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A

DISSERTATION

ON

RETROVERSION OF THE WOMB,

&c. &c.

DISSERTATION

REPRODUCTION OF THE WORKS

A
DISSERTATION
ON
RETROVERSION OF THE WOMB,
INCLUDING SOME
OBSERVATIONS
ON
EXTRA-UTERINE GESTATION.

BY
✓
SAMUEL MERRIMAN, M. D.

PHYSICIAN MAN-MIDWIFE TO THE WESTMINSTER GENERAL
DISPENSARY, AND TO THE MIDDLESEX HOSPITAL.

Multa certe fieri non posse judicantur priusquam sint facta; et in multis natura vis fide caret, in iisque occultis naturæ operibus non ratio semper querenda subtilius, sed cum admiratione spectandus effectus; fatendumque est multa in corporibus nostris quotidie fieri, quorum vim naturamque perspicere non possumus.
Th. Bartholinus de insolitis partus humani viis.

PHILADELPHIA:

PUBLISHED BY THOMAS DOBSON AND SON, AT THE STONE
HOUSE, NO. 41, SOUTH SECOND STREET.

William Fry, Printer.

1817.

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PREFACE.

THE substance of the following Dissertation was originally published in the *Medical and Physical Journal*;—it is here considerably enlarged.

The Records of Medicine are abundantly supplied with reports of cases of extra-uterine gestation: these we may divide into two classes:—First, Where the conception has been detained and nourished in some of the appendages of the uterus. Secondly, Where the nourishment and maturation of the foetus has been supposed to be effected in a receptacle separate and apart from the uterus and the uterine system. This last opinion seems to have been adopted too readily; at least it will, I am fully persuaded, be found, upon a nice and accurate examination of this latter class, that the writers of the cases were not so minutely exact in their observations, nor so explicit in the detail of many very important and essential particulars, as to stamp, with credulity, an occurrence so incomprehensible and so repugnant to the usual operations of nature.

A case of extra-uterine foetus was published not long ago by a learned and observant physician, as a decided instance of extra-uterine gestation, in which he thought the ovum, instead of being conveyed into the uterus, had fallen into the abdominal cavity, where, like a parasitical plant, it took root, and arrived at maturity. But, upon examining the circumstances of the case, as they are detailed in the sixth volume of the *Memoirs of the Medical Society of London*, there seems no good reason for subscribing to such an opinion. It is there stated, that the woman carried the child within her seven or eight months beyond the ordinary term of pregnancy, when, being worn out with a long series of insupportable sufferings, she died. On examination after death, "the uterus was found *nearly* in its natural state, without any visible sign of impregnation; and behind it was found almost the entire skeleton of a full-grown child, part of the bones of which had perforated the rectum, and the rest, by their pressure, had rendered the lumbar vertebræ quite carious." These circumstances, added to the occurrence of ineffectual pains at the end of the first nine months of gestation, when, we are told, the os uteri did not testify any sign of pregnancy, induced the author to consider the case as *strictly* extra-uterine. Do these facts alone, unsupported by other evidence, warrant such an inference? I confess they appear to me by no means sufficient to es-

tablish so great a deviation from the usual and natural course of conception and gestation.

In the following pages I have endeavoured to point out another method of explaining cases of this kind, viz. where the bones of the fœtus have been found, *extra-uterum*, in the hollow of the sacrum between the vagina and rectum, or when they have been excluded through the anus or through ulcerated openings in the adjacent parts. I think it very supposable, that these cases have arisen from the uterus remaining in a retroverted state beyond the customary period of utero-gestation; when, the pains of labour having proved insufficient to restore the uterus to its proper situation, and to expel the child, the incumbrance has been removed into the cavity of the pelvis, either by a laceration or suppuration of the parietes of the womb.

At present I can do little more, than throw out hints respecting the probability of this opinion; but in support of it I have collected several striking facts from various authors, and have established, by two very conclusive cases, the possibility of such a position of the uterus at the termination of the period of utero-gestation. At all events I hope that the arguments, which I here bring forward, will have so much weight with gentlemen in the practice of Midwifery, as to induce them, whenever they may hereafter meet with such obscure

and rare cases, to endeavour to ascertain, whether the fœtus, during the time it continued alive, were not contained within the uterus; attention to this circumstance having, I think, been too much neglected.

DISSERTATION,

Ec. Ec.

THE displaced position of the Womb, termed *Retroversion*, which sometimes occurs in the early months of pregnancy, and occasions a suppression of urine and other ill consequences, is an accident not unfrequently met with in the Practice of Midwifery. Some persons have supposed that this complaint had never been observed till about the middle of the last century; and if by this is meant, that the real nature of the case has only been accurately described within that period, the observation is correct: but abundant proofs may be collected, from writers on the Art of Midwifery, that suppressions of urine from this cause have always existed.

When *Mauriceau* tells us, that the neck of the bladder is sometimes so compressed, in the

first months of gestation, from the falling down of the uterus, that the bladder becomes completely distended with urine, and that the patient suffers violent pain from an inability of passing her water; and when we afterwards learn that this suppression is only to be remedied by the introduction of the catheter, which must be repeated *again and again*, till the patient is able to pass her water naturally, who can doubt that he is describing the circumstances of a retroverted uterus.* Or when we learn from *La Motte*, that, in a case of suppression of urine, when the woman was suffering extreme pain, he could not introduce his catheter, without first passing his finger into the vagina, in order to raise the uterus, which was pressing with so much firmness against the *meatus urina-*

* Si le col de la vessie est pressé par l'abaissement du propre corps de la Matrice, comme il peut arriver dans les premiers mois de la Grossesse, aux Femmes qui sont sujettes aux Descentes de la Matrice; pour lors la vessie se remplit entièrement d'urine, laquelle y demeure avec grande douleur n'en pouvant pas être expulsée; d'autant que le muscle *Sphincter* à cause de cette compression, ne peut pas s'ouvrir si facilement qu'à l'ordinaire pour la laisser ecouler,— pour lors on aura recours au dernier Remede, qui est de faire sortir l'Urine avec une Sonde percée, et on fera derechef uriner la Femme de la même façon jusques à ce que les accidents soient appaisés.

Mauriceau Maladies des Femmes Grosses.

rius, as entirely to prevent a single drop of water from passing;—who can believe that all this difficulty and distress was occasioned by the mere descent of the uterus, and the pressure of the head of a five-months fœtus on the neck of the bladder?* It is not possible to account for all the symptoms of this case, but by recurring to the idea, that the uterus was retroverted.

It is, however, sufficiently clear, that neither *Mauriceau*, nor *La Motte*, nor any other writer of that time, was acquainted with the true nature of the case, when a suppression of urine was produced from this cause; and it is not a little remarkable, that *Deventer*, whose atten-

* Une Femme grosse de cinq à six mois, m'envoya prier de venir la voir, souffrant les plus cruelles douleurs à l'occasion d'une suppression d'urine.—Je la trouvai dans le fâcheux état d'une entière Suppression, qui lui causoit d'extrêmes douleurs, ayant toujours Envie d'uriner, et s'y présentant sans cesse, sans qu'il s'en échapât une seule goutte. Je voulus introduire ma Sonde, mais y trouvant une Résistance insurmontable, quelque effort que je fisse pour en venir à bout,—j'introduisis mon doigt dans le Vagin, au moyen du quel je trouvai la tête de l'enfant tout proche, et appuyée sur la partie intérieure de l'os pubis, entre lesquels étoit le col de la vessie, qui souffroit une compression si exacte qu'elle interceptoit absolument le cours de l'urine.

La Motte, Traité des Accouchemens.

tion was so particularly called to obliquities of the womb, and who has so well described a Retroversion of the Womb, as I shall afterwards notice;—it is, I say, not a little remarkable, that he did not discover that such a position of the uterus must frequently be a cause of the suppression of urine.

The first person who appears to have entertained a tolerably correct idea of this accident, was Monsieur *Gregoire*, an accoucheur of considerable reputation, at Paris, about the middle of the last century, and a lecturer on the Practice of Midwifery. Monsieur *Gregoire's* lectures were attended by many young students, who afterwards became celebrated as accoucheurs; and among others by our countryman, *Smellie*; yet his doctrine upon this subject seems to have been recollected by only two of his pupils,—viz.—the French accoucheur, Monsieur *Levret*, and Mr. *Wall*, from whom the accoucheurs of England first gained information of this complaint.

