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A STUDY OF TWENTY-TWO CASES OF DUDLEY'S OPERATION FOR PATHOLOGICAL ANTEFLEXION.*

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In the *American Journal of Obstetrics* for February, 1891, Dr. E. C. Dudley describes an operation for "straightening the anteflexed uterus."

In January of that year, by invitation, Dr. Dudley did this operation before a collection of guests at the Woman's Hospital.

The patients were examined by some of those present before the operation and after, the common consensus being that the uterus was straightened to a great extent, and the canal changed to one of a natural curve.

This operation consists essentially in first thoroughly divulsing and curetting the uterus, dividing the posterior lip of the cervix down to and below its vaginal junction, bringing the apices of the divided lip into the angle of the division, thus bending each portion on itself, and fixing them in this position with sutures.

The exit of the uterine canal is thus moved backward into the angle of the division, and at the same time the fundus seems to rise in the pelvis.

Originally, in addition, a portion was removed from the anterior lip and the raw surface afterward brought together from side to side by sutures. This has since been omitted as being of no material advantage.

As far as I can learn, this operation has not been adopted by gynæcologists in general, and only in part by those of the Woman's Hospital. I have been able to collect thirty-three cases, and these have chiefly been taken from the histories of the above hospital.

The majority of these patients were known to me, and many of them I have seen from time to time; hence it is that I feel especially

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prepared to report on their progress and the final outcome of the work.

As usual with hospital patients, I have not been able to keep up with all. Of the twenty-two brought together in this paper, I have, with few exceptions, either seen or heard of them during the last few months. Concerning those who have not been reached in this way, I have been well informed as to their condition before losing sight of them.

For the convenience of study I have divided the patients whose operations I report into three classes: Those who have been entirely relieved of symptoms, those who have been partly so, and those who have received no benefit.

Under the head of entire relief from all symptoms there are fifteen patients. Three received only partial benefit and four no relief in any way.

With many the relief afforded by the operation has been so marked that I wish to give in detail some of these cases.

One, a Mrs. R. M., presented herself at the hospital during December, 1890, complaining of severe dysmenorrhœa and menorrhagia, together with menstrual and intermenstrual pelvic pains of such severity as to incapacitate her for any hard work or walking any distance. The local condition was an acute pathological anteflexion. After the operation she had, unfortunately, a considerable rise of temperature, with peri-uterine infiltration. In the course of time this cleared up, and in April of 1891 I was told by her that she was never as well in her life, menstruating without pain, free from all pelvic pains, and being able to walk any distance. I heard from her later on, with the same report.

Another, Mrs. M. A., of the hospital, November, 1890, under Dr. B. Emmet, gives the same history of distress. The local condition was one of a pathological anteflexion, with a remarkably profuse mucopurulent cervical discharge. Since leaving the hospital she has been seen by me at different times, the uniform report being no menstrual or pelvic pains and an ability to do all work. The improved drainage had had no effect on the cervical discharge.

Again, Mrs. L. B., May, 1891, presented herself in Dr. Cleveland's service, having at menstruation severe headaches with vomiting, together with excessive pain over both sides. This patient had been for the same trouble divulsed and curetted in January previous by one of our prominent gynæcologists, without permanent relief. When last heard from, about a year afterward, she was relieved of all symptoms

and in perfect health. She has since been married and moved from the city.

Miss M. A., May, 1891, and Miss B. C., February, 1893, both of Dr. Cleveland's service, gave similar histories of nausea, cephalalgia, dysmenorrhœa, and intermenstrual pains. Both were and are at the present date entirely relieved, having gained weight and being in perfect health.

When this operation was first suggested it was hoped that it might prove a means of treating sterility, the local condition being an acute anteflexion. This has not yielded uniform results, nor can we expect any operation to do so—for there are too many conditions involved in the bringing about of this state. Two such patients I have found, Mrs. S. H. R., May, 1891, and Mrs. S. M., also May, 1891, the former of Dr. Cleveland's service, the latter kindly furnished me by Dr. Baldwin. Both were sterile; one became pregnant three months after the operation, and the other, who also complained of cephalalgia and pelvic pains, was at once relieved and a year and a half afterward was reported as three and a half months pregnant.

With this satisfactory result before us, I ask your attention in considering those with whom the operation has not yielded such a happy return.

Three received only partial benefit; one was relieved of the dysmenorrhœa, yet the pain persisted on the left side. An examination in December last gave the uterus in normal curve and a tender ovary to the left.

With another the operation was done in the hopes of relieving both the anteflexion and an engorged ovary and tube to the left. This proved to be more than catarrhal, and eventually she may be forced to a cœliotomy.

