No. 157

AN

INAUGURAL DISSERTATION,

ON

Retroversio Uteri.

SUBMITTED TO THE

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BY

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Retroversio-Uteri,

Retroversion is an accident of rare occurrence, but of serious consequences. It should therefore, claim the greatest attention of every medical man, It consists of a displacement in the natural position of the Uterus, the fundus of the organ being thrown back, into the concavity of the Sacrum, whilst the cervix is directed towards the Symphisis pubis, and impinging upon the urethra, near its junction with the bladder, Little was known of Retroversion before the time of John Hunter, in seventeen hundred and seventy one, he gave an accurate account of it, and afterwards illustrated his demonstrations by drawings.

Retroversion is thought to occur, generally just about the time, when the Uterus begins to ascend into the abdominal

cavity, This is thought to be sometime between the Third and fourth month of Utero-gestation, There are two varieties of Retroversion, — Partial and complete; When the Uterus lies in the direction of the short diameter of the brim, with its fundus lying on the promontory of the sacrum, it is said to be partial, It is called complete, when the fundus is thrown fully into the concavity of the Sacrum. Causes — Amongst the more direct causes, are those which render the fundus dispro-portionately heavy, and consequently the balance of the Uterus easily disturbed. Such for instance as early pregnancy, moles, Tumours &c. Ashwell says, he has known Retroversion to happen, the first day of a menstrual period, whilst the weight

of the Uterus was increased by the afflux of blood. I believe all the writers that I have read on the subject, hold as a settled opinion that the cause of Retroversion, is most frequently, if not always, to be traced, to an over distended bladder. Dewdan considers a large pelvis, and the too great projection of the Sacral promontory, as frequent predisposing causes, and he further adds that thin women are more liable to it than any other class. Of this I know but little. I believe the general opinion now is, that women having large pelves are most liable to a retroversion, and an unusual size of that organ, is now considered as a frequent predisposing cause. I am led to think that there would be a much greater chance of Retroversion happening, where the pelvis was slightly def

-ormed. For instance, if the antero-posterior diameter of the brim, were something less than the standard dimensions, In this case, the promontory of the sacrum would dip too far into the pelvis, hence the cavity of that part, being of ordinary capacity, the fundus, in rising would impinge under the projecting promontory, and certainly give rise to Retroversion. There is greater danger of Retroversion happening, if the pelvis be preternaturally large, than if it be of the usual size, though I would hardly think, any woman exempt from such a liability, whatever sized pelvis she may possess.

Symptoms. At the moment of the injury the patient seldom feels much inconvenience perhaps she is sensible of a slight shock.

But her fears are soon aroused, when she endeavours to make water, and finds that only a few drops will flow, notwithstanding her greatest efforts. The cause of this retention is very obvious. The urethra or neck of the bladder is forced up against the posterior surface of the Symphisis-pubis, by the mouth of the womb, which is directed upward and forwards. Thus a stricture is produced, which prevents the flow of mine. The most prominent symptom then, is a sudden inability, to pass water. The retention is sometimes complete, oftener partial. This symptom, being so suspicious of this accident, that to see a healthy looking woman seized, with suppression of mine, without having been before the subject of any urinary ailment is

always warrant enough for us to suspect Retroversion, especially if the patient be not advanced beyond the fourth month of pregnancy.

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—— There is also a peculiar tearing pain felt in the loins, caused by the stretching of the uterine ligaments.

—— Lastly, in many cases, there is a frequent, weak, and irregular pulse, faintness, and vomiting, soon after the occurrence of the displacement.