The lectures which *Gregoire* delivered were never printed, and therefore it is impossible to know exactly what opinion he had formed of this accident; but that he was aware of the *fundus uteri* being thrown down between the

vagina and *rectum*, is evident from the directions which he gave for replacing it: these were, that with one finger in the *vagina* and another in the *rectum*, an attempt should be made to raise the fundus and to replace the uterus. It should seem that he advised this to be done while the woman was lying on her back, which is by no means a favourable posture for effecting this purpose. Whenever this manœuvre is deemed necessary, it may be accomplished much more effectually and expeditiously while the patient is resting on her elbows and knees.

In the year 1754 Mr. Wall, who had settled in London, was called to attend a woman labouring under a suppression of urine, from a retroversion of the uterus, and being convinced that it was a case of the kind described by *Gregoire*, he endeavoured to relieve his patient, according to the method above mentioned, but failing in his object, he called in the assistance of the late Dr. *William Hunter*; their united endeavours in various ways were however unavailing, and the poor woman died.

Dr. Hunter with the most laudable anxiety to disseminate knowledge, and improve his profession, having obtained leave to open the body,

invited a number of gentlemen of the faculty of medicine to a public lecture which he read, for the purpose of making the disease generally known; and having caused drawings to be taken of the parts as they appeared on dissection, he afterwards published an engraving of them, in his great work, *The Anatomy of the Human Gravid Uterus*.

The case of this unfortunate woman, which was the means of first making British practitioners acquainted with this disease, being now difficult to be procured, and being in many respects curious and useful, I have thought it advisable to insert it at length, as originally published by Dr. Hunter, in the fourth volume of the *Medical Observations and Inquiries*.

“ A young woman about four months advanced in her first pregnancy, after a fright, was taken ill, and could not without great difficulty go to stool or make water. Her complaint grew worse daily, till on Saturday the twelfth of October, (1754) both these evacuations were entirely suppressed. The suppression of urine continued without any relief being given, till Thursday the seventeenth, when Mr. Walter Wall, surgeon, was called to her assistance. He drew off by the catheter, about seven or eight quarts of urine.

He then attempted to throw up a clyster; but very little passed up, and it had no manner of effect. In the afternoon about three quarts of urine mixed with blood were drawn off by the catheter.

“ In order to discover the cause of these symptoms, Mr. Wall introduced a finger into the vagina, which could not pass on account of a large tumor that lay behind the vagina, and pressed it close to the inside of the *ossa pubis*. As there was not room to pass the finger, he could neither reach the extremity of the vagina, nor could he discover any thing like the *os uteri*.

“ After this he examined the rectum, and found that the same tumor which lay above or before the gut pressed it so strongly against the inside of the *os coccygis*, &c. that the finger could only be passed a very little way.

“ These circumstances made Mr. Wall recollect a case of retroverted uterus, which Mons. Gregoire had given in his lectures at Paris. He then concluded that this was a case of the same nature, and attempted to reduce the uterus by laying the patient upon her back, and by assisting with one finger in the vagina, and another

in the anus, as Monsieur Gregoire had directed; but without success.

“ This poor woman continuing in great pain, Mr. Wall came to me on Saturday the nineteenth, gave me an account of what had passed, and desired me to visit her with him. We found her exceedingly weak, and suffering great pain. She was lying upon her back. I passed my finger between the tumor and the inside of the os pubis, a little to one side of the urethra; upon which a considerable quantity of urine was discharged, as my finger removed the pressure from the urethra. We then proposed a second attempt to reduce the uterus to its natural situation; for which purpose we placed her upon her knees and elbows, with her head and shoulders as low as possible. Then I introduced one hand into the vagina, and two fingers of the other into the anus, and endeavoured to replace the uterus by pushing it up with the two fingers, and at the same time by trying to draw down the upper part of the vagina, which was considerably retracted from its natural situation. But these attempts were all in vain; she became weaker and weaker, and died on the Monday following.

“ On Wednesday we were allowed to open

the body, Upon cutting into the abdomen, we found the bladder amazingly distended with urine, and filling up almost the whole anterior region of the abdomen, like the uterus in the last months of pregnancy.

“ When the urine was discharged by opening the bladder, we observed, that the lower part of the bladder, which is united with the vagina and cervix uteri, and into which the ureters are inserted, was raised up, as high as the brim of the pelvis, by a large, round tumor, (viz. the uterus,) which entirely fill up the whole cavity of the pelvis. We then passed a catheter up the vagina, and observed that it raised up the bladder at the top of the tumor; a demonstration that the upper end of the vagina, and consequently the os uteri, was situated there: and upon making a crucial incision through the bladder and vagina, at that place, we found that it actually was so. The os uteri made the summit of the tumor upon which the bladder rested; and the fundus uteri was turned down towards the os coccygis and anus. The uterus in that retroverted state was grown so large, and thence so wedged in the pelvis, that we could not take it out, till we had cut through the symphysis of the ossa pubis, and torn those bones considerably asunder, to enlarge the space between the bones of the pelvis, &c.

“It is hard to say what was the cause of this unfortunate position of the womb; for I cannot think it was the effect of a fright. Whatever was the cause, had the case been known soon after the unnatural situation of the uterus took place, that part might have been easily replaced by the method above mentioned. But whenever the impregnated uterus is once thrown into that unnatural position, and continues in it some time, it will probable always remain so, unless reduced by art, before it becomes so bulky as to be locked in the grasp of the pelvis: and in proportion as this process advances, the discharge both of urine and stools will become more difficult, and at length both will be entirely suppressed. When such suppressions once begin, they aggravate the evil, not merely by causing pain, but by occasioning a load of accumulated urine and fæces in the abdomen above the uterus, which presses it still lower in the cavity of the pelvis, at the same time that the distension of the bladder, in this state, draws up that part of the vagina and cervix uteri with which it is connected, so as to throw the fundus uteri still more directly downwards.

“The following question arises from the nature and unhappy event of this case. Whe-

ther it would not be advisable in such a case, to perforate the uterus with a small trocar, or any other proper instrument, in order to discharge the liquor amnii, and thereby to render the uterus so small and so lax as to admit of reduction? If other methods should fail, I think such an operation should be tried. But this unhappy woman's health was so impaired by the great distension of the bladder and such long-continued misery, that had it been done in the time that I visited her, she would have died, perhaps, under the operation; at least, in all probability, she could not have lived to reap any great benefit from it; and as the case appeared to me to be so desperate, I thought it most advisable to keep her quiet with opiates, and to give her the little comforts which cordials and humanity afford in the last moments of life. However, in so deplorable a case, I desired that Mr. Wall would procure the opinion of some gentlemen of the profession, who had more experience than either of us. He did so, but it was determined that nothing could be done to save her."

This is the substance of the lecture which Dr. Hunter delivered in the year 1754, but it was not printed and published till the year 1771, nor do I know of any publication in England

upon the subject before that time. It is indeed known, that many cases of suppression of urine from this cause happened within that period, some of which were relieved in consequence of the practitioners pursuing the mode of cure recommended above, and others terminated fatally. Mr. *Lynn*, surgeon, of Woodbridge, in Suffolk, was the first person who published, in 1771, a history of a fatal case from a rupture of the bladder; and Dr. Hunter, at the same time, published the above lecture as an appendix to Mr. *Lynn*'s account.

In Holland, however, two curious histories of fatal events had been published by *Gualtherus van Doeveren*, Professor of Midwifery, at Groningen, in his *Specimen Observationum Academicarum, ad Monstrorum Historiam, Anatomen, Pathologiam, et Artem Obstetriciam, præcipue Spectantium*; printed in 1765.