With another the internal os had, after the operation, tightly contracted, the patient being miserably nervous and having pelvic pains.

Of the four who received no benefit, one I have heard from only by letter; another, I am told, has an aggravated varicose condition about the vulva and inner part of the thighs.

With another the operation was done for hysteria in the hope of affording some relief, there being a contracted internal os.

Another received no early relief from the cephalalgia and nervousness. She was afterward again divulsed and curetted by a different operator, who kept the uterus packed with gauze for two weeks. She has since been relieved of symptoms, though failing to become

pregnant. This case, I am told by the physician doing the second operation, was in no way primarily satisfactory.

I feel inclined to attribute this failure to some cause with which I am not at present acquainted—possibly a subsequent contraction of a tight internal os, for ten months after the first operation, in looking her up, I found she had lately moved but was told by her friends that she had been entirely relieved.

Let us put aside the case of hysteria and of varicose veins and we are left with twenty cases, of which fifteen (seventy-five per cent.) have reported a complete cessation of all symptoms for relief from which the operation was done.

Extending, as almost all do, over a period of from one to three years, these results should be a fair test of the value of the operation as a remedial measure.

Some have stated that such a procedure is too extensive for such a minor condition of affairs and insist on ascribing to it a danger which is more imaginary than otherwise.

Of the thirty-three cases collected, only two have been interrupted in their recovery by a rise of temperature. Of these, one should not have been operated on and the rise of temperature in the other was undoubtedly due to some sepsis introduced at the time of the operation. The recovery of the others has been as even as that from an ordinary trachelorrhaphy or curetting.

When we review the usual methods of treating a pathologically anteflxed uterus, I know of none that promises as much as this. A simple divulsion and curetting does not suffice, for it is only a question of time when the uterus will lapse into the same condition as before the operation. The addition of uterine gauze packing goes further and is more radical, yet the anteflexion will still exist and in time reproduce the same symptoms.

The use of the stem, so commonly in vogue, does act well, yet it is a thing that demands constant watching. It is this constant supervision that can not help engendering in the patient a mental condition equal to, if not worse than, the local trouble.

With a personal experience of five of these operations and the knowledge of the progress of others, I feel convinced that we can obtain from it excellent results. By it the normal drainage function of the uterus is restored. In the majority of cases the relief attending this restoration of drainage is gradual, excepting the dysmenorrhœa.

It is customary for the patient to note her improvement from month to month. Again, it is not at all uncommon to have a history

of a profuse menstruation occurring for a few months after the operation, which will decrease to one of normal without interference.

Where there is any extensive change in the annexa, it is too much to ask of this operation to expect symptomatic relief from such. Yet where there are the side pains, which often accompany a uterus with a tender endometrium and anteflexed, this restoration to the uterus of its drainage power will give relief.

In seeing, from time to time, some of my own patients and those of others, I have been impressed with the importance of accentuating a few of the operative steps.

1. In general, the posterior lip should be divided down to and slightly below its vaginal junction ; anything short of this is not usually sufficient. Entering the peritoneal cavity is an accident and of course to be avoided ; yet if it should happen, no complication ought to arise with necessary care.

2. If the internal os is tightly constricted, in addition to being divulsed, I think it should be incised posteriorly, the incision being a continuation of that of the posterior lip. Dr. Dudley in a way suggests this when he says "the incision is somewhat deepened by means of a scalpel, especially on the side of the cervical canal."

When this is neglected, the internal os may, if originally constricted, again partly or entirely contract within a few months and a return of some of the symptoms result.

This I have seen happen in a few of the cases coming under my notice. When there is a tightly constricted internal os, with a large uterine body, I believe it will be of advantage to pack the uterus with gauze, in addition to the regular Dudley operation.

Before closing this paper with the appended tables I wish to emphasize that all of the operations have been done only when there were well-developed uteri, with a pathological anteflexion.

Patients entirely Relieved.