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—— Lastly, in many cases, there is a frequent, weak, and irregular pulse, faintness, and vomiting, soon after the occurrence of the displacement. The several symptoms that I have enumerated, are not always necessarily

indicative of Retroversion, for the same may be produced, by an enlarged ovary, or by a tumour in the cavity of the pelvis. Our diagnosis though, can most always be rendered clear, by an examination, per Vaginam, If there be a tumour present, it can be felt, occupying the posterior part of the pelvis, external to the Vagina, and between that organ, and the rectum, pushing forward as it were, that organ, (the Vagina) and so completely obstructing that canal, as to render the introduction of the finger very difficult. Should the Uterus remain retroverted, for a considerable period, and no relief be given to the distended bladder, Inflammation, will

undoubtedly follow, as a consequence of the pressure and irritation occasioned in those parts. Should inflammation set in, other symptoms soon make their appearance, and the poor patients distress is greatly increased thereby. There will be pain in the region of the Uterus, greatly increased by pressure, hot skin. a furred tongue. quick pulse, rigors. a haggard countenance. want of sleep. vomiting. and other indications of inflammatory fever.

Treatment.— Being fully satisfied of the existence of Retroversion, our first indication should be to restore the Uterus, to its normal position. First, the distended bladder, should be

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relieved of its contents, which generally can be easily fulfilled by the introduction of an elastic catheter. In order that we may operate advantageously, the patient should be ordered to lie on her back, with the knees drawn up. The attendant, standing on the right side, should place his left forefinger on the clitoris and slip it down the vestibule until it reaches the meatus, which may at once be recognized by its presenting a little prominent ring. Holding the finger directly upon the meatus, the catheter is taken in the right hand, and raised under the elevated hand, guided by the finger of the left hand into the meatus, by depressing the handle

a little it is introduced, with but little difficulty. It has been said, that in some few cases, the Uterus has righted itself after this operation, but our endeavors may not be attended with such good fortune, the Uterus may still continue retroverted. Under these circumstances, it will be necessary, to draw off the urine again soon, that the organ may be kept in as empty and contracted state as possible, so as to offer no impediment to the fundus, should it make an attempt to rise.

If by this treatment, we should fail in giving relief, we are advised to resort to other and more effectual

means. ~~~ Retroversion. then, having existed some fifty hours or more, we should place the patient on her hands and knees, and proceed to replace the organ, by introducing two fingers of the left hand cautiously into the rectum, making steady pressure upward towards the fundus, at the same time the forefinger of the right hand, may be introduced into the vagina, and some traction be made downward. Instead of the fingers, we may sometimes use with great advantage, a piece of Whalesbone and sponge, as recommended in a lecture by Prof. T. M. Watson. of this institution. Prof Simpsons' Uterine Sound, has been highly praised, by those who

have used it in cases of retroversion. Before attempting reduction, Dr. Dewees recommends a copious bleeding, which he says proves beneficial by its relax-ing powers. I believe, Prof. J. M. Watson is also an advocate of this doctrine. Dr Ramsbotham seems to oppose blood-letting here. He says — "that in the generality of cases, where there is Retroversion, without, inflammation, bleeding will not avail as much, because, the replacing of the womb does not depend upon spasm, but upon impaction and other causes which can not be relieved by bloodletting." Admitting this even, to be the case, it appears to me that the size of the organ might be

diminished by a good bleeding. He thinks, that emptying the bladder and relieving the rectum by some mild enema, is all that is necessary, before attempting reduction. Should we fail to reposit the womb by an operation, our last and only consideration will be, whether it should be emptied, or whether we allow gestation to proceed?. If there is no irritation in the system, no mischief as a consequence of pressure and no inflammation; it would be unnecessary for further procedure for a while, for the Uterus, as it increased in size, might finally be restored to its proper position. On the contrary, if there be inflammation or any symptoms of irritation, and the

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life of the patient be in great danger, it is thought that premature labor should be induced. After reduction, either by an operation, or by bringing on labor, the alarming symptoms, caused by mechanical pressure (now removed) disappear in a short time. The patient should now be ordered to remain in bed three or four days, the rectum relieved, and the bladder evacuated every five or six hours, lest that organ filling again should unhappily a second time depress the fundus, and thus cause us to lose all our trouble for want of a moderate precaution.