The first of these is entitled *Vesicæ urinariæ immanis Distensio et Ruptura lethalis, in gravidâ, absque verâ Urinæ Suppressione, ante Mortem ignorata*. From this relation, we learn, that the patient, twenty years of age, in the second month of her first pregnancy, was attacked with pains in the loins, and other complaints, which were supposed to be the precursors of miscar-

riage: her bowels were confined, and she had some difficulty of making water; but as she every day passed some quantity of urine,— (*quotidie aliqua saltem ejus copia evacuaetur*) no suspicion was entertained, that the retention and accumulation of urine in the bladder was the cause of her complaints. After the patient had been some time under the care of another physician, without benefit, she consulted Doeveren, who examined the abdomen, and (misled principally by the circumstance of some urine being daily evacuated) pronounced her disorder to be a dropsy of the womb. In consequence of which he prescribed diuretics and such other medicines as he thought suitable to her complaint; but she found no relief, and after a short time she died. On dissection, the bladder was found to have been enormously enlarged and ruptured; the uterus almost entirely filled up the cavity of the pelvis, and it pressed the *meatus urinarius* so firmly against the *ossa pubis*, that it impeded the flow of urine, and produced that immense distension of the bladder.* Doeveren laments very pathetically that he was so much deceived in this case, as he says, that the

* Uterus itidem comprimebat meatum urinarium ad ossa pubis, sicque retinendo urinam, Vesicæ istam enormem expansionem excitaverat.

introduction of the catheter often repeated would have relieved the symptoms, till the uterus progressively increasing in size, would have ascended into the abdomen, and thus the obstruction to the proper flow of urine would have been removed.*

The second history is called *Retentio Urinæ, et immanis Vesicæ distensio, in gravidâ, a Renis dextri consumptione et Hydrope orta, lethalis*. This is an exact description of a retroverted uterus and over-distended bladder. In this case there was likewise a diseased kidney, the internal substance of which was completely destroyed by suppuration, and the kidney itself and the ureter excessively enlarged, so as to form an immense tumor. Doeveren attributes the misplaced position of the uterus and blad-

* Patet porro ex hac Historia, me non tantum in Diagnostici, et in curatione hujus Morbi errasse, verum symptomatico illo memorato seductum, talem commisisse errorem, qui ægræ (quod vehementer doleo, semperque cum Animi mei dolore recordabor) pessime nocuerit, quum rectè perspecta vera morbi causa, sanabilem esse morbum declarasset: fierique facile, præter alia remedia, potuisset catheteris in vesicam introductio, eaque sæpius repeti, donec progressâ Graviditate, ultra marginem pubis adscendens maxima uteri moles, non amplius tantopere comprimerat meatum urinæ hujusque facilior expulsio tristissimam ægræ nostræ sortem præveniret.

der to this diseased mass, but his arguments in support of this opinion are not very convincing. May not this enlargement, and suppuration of the kidney, &c. have been produced by the accumulation and retention of urine in the bladder?

Though Doeveren published these cases in 1765, it is pretty clear that he had never heard of Gregoire's lectures, nor of the public lecture which Dr. Hunter delivered in 1754, nor is it probable that Dr. Hunter had any knowledge of Doeveren's cases, when he published his first paper on the subject in 1771.

The attention of practitioners in midwifery being thus directed to this singular complaint, it began to be better understood and to be treated methodically. But the more usual *causes* of the accident were still to be investigated, and upon this head much difference of opinion prevailed. Many of the alleged causes were obviously inadequate to produce the effect attributed to them, and it will have been remarked, that Dr. Hunter was quite dissatisfied with that to which the accident was ascribed in Mr. Wall's patient; yet it deserves notice, that the same occurrence, viz. a fright, has very

frequently been supposed to be the occasion of this misplaced situation of the womb.

From the explanation which Dr. *Hunter* gave of this phænomenon,* it is to be inferred, that he considered the displacement of the uterus to be the original cause of the suppression of urine, and consequent over-distension of the bladder. He supposed, that in women with a capacious pelvis the fundus uteri might fall low down into the pelvis, and that, consequently, the os uteri would be pushed against the cervix vesicæ, thereby preventing the free egress of the urine, and, of course, giving a disposition to the bladder to become over-distended; and, that corpulent women were seldom, or never, subject to this complaint, because the quantity of *adepts* filling up the pelvis would prevent the fundus uteri from falling to the lower part of pelvis, and thus the projection of the os uteri towards the meatus urinarius, and the consequent difficulty of making water, would not take place. Upon this theory, Dr. Hunter founded his practice, of *always* giving manual assistance to replace the uterus.

* Medical Observations and Inquiries, Vol. V. p. 389. 1776.

Dr. *Denman*, on the contrary, attributed the accident, in almost every instance, to over-dilatation of the bladder as the primary cause, independent of any pressure of the os uteri against the meatus urinarius; and he now says,*
 “ from the first case in which I thought I had
 “ reason to suspect this, I have so constantly
 “ observed it, either by the reserve of women
 “ of superior rank in life, or by the restraint of
 “ those in inferior situations, neglecting, or being
 “ prevented, from attending to the calls of
 “ nature, that there does not remain a doubt
 “ concerning it. The fact hath also been
 “ proved in a variety of cases by practitioners
 “ of the first eminence, who have supplied me
 “ with the most unquestionable testimonies of
 “ its truth.”

This theory is now almost universally admitted to be correct, and it has had the good effect of putting a stop to the rude, and I may say, cruel expedients, which were adopted to replace the womb, when this was thought to be essential to the safety of the mother. We have been taught, that it was necessary to introduce the hand within the vagina; that the

* Introduction to Midwifery, 4to. p. 97. 1801.

fist being clenched with the thumb resting upon the palm of the hand, and the fingers spread over it, every effort was to be made, by opposing the knuckles and middle parts of these fingers to the tumor or fundus uteri, to replace the womb. We are told likewise, "that it will be necessary to employ *considerable force* for effecting this." But, after so severe an operation, it is recommended that the patient should take an opiate, and continue in bed for eight or ten days; as it is confessed, that a miscarriage is likely to ensue.* This alone is sufficient to show the danger of such rough and imprudent treatment.

Though over-distension of the bladder may be considered as the principal occasion of this accident, and though it may be hardly possible that the complete retroversion of the womb should take place, unless the bladder be so over-distended, yet it will frequently happen that there must be the combination of some external cause to produce it. Great emotion of the mind, or exertion of the body, may give that shock to the distended bladder, which is sufficient to retrovert the womb; and this,

* Cockell's Essay on the Retroversion of the Uterus. 1785.

perhaps, would not have taken place, at least to so great a degree, if such external cause had not operated. This will account for the popular opinions respecting the causes of the complaint.

A suppression of urine from retroversion of the uterus, may arise at other periods of life, as well as during a state of pregnancy, and generally from the same cause, viz.—over-distension of the bladder. Thus, after delivery, the uterus sometimes becomes retroverted, occasioning an entire suppression of urine, and excessive pain; and the same thing, not uncommonly, takes place when the uterus is in a state of disease; and sometimes at the period of life, when the catamenia usually cease. At this period the uterus is apt to enlarge and grow heavy, without manifesting any other indications of disease; and in this state I have known more than one instance of its becoming retroverted.

The cases of retroversion of the uterus after delivery, which have fallen under my observation, have principally occurred on the second day after the birth of the child; probably because the degree of contraction, which the womb has by that time undergone, has reduced it to a size the most fit to suffer such a *displacement*.

It has happened after easy labors, and notwithstanding the patients had passed their urine naturally once or twice. The second day after delivery has not, however, been invariably the period of this occurrence; for, in March last, I was sent for to a patient of the *Westminster General Dispensary*, who was attacked with a suppression of urine from this cause, on the *ninth* day after delivery. This woman had been delivered by a careful midwife, her labor was very favourable, and her recovery had proceeded, hitherto, with the utmost regularity. I drew off full three pints of urine by the catheter, which gave her immediate ease. In about six hours she made water freely, and again the next morning, when she likewise voided a large coagulum of blood, which had been retained in the uterus: this must have prevented its complete contraction, and have given it a tendency to become retroverted. Upon enquiry, I learnt that she had been visited by several friends a day or two before I saw her, in consequence of which she was necessitated to retain her urine for a long space of time, with great uneasiness to herself. As soon as her friends were gone, she attempted to relieve herself, but could only void a very small quantity of water, with much pain and

difficulty; this hourly increased, till at length a total stoppage was produced.

