fingers to bear upon the tumour, I found I could al-

ways move it to a certain extent, but after it reached this it became fixed, and I could feel the parietes of the uterus yielding under the very small point of contact afforded by my fingers; this gave rise to the sensation of rupturing the parts complained of.

I now saw clearly that my only chance of rescuing this woman from her perilous state would be, in the use of some instrument which could be brought to bear equally on all parts of the tumour, and with which sufficient power could be applied to raise it fairly above the promontory of the sacrum.

It instantly occurred to me, that *with the assistance of a bladder I should be able to inflate the pelvis, and thus raise its contents into the abdomen.* We acted on this suggestion. I attached a small recent bladder to the tube of a stomach pump, with an air tight piston, and having immersed it a few moments in warm water, to bring it to the heat of the body, I introduced it, empty, into the vagina; between the fundus of the uterus and the rectum. Retaining it within the vagina by holding my hands firmly across its orifice, Dr. F. inflated it slowly and steadily. After a time she complained of a sense of tension or bursting, but no pain. We then ceased throwing air into the bladder, allowing what was in already to remain, keeping up, as it did, a steady, equal, well-directed pressure on the tumour. After the expiration of five minutes we threw more air into the bladder, when the patient exclaimed slowly, "Oh, now you are forcing something up to my stomach!" I retained the bladder some time longer in its situation; and then, previous to withdrawing it, permitting the escape of some air, I introduced my finger, and had the satisfaction of finding that the tumour was no longer in the pelvis, and that the os uteri lay within reach of my finger, pointing downwards and backwards. I then, and not till then, removed the apparatus.

Here, gentlemen, is a simple narrative of the case, on which it may be necessary to make a few observations. First; the difficulty of introducing a catheter. Nothing tends to facilitate

an operation so much as the selection of a proper instrument to perform it with. The common female catheter is excellent in ordinary cases, and when the patient's mind is quieted respecting it. I have seen great alarm caused by its bright metallic appearance; and in this case the patient thought, from this circumstance, that some formidable operation was intended: and I had much difficulty in relieving her mind from this distressing apprehension. Again, it could not by possibility be introduced from the position of the meatus. The flexible catheter has many advantages. It may be curved to any degree that may be required: it is so soft, so yielding, and as this woman expressed it, "so innocent looking," that one need not be afraid of it. And let me assure you, it is no small matter to possess the confidence of your patient on an occasion such as this. My manner of using it is to curve it at the point, so as to be able to bring it to act on the displaced meatus, and then to give the stylette a lateral bend, about the centre, which enables me to avail myself of the use of my left hand. I rest my right elbow on the bed, and, having ascertained the orifice of the urethra with the point of my forefinger, I slide the catheter upon it with my left hand, and thus insinuate it gently into the urethra. Sometimes its onward progress is impeded, the direction of the urethra being altered; or pressure of the os uteri obstructs it: by withdrawing about an inch of the wire, and moving it a little from side to side, it will frequently find its way easily into the bladder. Forcible attempts are to be deprecated: much more is to be gained by gentleness and patience.

I now come to consider the instrument which I have found so efficacious. It consists of a small recent bladder, armed with a stop-cock, attached to the tube of a syringe: from our knowledge of the capacity of the pelvis, it will be easy to select one of proper size. A recent bladder is to be preferred, as being particularly easy of introduction. I stated in the commencement, that it is easily applied, safe in its employment, and unerring in its effect; and I do hope, and trust, that when trial has been

made with it, its utility will be admitted. If the force obtained by a body of air is not sufficient for our purpose, by substituting water we shall be in possession of a power that will be irresistible, not only by the soft parts within the pelvis, but even (were it necessary) to the bursting asunder of the bones that form that cavity; whilst, at the same time, we have this power so completely under control, that no bad consequences can arise from its use. Contrast it for one moment with the formidable proceeding of introducing the whole hand into the vagina, or through the sphincter ani, together with some fingers of the other hand into either of those passages to assist it. Not all the proper caution of the senior surgeon of the Hotel Dieu at Lyons can ever make this other than a painful, dangerous operation. It is a piece of cruelty, which I trust will give way before the safe and painless method I have detailed: "in which," to quote the language of Dr. Blundell, in commending the palliative method, "there is no introduction of the hand into the vagina; no entrance of the fingers into the rectum; no force; no contusions; no lacerations."

This instrument, I take it, is applicable not only for restoring the uterus to its normal situation, but also for retaining it there. Dr. Gurtshore advises filling the hollow of the sacrum with sponge, to prevent a recurrence of the retroversion.

Dr. Blundell, and others, direct us to keep the patient in bed for two or three weeks, resting on the knees and elbows once or twice each day, for an hour or two at a time. Very few women will, or can, submit to this confinement. The retroversion having been rectified, I would introduce, as a pessary, a gum-elastic bag constructed on this principle, and inflate it to a proper state of distention. It will remain without producing the least annoyance to the patient; and cannot, from its nature, obstruct the free passage of either urine or fæces; whilst it will render the descent of the uterus within the pelvis a matter of impossibility. This pessary will also be found useful in other affections of the uterus, and its appendages.

And now, gentlemen, having given you such a history of this troublesome, and sometimes dangerous malady, as my scanty sources of information would admit of; and also a plain, but faithful detail of this case, I have but to beg of you to consider calmly, what is the value of the suggestion I have thrown out this evening. It may be said, that I am sanguine in my estimate of the remedy I propose. If I am so, it is for this reason: I found my patient in a critical, a perilous situation; her husband and friends looked to me to rescue her from that state: the ordinary means for relieving her had failed in my hands; and at one moment I felt, that not only was my professional character at stake,—for one false step would probably ruin my prospects for life,—but that the life or death of my patient depended, in a great degree, on the decision I came to. The idea of *inflating the pelvis*, flashed across my mind: having once conceived it, the execution of it was easy, and the result has been most favourable; for, from that moment she has not had one unpleasant symptom.

If, in the course of your practice, you find my suggestion of value to you, and that by its adoption, you are enabled to release poor suffering woman from the methods heretofore resorted to in the treatment of this affection, “many of which,” says Dr. Denman, “are severe, and some extremely cruel;” it will ever be a source of unfeigned happiness to me, that I have been thus enabled to bring it before you.

ART. IV.—*Contributions to Surgical Pathology.* By WILLIAM HENRY PORTER, Professor of Surgery in the Royal College of Surgeons in Ireland, Surgeon to the Meath Hospital and County of Dublin Infirmary, and Consulting Surgeon to the City of Dublin Hospital.

[Read at the Surgical Society of Ireland, 1st February, 1840.]

ANEURISM OF THE CAROTID ARTERY.

IN the details of the case which have given occasion to the following reflections, it may appear an almost fatal imperfection,