Name.	Date of operation.	Operator.	Symptoms calling for operation.	Relief from dysmenorrhœa.	Relief from reflex nervousness and pelvic pains.	Notes.
Mrs. R. M.	December 28, 1890.	Dr. B. Emmet.	Severe dysmenorrhœa, with menorrhagia; general pelvic pains preventing walking.	Complete.	Complete; can now walk any distance without inconvenience.	Seen last in the latter part of 1891.
Miss C. J.	November, 1890.	Dr. Cleveland.	Dysmenorrhœa, with menorrhagia and reflex nervousness.	Complete.	Relieved of nervousness.	Seen last early in 1893.
Mrs. M. Q.	November, 1890.	Dr. B. Emmet.	Dysmenorrhœa, with severe pain over both sides, incapacitating her for daily work.	Complete.	Relieved of pains throughout pelvis.	When seen last in the early part of 1892 the muco-purulent discharge still profuse, otherwise good.
Mrs. S. H. R.	May, 1891.	Dr. Cleveland.	Sterility.	.....	.....	Became pregnant soon after leaving hospital.
Miss L. B.	May, 1891.	Dr. Cleveland.	Headaches and vomiting at periods; severe pains over both sides.	Complete.	Entire cessation of cephalalgia and vomiting, also of pains over sides.	Last heard from in the latter part of 1892. This patient had been previously divulsed and curetted during the latter part of 1890 without permanent relief.
Miss M. A.	January, 1891.	Dr. Cleveland.	Dysmenorrhœa, cephalalgia, and nausea at periods.	Complete.	Cessation of nausea and vomiting at periods.	Last heard from in December, 1891.
Miss B. C.	February, 1893.	Dr. Cleveland.	Dysmenorrhœa, with pain over sides and back.	Complete.	Cessation entirely of pelvic pains.	Last seen in December, 1893.

Patients entirely Relieved.—(Continued.)

Name.	Date of operation.	Operator.	Symptoms calling for operation.	Relief from dysmenorrhœa.	Relief from reflex nervousness and pelvic pains.	Notes.
Miss G. L. M.	June, 1893.	Dr. Cleveland.	Dysmenorrhœa, with pain over left side during period.	Complete.	No pains over sides.	Heard from in December, 1893.
Mrs. S. M.	May, 1891.	Dr. Baldwin.	Sterility; cephalalgia, with pelvic pains.	.....	Relieved at once of the cephalalgia and pelvic pains.	A year and a half afterward was reported three and a half months pregnant.
Miss Z. D.	.....	Dr. Cleveland.	Dysmenorrhœa; pains over side and back.	Complete.	Relieved.	
Miss M.	June, 1891.	Dr. Cleveland.	Dysmenorrhœa; pain over both sides and severe backache.	Not relieved for some months; after this a marked monthly improvement; now complete.	Now an entire cessation of all symptoms excepting a right ovarian pain at time of menstruation.	Heard from in December, 1893.
Miss L.	July, 1893.	Dr. Broun.	Dysmenorrhœa; reflex nervousness.	Complete.	Complete.	Last seen in October, 1893.
Miss L. N.	May, 1891.	Dr. Cleveland.	Severe dysmenorrhœa, with pain over both sides.	Not completely at first; at present entirely so, as stated by a friend.	Complete; gained flesh.	Has occasional pains over a prolapsed left ovary.
Miss E. E.	June, 1893.	Dr. Cleveland.	Dysmenorrhœa, with pain over sides.	At present writing almost complete.	Complete.	
Miss B.	September, 1893.	Dr. Broun.	Irregular and scanty menstruation. Dysmenorrhœa; constant pain over left side.	Menstruation now regular and painless.	Pain over left side not present since the operation.	In addition to the usual operation, the uterus was packed for four days with gauze.

Patients partially Relieved.

Name.	Date of operation.	Operator.	Symptoms calling for operation.	Relief from dysmenorrhœa.	Relief from reflex nervousness and pelvic pains.	Notes.
Mrs. S. H.	May, 1892.	Dr. Anderson.	Dysmenorrhœa; pains over left side.	Complete.	Pain over left side continues.	Seen last December, 1893; local condition excellent; prolapsed left ovary.
Mrs. G.	August, 1893.	Dr. Broun.	Dysmenorrhœa; severe pain over both sides.	Pain greatly diminished, and at times almost none.	Negative.	When last seen, in December, had gained weight and improved.
Mrs. E. G.	May, 1891.	Dr. Cleveland.	Dysmenorrhœa, cephalalgia, pains over both sides, and intensely nervous.	Complete.	Complete relief from cephalalgia; nervousness greater than before operation.	Seen last December, 1893; internal os contracted.

Patients not Relieved.

Mrs. L.	Dec., 1891.	Dr. Winchester.	Severe dysmenorrhœa.	No relief.		
Mrs. F. W. P.	March, 1893.	Dr. Cleveland.	Dysmenorrhœa, with pelvic pains of bearing-down character.	No relief.	No relief.	Am told by the operator that patient has an extensive varicose condition over labia and groins.
Miss L.	April, 1892.	Dr. Haskins.	Hysteria; contracted internal os.			
Mrs. McG.	September, 1890.	Dr. Dudley.	Cephalalgia; sterility and nervousness; dysmenorrhœa.	.....	No relief.	Some time after was again divulsed and curetted with constant uterine gauze packing for two weeks, when patient was relieved of all symptoms. The operator tells me the canal was of a normal curve.