When the womb is enlarged by disease, or from other causes, it may become retroverted, and occasion great suffering to the patient, by producing a suppression of urine. This has been noticed by Mr. Pearson, in his "Observations on Cancerous Complaints," and by others; but it does not seem to be generally known. In the summer of 1809, I visited a poor woman, a patient of the *Westminster Dispensary*, about forty years of age, who was in excessive pain from an entire suppression of urine, occasioned by a retroversion of the uterus in a diseased state. When I first saw her, I imagined that she must be pregnant, but I was afterwards convinced that this was not the case. She had been, for many months, seeking relief from various medical practitioners, who had occasionally relieved her, by purgatives, emollients, and opiates. During all this time she experienced great trouble and difficulty in making water; sometimes for many hours together she could not void a spoonful, and then only in a particular posture. When I first saw her, she had been unable to pass a drop of urine for sixteen hours, and she was, in consequence, suffering very acute pain. I

drew off her urine, which gave her immediate ease; she said her bladder had not been so completely emptied for many weeks. It was necessary to introduce the catheter for several successive days, and once or twice I attempted to replace the womb, but it was so firmly fixed in the pelvis, that I could not effect my purpose, without using more force than was warrantable. At length the fundus uteri rose higher in the pelvis, and the pressure of the os uteri against the pubes was removed. From this time, she passed her urine without any further difficulty; but her health was destroyed; she grew very emaciated; and in about ten weeks she died.

I could enumerate other instances of a complete suppression of urine from a retroversion of the unimpregnated uterus;—partial suppressions are however more common in cases of diseased uterus, when the womb being displaced, though not fully retroverted, is the occasion of much pain and distress in making water. But it is unnecessary to do more than merely to remark that this is the fact, and that it is not in the state of pregnancy only, that this accident is to be looked for, as the treatment under all circumstances must be nearly the same. The introduction of the catheter

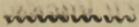
must be the primary resource, and this alone will generally perfect the cure of the retroversion.

I am sorry, however, to have occasion to say, that I have more than once known this resource most unaccountably overlooked. I have known women in a state of pregnancy, and after delivery, allowed to continue in the tortures of a total stoppage of urine for many hours, who might have been easily relieved by the introduction of a catheter. A few years ago, a case occurred in which a suppression of urine after delivery, had been permitted by the attending practitioner to last so many days,* that when another accoucheur was called in, and drew off the water, he was able from its appearance and smell to prognosticate, that so much mischief had been done to the parts by the long detention of the urine in the bladder, as must infallibly occasion the woman's death; which prediction was verified a few days after. It should be an invariable rule in the practice of midwifery, if the patient, after repeated trials, finds an inability to expel her

* After a very long and hard labor, this patient had remained *four days* without passing any urine.

urine, never to let it be retained more than twelve or fourteen hours at the farthest without passing the catheter; otherwise, much inconvenience and distress may be the consequence.

Respecting the method of curing retroversions of the womb, enough has been said to show, that the principal reliance is to be placed upon the introduction of the catheter; this should be done twice at least, or oftener, in the twenty-four hours. Care is likewise to be taken to keep the bowels open, and rest is to be enjoined. By pursuing this plan steadily, the mal-position of the uterus is usually overcome in a few days. It is still customary with some practitioners of eminence to make use of artificial means for replacing the womb, after the bladder has been emptied, and the bowels opened; and there can be no great objection to making such an attempt, provided it be done cautiously, and that no force be made use of. In general, however, nothing of this kind is either necessary or advisable.



IT has been the almost uniform opinion of writers on the retroversion of the Gravid Uterus, that a suppression of urine must necessarily be produced by this unnatural situation of the womb; and that this suppression must be removed by art; otherwise, they say, abortion will take place, or a still more melancholy event, mortification, or rupture of the bladder, and, consequently, the death of the patient will ensue; and, in cases where suppression of urine has come on, this has unquestionably been the usual progress and termination of the complaint, unless proper means of cure have been had recourse to at the commencement of the disease.

It is, however, consolatory to know, that, under some circumstances, the uterus may remain in a state of retroversion for a very great length of time, even to the completion of the period of utero-gestation, without producing a total suppression of urine, or any other very uncommon or alarming symptoms.

The first case of this kind, which was ever published in proof of such a fact, is recorded by Dr. *Seguin Henry Jackson*, in a useful little work, entitled "*Cautions to Women, respecting the State of Pregnancy, &c.*" printed in the year 1798, which I here take the liberty of copying.*

" There is no instance on record, of a woman
 " reaching the full period of gestation with
 " a retroverted uterus. Such a case, however,
 " I had an opportunity of seeing about two
 " years ago, in company with Doctors Bland,
 " Denman, Thynne, Merriman, and Croft.
 " The situation of the patient at first appeared
 " inexplicable, and she continued several days
 " in labour, but the gradual efforts of nature,
 " at length, completed her delivery, by restor-
 " ing the womb nearly to its natural situation.
 " With great care she perfectly recovered, but
 " the child, from the peculiarity of the case,
 " as well as length of the labour, was still-
 " born."

* " Medical facts, when distinctly discovered, become extremely valuable. If many of a similar kind are brought collectively into one view, the conclusions from them by induction afford a high degree of certainty."

HAYGARTH.

So far Dr. Jackson;—to complete the case I will just mention, that Mrs. Wilkes, for that was the poor woman's name, never had an *entire* suppression of urine, but suffered severely, from partial suppression and dysury, between the third and fourth months of her pregnancy. It is probable that the occasional use of the catheter, by completely emptying the bladder, would then have allowed the uterus to recover its situation; but, being a poor woman, and the flow of urine never having been entirely suppressed, she did not apply for any advice or assistance at that time. As she advanced in her pregnancy, she was relieved from much of this inconvenience, probably by the parts adapting themselves to the situation she was in.

In a subsequent pregnancy, Dr. Merriman afforded her his gratuitous advice during the whole time, and likewise gave her his assistance in her labor. By strictly adhering to his directions, never to retain her urine longer than four hours, she proceeded to the end of her reckoning without experiencing any inconvenience, and was delivered of a living child, her uterus being found free from disease, and in its proper situation. She speedily and perfectly recovered from this confinement; but several months afterwards was attacked with

symptoms of phthisis pulmonalis, and died consumptive.

In the year 1806, another case of retroversion of the womb continuing to the end of the ninth month of utero-gestation, occurred in a lady, who was a patient of my uncle, Dr. Meriman, senior. This labour, I had an opportunity of attending with him, from the commencement, and shall now proceed to detail the symptoms and progress of it.

Mrs. F****, of Welbeck-Street, Cavendish-Square, became pregnant for the first time, about the month of September, 1805. She did not suffer more, during her pregnancy, than most other women, except that for the last two or three months, she was troubled with difficulty of parting with her urine, and considerable pain in the act of passing it; yet her sufferings in this particular were not so great as to induce her to consult her accoucheur upon the subject. She neither at this time, nor at an earlier period of her pregnancy, experienced a total suppression of urine, nor does she recollect having ever retained it long enough to occasion any considerable inconvenience. When about five months advanced in her pregnancy, she was much terrified and affected on hearing of the sudden

death of an aunt; which, as she herself expressed it, seemed to turn her whole inside *upside down*; and to this she imputes that alteration in the situation of the womb, which she was given to understand either then or at some other time took place. At least this sudden surprize and fright seemed to her the only mode of accounting for it.

Mrs. F* * * * was taken with symptoms of labor, viz.—a serous discharge from the vagina, which was supposed to be the liquor amnii *dribbling* away, on Monday, June 16, 1806; and strong pains recurred at distinct intervals. These pains became so distressing in the course of the day, that it was thought necessary to make an examination of the state of the os uteri, and progress of the supposed labor; but, upon such examination, no os uteri could be felt, the passage of the finger towards the os sacrum being prevented by the attachment, as it seemed, of the posterior part of the vagina, to a large hard semi-globular substance, which occupied the whole of the vagina, descending through the pelvis, and bearing down gradually towards the perinæum. This hard substance felt exactly similar to the womb, enveloping the head of the child, which sometimes occurs in cases of pendulous belly. In these cases the

close and rigid os uteri is thrown very high up in the vagina *backwards*, pressing against the upper part of the os sacrum, and the lower vertebræ of the loins. But there was this material difference between the two cases, that in the case of pendulous belly, when the os uteri is tilted against the os sacrum, the finger can be passed to its utmost extent between the uterus and the sacrum; whereas, in this case, the finger could not be carried more than an inch within the vagina towards the sacrum, before it encountered a resistance, (like what the French call a *cul de sac*,) arising from the firm attachment of the vagina to the tumor, as above stated; while forwards, betwixt this substance and the ossa pubis, the finger might be passed, though with some difficulty, as high as it could reach, but without discovering any traces of the os uteri.

By introducing a finger into the rectum this tumor could be more distinctly traced; and the idea then presented, was, that the fundus uteri, containing either the head, or the nates, of a child, had fallen down between the vagina and rectum, thus filling up almost the whole space of the pelvis. These circumstances convinced Dr. Merriman, (who had been engaged in attending, and who, indeed, had delivered Mrs.

Wilkes, the poor woman, whose case s above described,) that this was another case of retroversion of the uterus at the full period of gestation; and as there were no alarming symptoms present, he determined to leave her to the efforts which nature seemed to be making in her favour.

The patient in the mean time, and during the whole of Tuesday the 17th, was tormented with very frequent and excruciating pains, which made no apparent impression on the uterus, except bring down this semi-globular substance nearer to the perinæum. Though every method was adopted to keep her in a cool and temperate state, the severity of the pains at length brought on a considerable degree of fever and delirium, and she was seized with violent convulsion fits, to the great alarm of her friends and attendants.

Dr. Merriman, on being now summoned to her again, and finding her in this alarming situation, directed that she should immediately lose ten or twelve ounces of blood: A stimulating clyster was likewise injected, which operated freely; and an anodyne draught was then exhibited. By these means the fever was stopped *in limine*, and gave no farther alarm;

the convulsions ceased, and she became in a few hours perfectly calm and rational; the pains likewise diminished both in frequency, and violence; and, at intervals she enjoyed several hours sleep.

Under a plan of strict and regular attention she continued in nearly the same state two or three days, during which time she passed her urine and fæces frequently, and without difficulty. The pains were regular and distinct, but much less severe and distressing than at first, indeed they resembled very much the common slight preparatory pains of labor; yet they produced no sensible alteration in the situation of the womb and its contents. Even on Friday, June 20th, five days after the access of labor, it was impracticable to carry the finger backwards in the vagina towards the sacrum, for it was, involuntarily, as it were, directed by the uterine tumor towards the ossa pubis. Still it was impossible, by the most particular and careful examination, to discover the os uteri by the touch; but this day, on withdrawing the finger from above the ossa pubis, a mucous discharge, tinged with blood, was perceived upon it, which furnished a convincing proof that the os uteri was situated in that direction, and encouraged us to hope that an

alteration in the state of the uterus was at hand.

We had repeatedly endeavoured to explain, to the husband and the other friends of the patient, our opinion of the nature of this case; they were informed, that very little chance remained of saving the life of the child, (indeed the mother had never felt it move since the attack of fever and convulsions,) but that we entertained great hopes that the labor would terminate favourably with regard to the mother; and that, consequently, in her present state, we should deem it highly injudicious and reprehensible, to attempt by any artificial means to procure an exit for the child.

While this labor was thus slowly proceeding, several opportunities offered of conversing with professional gentlemen respecting it, and among others, with Dr. *Denman*, of whose great experience and high reputation no practitioner of midwifery can be ignorant. From the verbal description which was given to him, he seemed inclined to consider this as a case of extra-uterine foetus, fallen down with the head between the vagina and rectum: yet did not appear so confident in this opinion as to venture to propose any operation for the release of the

child; on the contrary, he approved of delay, as there was now no alarm either on account of the fever or the convulsions, and confirmed the opinion which we had given, that it would be prudent to wait still longer, in hopes that nature would point out some safe way for the patient's relief. Dr. Denman very kindly offered his attendance in this extraordinary case, if any circumstances should occur to render it desirable; and this friendly offer being readily accepted, he accordingly visited the patient.

There was one circumstance which seemed very strongly to support the opinion, that, in this case, the fœtus was extra-uterine. By applying the hand on the abdomen, there could be very distinctly felt two tumors in the left hypogastric region, which appeared to be covered only by the external integuments. These tumors were supposed to be formed by the head and shoulder of the child, and they felt to be lying so very near to the surface, that we could hardly conceive, that the parietes of even a remarkably thin uterus could be interposed between the integuments and the child; and yet, from feeling the fundus uteri through the rectum, we were led to believe, that the parietes of the uterus were of the usual thickness.

On Saturday, June the 21st, the sixth day after the commencement of the labor, a considerable alteration was discovered in the pains, and in the situation of the hard semi-globular substance which occupied the pelvis. The pains pressed the uterus closer against the ossa pubis, between which and the body of the uterus there was evidently to be felt a thick fleshy substance of a flattened form, descending gradually by the effort of the pains into the vagina, at the same time that the tumor, formed by the fundus uteri, which had been contiguous to, and pressing on the perinæum, began to recede.

We were, at first, a good deal at a loss to account for this fleshy substance, which was forced down by the pains. It was evidently occasioned by the pressure of the uterus twisting itself round into its proper situation; but, as it was still impossible to reach the os uteri, this substance was not suspected to proceed from the uterus; but we imagined it might be the fundus of the urinary bladder forced down by the unnatural position of the womb.

In order to ascertain the truth of this suspicion, Dr. Denman proposed, that an attempt should be made to introduce a catheter into the

bladder, which was accordingly done. It passed almost in a straight line without any difficulty, and drew off about a tea-cupful of straw-coloured urine; thereby refuting the conjecture we had formed, and ascertained the sound state of the bladder and urethra.

In a few hours more, by the increased action of the uterine pains, the womb was gradually restored to its proper position, and the os uteri could now be distinctly felt coming down from a considerable height above the pubes, and the child's head behind it.

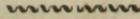
As the flattened fleshy substance, just mentioned, came more within reach, it was perceptibly distended by some fluid during every pain, and as it approached the os externum, resembled, to the touch, the membranes distended with the liquor amnii, but those membranes much thicker than in the natural state. Shortly after some of the bones of the cranium became loosened, and were forced down into this bag or pouch; and now it became evident, that this was only the scalp of a dead and putrid child, and that its distension was owing to the contents of the cranium being forced into it by the pressure of the pains.

The death of the child being thus clearly ascertained, Dr. Merriman determined upon making an opening through the distended scalp, in order to evacuate its contents, which he received in a bason, nearly to the amount of a pint; it consisted entirely of grumous blood, and the brains of the putrid fœtus. Having now a good purchase by means of the scalp, he proceeded to assist, during a pain, in extracting the collapsed head, which passed easily through the vagina, and no further obstacle was presented to the delivery: the placenta, which was detached from the uterus by the last pain, followed almost immediately.

Thus happily terminated a labor, which could not be contemplated at first, without much apprehension for the result, and which we should have been entirely at a loss how to understand and manage, had not Mrs. Wilkes's case previously occurred. The patient had afterwards the most favourable symptoms, and recovered perfectly in less than a fortnight; but lost the cuticle of the whole body, which peeled off in like manner as it does after scarlatina, and other violent and dangerous fevers.

Mrs. F**** has not been pregnant since, so that no opportunity has presented of know-

ing the exact state of the uterus; but there is no reason to suppose that it sustained any injury from the awkward situation into which it was thrown.



THOUGH there may be no instance on record, before the publication of Dr. Jackson's book, of a woman reaching the full period of gestation with a retroverted uterus; yet, I make no doubt that such an accident has frequently occurred; and such a position of the womb has been mentioned by various authors, though the circumstances of the case have not been understood. *Deventer*, in his chapter on the Obliquities of the Womb, has described, with considerable accuracy, this situation of the uterus. He says,*—it sometimes happens, that the

* In hoc pravo uteri situ, obstetrix probe attenta os uteri aut omnino non, aut parum saltem tangere poterit, nisi jam laté satis pateat, atque tum adhuc aliquam saltem circuli partem, attingere licebit:—atque tum digiti prudenter adhuc et cauté inter cervicem vesicæ et os uteri immittendi sunt. Obstetrix enim digitos posticam versus ad intestinum rectum intrudens nil nisi sacculum clausum offendit, et parum validus premens præ inscitiâ facile sibi persudeat, infantis

midwife cannot touch the os uteri, or at least only a small edge of it, and that only when the os uteri is widely open. In order to touch it then she must pass up her fingers, cautiously, between the neck of the bladder and the mouth of the womb; for if she introduces her fingers backwards towards the rectum, she will find nothing but a kind of pouch or bag into which there is no opening; if she presses a little forcibly against this, she may ignorantly conclude, that she is feeling the head of the child, not considering that it is still enveloped by the uterus, and that she would in vain expect its descent. In this state of things the skilful midwife may discover, near the neck of the bladder, somewhat like a semicircular margin; this is the edge of the os uteri.—Here, if her fingers can reach high enough, the midwife may even feel the hard globular part of the child's head, and the soft part, or aperture, of

se capitulum sentire, non dijudicans utero adhuc tectum esse, ac se frustra ejus descensum præstolari. Obstetrix sagax, in hoc rerum statu, proxime cervicem vesicæ sentiet oram aliquam lunatam, quæ oris uteri est, quòd si digitis illac penetraverit, etiam capitis partem duram, globosam, lævemque sive verticis aperturam sentiet, unde certo colligere potest, infantem pariter cum utero spinæ dorsi nimis apprimi.

Deventer de Utero Obliquato.

the vertex; whence it may be collected, that the body of the child, together with the uterus, is pressed too much against the back bone.

These extracts tend to show that Deventer was describing a wrong position of the uterus, under the denomination of an obliquity of the womb, which was in reality a retroversion of that organ; for, how could the passage of the finger towards the os sacrum be prevented by a substance in the vagina, feeling like the head of the child, while the os uteri was almost out of reach above the ossa pubis, but by a retroversion of the uterus?—Or, how could the os uteri be so situated, as to make it almost impossible to touch it, unless the fundus was thrown down between the rectum and vagina?—Or what, except this position of the womb, could occasion the very great danger, both to the mother and child, which Deventer so feelingly laments? If the fundus of the gravid uterus at nine months merely rested against the back-bone without being retroverted, how is it possible that the os uteri should rise out of reach towards the cervix vesicæ?—It might indeed, be turned more than usually forwards towards the pubes; but could not possibly *ascend out of reach* from this cause. Besides, if this alone were the case, what should prevent

the labour-pains from restoring the os uteri to its proper situation in a few hours? This position of the womb might, indeed, occasion a tedious and a hard labor, but could scarcely expose the life of the woman to much danger; whereas Deventer represents the situation of the womb as most *perilous*, in which both mother and child, after suffering a very long and painful labor, often lose their lives.*

I am well aware that many authors† have denied the possibility of the position of the uterus, which Deventer has here described; and it is now very much the custom to consider his opinions on the obliquities of the womb as more the result of a fanciful imagination, than of actual experience. I confess, however, that I see reason to believe, that what he calls a

* Non raro parturientem, biduum, triduum quin et quadriduum laborare, neque tamen partum eniti contingit, et quod plus est, primis nonnunquam diebus dolores maxime vigent, ita ut irritis defatigata laboribus infanti animam inscienter extinguat:—denique nullo fere aut languido doloris impulsu infans mortuus sponte quasi excluditur, sed singulari Dei providentiâ id fit, ad conservationem matris, *quæ alias plerumque simul occumbit, et moribunda sæpe fætum edit exanimem.*

Deventer de Utero Obliquo.

† Sir Fielding Ould, Dr. Leake, Baudelocque, &c.

posterior obliquity of the womb was, in reality, a retroversion. It is true, he does not communicate any specific instance of such a position, neither does he, in so many words, describe the fundus uteri thrown down between the vagina and rectum; yet the description which he gives of this obliquity, coincides in so many particulars with the circumstances that attend a retroversion of the womb at the same period of gestation, as leaves no doubt upon my mind, that he had met with one or more cases of retroverted uterus at the termination of the period of pregnancy. It is remarkable, that the authors who followed Deventer upon the subject of obliquities of the uterus, and who copy his description of this position, do not once speak of it as having occurred in their own practice or knowledge; but Deventer positively affirms, that he had *himself* met with it; and, I believe, his integrity has never been called in question:—*Experientiâ ego edoctus sum, says he, uterum loco nativo emotum, nimium sæpe resupinari, aut ad spinam dorsi adigi, unde os vel ostium ejus alte nimis in ventrem elevatur.* It is by no means improbable, that such an occurrence as this first turned Deventer's thoughts towards the oblique positions of the uterus, of which he afterwards formed a system; this, as is well known, was, for many years, received

with much deference and approbation, and still influences the practice of many accoucheurs, particularly upon the continent.

Though neither Deventer, nor any other author on the Obliquities of the Womb, have given actual cases of this position, yet there are, upon record, several curious histories, which were probably cases of retroverted uterus misunderstood.

Whenever a retroversion of the uterus shall have taken place, and have continued to the end of utero-gestation, it may be expected that the case would terminate in one of the following ways:—

First,—The good form of the pelvis, the health and strength of the mother, and the efficacy and continuance of the pains, may all combine to replace the uterus and produce a favourable issue.

Secondly,—The want of some, or all, of these fortunate circumstances, or injudicious management during the labor, may occasion the poor woman to fall a victim to this untoward position of the womb, in the course of a few days, either by a rupture of the uterus producing speedy

death, or by an active inflammation or mortification of the parts.

Thirdly,—The uterus being unable to extricate itself out of the awkward position into which it is thrown, may passively submit to the burthen, till by the slow process of ulceration, the fœtus may be excluded through the rectum or vagina, and the mother remain alive.

Of the first mode of termination, I have already described two instances.

Of the second and third modes of termination, several instances are, if I mistake not, to be found in authors, some of which I shall take notice of.

The first, which occurs to me as being of this kind, is the case related by *Nicholas Patuna*, a surgeon of Venice, of a lady from whom he extracted, through the anus, the body of a child, which had been retained twenty months in the abdomen of the mother.* The circumstances

*Relazione di Niccolo Patuna, Chirurgo in Venezia, intorno al cadavere di un feto, che dopo essere stato nascosto e come perduto nel ventre della Madre per venti mesi,

which induce a belief that this was an instance of retroverted uterus, are the suppression of urine in the early part of her pregnancy, and the great discharge from the uterus of serous fluid tinged with blood during the ineffectual pains of labor.

This lady had borne two children at the full time, and had once miscarried. In the month of October, 1724, she conceived again, and about six weeks after conception was attacked with violent pains in the lower belly, and was unable to pass her urine, except when lying on her back in bed.

From this time, till July, 1725, when she entered her ninth month of pregnancy, she suffered much, at various times, from pains in the belly, and loins, and other complaints. At the beginning of this month she had a profuse flow of milk into her breasts, which ran out, and kept her very uncomfortable. About the middle of the month, her reckoning being then completed, labor pains came on, and the birth

finalmente fu da lui cavato dalla parte posteriore, essendo restata viva e sana la Madre medesima, che piu di tre mesi prima di questa estrazione ne aveva abortito un altro.

Seconda Edizione, in Venezia, 1727.

of the child was every moment expected, but was not accomplished.

Four or five days after this, there was a great discharge from the uterus of a serous fluid, tinged with blood, very putrid and offensive; after this profuse discharge had abated, there still continued a draining from the uterus, which lasted many months.—She was now distressed with an obstinate costiveness, or else she had a discharge of thin watery stools, and, occasionally, suffered much from pain and fever. The idea of her having been pregnant began now to be given up, and her complaints were attributed to other causes: the physicians who attended her being divided in their opinions about her case.

After some months her general health began to improve, and she again became pregnant in July, 1726, and so continued till January, 1727, when she miscarried of a male foetus of the size that is usual at six months. Being recovered from this miscarriage, she undertook a journey to Venice, during which she received a severe shock of the whole body from the carriage breaking down. In the month of March she had an attack of fever, accompanied with vomiting and diarrhœa; and after every

stool, suffered very much from violent forcings downwards, and pains about the os sacrum. It was at this time that Patuna first visited her.

In order to judge of the state of the womb, which had been supposed to be diseased, he made an examination per vaginam; at the superior part of which towards the rectum, he felt a hard tumor, not very large, nor giving much pain upon pressure. Believing that this hardness, of whatever nature it might be, was situated in the rectum, he introduced his finger into that part, and there found a hard pointed substance by which his finger was scratched. He then procured a small pair of forceps, and laying hold of the substance by them, he cautiously, and with some difficulty, extracted it. This substance proved to be one of the bones of a fœtal cranium; soon afterwards he extracted portions of two other bones. In a few days he succeeded in extracting, in one mass, all the remaining part of a female fœtus, (for it was sufficiently entire to allow of the sex being ascertained) without in the least lacerating, or injuring, the rectum or anus, through which it passed. Eight days after, the placenta, in a very putrid state and

much diminished in size, was excluded naturally through the same passages, and the health of the mother was speedily restored.

Thomas Bartholine, in his Dissertation, *De Insolitis partus humani viis*, has collected many histories of fœtuses excluded through ulcerated openings at the navel, in the rectum, and other parts. Some of these fœtuses were contained in the ovaria, or fallopian tubes, but others appear to have been brought to perfection in the uterus, and the birth was probably prevented by the unnatural position of the uterus not yielding to the pains of labor. Respecting one of these cases, in which the bones of the child were voided through the anus, Bartholine says, there could be no doubt that it was detained in the uterus,* as there was a discharge of pus from the womb at the same time, and pains like labor had been felt about the pubes and groins.

* Notandum diligenter, involucria membranosa hic excreta fuisse, et sensim per partes ossa carnemque putridam, quæ quidem in utero exulcerato adhuc hæsisse, donec excernerentur, id indicium est, quod etiam per uterum pus fluxerit, doloresque veluti parituræ circa pubem et inguina aborti, et in uterum injecta sint decocta.

Bartholinus de Insolitis partus humani Viis. p. 34.

It will, however, be more satisfactory to recur to modern times for histories of this nature.

The late Dr. *Colin Mackenzie*, a celebrated lecturer on midwifery, in a letter to Mr. *Perfect*, gives the outlines of a case, which seems to have been a retroversion of the uterus at the full period of gestation. He mentions it in these words:—"I knew an instance of a child found without the uterus in the abdomen of its mother. The pains came on, and a midwife was employed; this woman finding an enlargement in the vagina, mistook that for the membranes, which she attempted to break through by repeatedly scratching it with her nails, in which she succeeded so far as to evacuate the waters. However, the birth of the child being still retarded, a man-midwife was procured, but to no purpose, the woman growing worse and worse, till at length she died. Now had I been present, I flatter myself, that I might, in all probability, have saved both the mother and child; for, I believe, I should have ventured to make an incision through that part of the vagina, which was thrust forward by the propelling force; and, perhaps, by this means, might have delivered the child." *Perfect's Cases in Midwifery*, Vol. II. p. 171.

I think it not improbable, that the case which occurred to Dr. *Simpson*, as related by himself in the third volume of the *Edinburgh Medical Essays and Observations*, was of this kind. Dr. *Simpson* informs us, that the woman had once before been delivered by the crotchet. In her second labor he could not find the smallest opening into the uterus, and, therefore, judged, that the lips of the os uteri had grown together.*

As it was impossible to find any opening into the uterus, it was determined, in a consultation, to make an incision, with a scalpel, through the part where it was supposed that the os uteri was situated. The place where the opening was made, was as hard as cartilage, and it was necessary to make several incisions with the scalpel through it, in order to enlarge the aperture. After this operation, which was performed in a most rude and slovenly manner, it became necessary to employ the crotchet, by which, with much difficulty, the child was extracted. It can hardly be necessary to add,

* What could have occasioned this coalescence of the os uteri is not explained; there is no account of any inflammation about these parts after the conception had taken place.

that the mother died in about twenty-four hours, but leave could not be obtained to open the body.

Now, in this history, one circumstance is mentioned, which goes strongly to prove, that there was a retroversion of the womb. Dr. Simpson states that the liquor amnii made its escape early in the labor; and he imagines, that this evacuation was effected through the urethra, between which and the uterus, he supposes, there was some opening,—the effect of a former inflammation of the parts. Is it not much more probable that the liquor amnii was evacuated through the os uteri, tilted very high above the pubes, as in Mrs. F* * * *'s case?* and that the incision which Dr. Simpson made, was not through the coalesced os uteri, but through the posterior part of the vagina and the fundus uteri?

In the eleventh volume of the *Medical and Physical Journal*, a case is related by Mr. *Kelson*, surgeon, of Seven Oaks, Kent, which I think strongly confirms the opinion which I am attempting to establish.

* Page 28.

Mr. Kelson was sent for, in June, 1801, to Mrs. Townsend, who was suffering very considerable pain from a partial suppression, both of urine and stools: she supposed herself, at this time, to be about ten weeks gone with child. Mr. Kelson did not examine her, but ordered an opening medicine, which afforded her much relief. In the course of a few days she was suffering again in the same way, and was relieved by the same means. Shortly after, a total suppression of urine took place, and, upon examination, the uterus was found retroverted, the lower part of the pelvis being completely filled with a hard tumor, and the os tincæ could with difficulty be felt. This suppression of urine lasted about a fortnight, during which time the catheter was daily introduced. At the end of that time, the impediment to the flow of urine was removed, the uterus taking *pretty much its natural situation*. The motion of the child was now sensibly felt; but the mother always said, that it was different from what she felt with her former children; it never appeared to move in front, but on each side and at the back bone. From this it may be inferred that the uterus did not *fully* acquire its natural situation in the pelvis; that the uterus so far altered its position as to occasion no further impediment to the flow of urine

is sufficiently manifest; but the sensations of the mother, when the child moved, seem to prove that it still remained retroverted: or, as Deventer would have expressed it, *spinæ dorsi nimis adactus*.

In the beginning of January, 1802, she was seized with pains like labor, returning periodically, but they were not very quick nor pressing; Mr. Kelson, therefore, left her, expecting to be called to her again soon. The pains, however, did not return for three weeks; but at that time they came on again much stronger and quicker than before; he was, therefore, induced to stay with her five or six hours, but as the pains gradually subsided he did not examine her.

After this he visited her daily; she continued languid and unwell, and on the fourth day she had shiverings, succeeded by some feverish heat. Her breasts filled with milk, which distended them to a great degree. All these symptoms led Mr. Kelson to suspect that the fœtus was extra-uterine; he, therefore, examined her, and “found the parts somewhat in confusion, the child plainly to be felt through the vagina, the uterus not enlarged, but forced upwards and forward, the os tincæ quite closed.”

About fifteen months after this, she became indisposed, and after suffering severely, having violent night sweats, total loss of appetite, and other alarming complaints, she began to void a large quantity of very putrid slimy matter from the anus, and afterwards the bones of a fœtus, the whole of which were not discharged when this account was published.

It is to be lamented that, in the foregoing case, no notice was taken of the situation of the os and fundus uteri during the progress of the labor; but, I think, enough is told, to satisfy the reader, that the uterus had been in a retroverted state, occasioning a suppression of urine, that after the suppression was removed, the uterus had not completely regained its proper situation, that it remained in an untoward position till the termination of the full period of utero-gestation, and that the pains being inadequate to the restoring it to its natural state, the parietes of the womb had, either from a laceration or from ulceration, given way, and allowed the escape of the fœtus into the hollow of the pelvis between the vagina and rectum.

The case which Mr. *Coleman*, of Norwich, published in the second volume of the *Medical and Physical Journal*, gives a more particular

detail of the progress of this sort of labor, and is a valuable addition to the series of facts, by which I hope to prove, that retroversion of the uterus, at the full period of pregnancy, is no very uncommon occurrence, and that it deserves greater attention on the part of practitioners of midwifery, than it has hitherto experienced.

“Mrs. Cooper, of Lakenham, sent for a midwife, on the 25th of December, 1798, who informed her, she would be delivered in a very short time, and caused her great pain, with a small discharge of blood, which continued for some days; I suppose, by endeavouring to rupture the membranes, mistaking the vagina, pressed down before the head of the child, for the membranes.

“She was, at that time, at the full period of her reckoning. On the 7th of January, 1799, I was sent for, and as she had no pain, I waited a considerable time; and, on examining her, found a globular substance very low in the pelvis, which I supposed to be the head of the child; but I could not discover the os uteri. I staid with her some time longer, and told her nothing could be done; but desired they would send for me if her labor came on. She had

borne children before, and had been accurate in her reckonings.

“ The very deep snow of 1799, falling soon after this time, rendered the roads, from Norwich to Lakenham, impassable for some days; and I thought she had been obliged to call in such assistance as could be procured in the town, till I was informed by one of her relations, whom I attended, that she was very unwell, but not delivered: I, therefore, called upon her, as I thought there must be something singular in the case.

“ She told me, she had felt nothing of the child since Christmas day; but that she was certain she had previous to that time, although different from her sensations on similar occasions. The body had nearly the same appearance as in natural pregnancy, with an unevenness a little above the os pubis. The whole had not exactly the usual globular form of the impregnated uterus. She had, at this time, exceeded her reckoning more than two months.

“ I found the child’s head pressing down very low, and could not discover the os tincæ in its usual situation, but thought I discovered it above the os pubis. On endeavouring to pass

the finger towards the sacrum, (the usual situation of the mouth of the uterus where it lies high,) it could not pass, owing to the vagina obstructing it in every direction backwards.— I could pass the finger very high by the pubes, in which situation I found the os uteri as before described.

“ I mentioned my suspicions of its being an extra-uterine fœtus to Mr. *Cooper*, surgeon of the third Lincoln Militia, and requested him to see her with me. He thought it was the os uteri above the pubes, which could not be felt very distinctly, as it was situated very high. I examined her again, and concluded it was an extra-uterine fœtus, lying between the rectum and the womb, pressing the uterus up against, and chiefly above, the pubes.

“ Mr. *Rigby*, (whose opinions upon these subjects are much respected) having seen her in the earlier part of her pregnancy, I mentioned the case to him, and asked him to see her with me. I was prevented being present at the time appointed, but requested he would examine her; his opinion was, that there was something extraordinary in the case, *but was not fully confirmed that it was extra-uterine.*

H

“ Her health was very much impaired, being affected with diarrhœa, for which she occasionally took opiates and astringents. I was sent for to her on the third of May, she being now more than four months past her reckoning. I found her very weak and low, her mouth sore, pulse quick, and the diarrhœa continuing: she had ejected during the night a considerable quantity of fœtid bloody water. On examining her, I found an opening unlike the os uteri, and my finger passed immediately into the head of the child; she had no pain except what I gave her, as I used some force, pressing upon the inside of the bones of the cranium, and endeavouring to dilate the opening. I left her, and called again, taking Mr. Rigby with me, who examined and brought away a portion of the cerebrum, which was very offensive. I afterwards brought away one parietal and the occipital bone, and also one of the temporal bones: she was very much exhausted and faint; we therefore left her, fearing it would be impossible to extract the whole of the fœtus. Mr. Rigby called on me on the fourth, and after some conversation I saw Mrs. Cooper, and found the other parietal bone in the situation it was left on the third, or nearly so, which I, with difficulty, brought away. By introducing my fingers into the opening in the

vagina, and fixing them upon the vertebræ of the neck, I brought two of them away; but finding the shoulders obstructed by a part of the vagina, I pushed my hand past it, got my finger into the arm-pit, and at last succeeded in bringing away the remaining part of the fœtus, in a highly putrid state, no portion of the navel string remaining.

“ It appeared to be a male child at the full time when it died, both from the formation of the bones and the size of the fœtus. The woman was so faint and exhausted, that I thought it more prudent to desist from introducing the hand to examine for the attachment of the placenta, concluding that the least evil would be to trust to nature for its expulsion, if it was not already dissolved, and in a state to come away with the discharge.

“ On the fifth, I called again, with Mr. *Aldhouse*, and found her very low and faint; she had purged, and her mouth was covered with aphthæ,—the discharge considerable, and very offensive; the womb was nearly in the state before described, but lower, the opening in the vagina through which the fœtus was extracted, extending nearly to the neck of the uterus. We could now distinguish the neck

of the uterus, and the uterus itself, by the touch; the finger passing backwards into the large cavity from which the child was extracted. There was no doubt of a communication between the bowel and the cavity, as some seeds of a cake eaten the day before, came away on Mr. Aldhouse's fingers, with a portion of fœces. Some fœces likewise passed daily by the vagina, although she had a natural evacuation every day.

“ She remained in the greatest danger for some time; her mouth very sore, purging at times, &c. Her plan of medicine was cordials, astringents, and opiates, as occasion required, with wine and nourishing soups, as the stomach would bear them.

“ She is at this time, August 16, 1799, able to manage her domestic affairs, she passes her stools naturally, but is obliged to wear a cloth, as some fœces pass by the opening of the vagina. The quantity which passes the latter way being much lessened within the last month, makes me entertain hopes that the opening into the bowel may close.”

Another interesting case has been published in the second volume of the Transactions of a

Society for the improvement of Medical and
Chirurgical Knowledge, by Mr. *Mainwaring*,
under the title of *A case of an extra-uterine Fœtus
discharged by the Rectum.*

It does not appear from this account, that the conception was detained in any of the appendages of the uterus; on the contrary, there is reason to believe, that the uterus itself was the *nidus* of the embryo. In the earlier part of her pregnancy, the patient “complained of a considerable sense of fullness about the lower part of the pelvis, attended with frequent and strong desire to go to stool, and she passed *very small quantities of urine*, with much difficulty and uneasiness.”

When she had attained between the second and third month of her pregnancy, she had strong symptoms of being about to miscarry, but no ovum came away.

About six weeks after this a tumor was felt in the left groin; and, upon a more accurate examination, another tumor was felt in the right groin, which extended almost as high as the navel, occasioning considerable pain, whenever even a small degree of pressure was applied to any part of the abdomen. “A

coffee-coloured fluid was now discharged from the urinary bladder, in quantity nearly amounting to three pints in twenty-four hours. Before this period the quantity of urine was less." How many days this discharge continued, is not mentioned.

The foregoing symptoms appear to me to be such as would very probably be present in a case of retroversion of the uterus, where the flow of urine was considerably impeded by the uterine tumor, but not entirely suppressed. The immense degree of distension of which the urinary bladder is capable, may be judged of, by an inspection of Dr. Hunter's engraving of the retroverted uterus; and if a part only of the urine were evacuated every day, the distension of the bladder would be permanent, occasioning excessive pain over the whole of the abdomen; but it might not prove absolutely destructive to the patient. In Doeveren's patient, already spoken of in page 12, the bladder became at last so much distended as to burst, though a quantity of urine was daily voided.*

* *Illustrant ea, quæ sunt exposita; quomodo tenesmi, ab irritamento urinæ nati, validasque vesicæ constrictiones excitantes, causam istam comprimantem sæpius vincere,*

Let us now advert to what was discovered by an examination *per vaginam*, which was submitted to for the first time, in the month of July, 1796, the patient having then attained, as I apprehend, the sixth month of her pregnancy.

“ A tumor was found in the hollow of the sacrum, occupying its whole extent, and projecting so much forward as nearly to fill the cavity of the pelvis. It seemed to lie between the vagina and rectum, and was less than two inches within the pelvis, reckoning from the external orifice.

“ The os uteri was altered in its shape and situation, being pressed against the bladder and pubes. The cervix uteri was so fixed in its situation, as to resist any attempt which was made to move it upwards. From these circumstances the urine was passed with difficulty.

urinæ aliquam copiam exprimere, et quotidianum illud stillicidium ejus, veræ morbi causæ larvam obducens, producere, potuerint; eademque explicant, quomodo hanc ob causam lentius ad tantam expansionem pervenerit vesica, ut crepuerit, ægræque moriendum fuerit.

Doeveren, Specimen Obs. Academic, p. 90.

“The shape of the tumor in the hollow of the sacrum was nearly round, but somewhat flattened upon the anterior part. In breadth it was supposed to be between three and four inches, and in thickness from two to three. It felt moderately firm.”

Had any circumstances led to an examination of Mrs. Wilkes and Mrs. F****, when about six months advanced in their respective pregnancies, I cannot figure to myself any material difference that could possibly have been found between the symptoms and appearances here described, and what might be expected to be present in them. It must not, however, be omitted, that Mr. Mainwaring takes notice, “that the tumor in the pelvis was lower than that which is found in cases of retroverted uterus; and that the posterior part of the vagina was without the puckering occasioned in that disease by the fundus uteri falling down behind the vagina.” But, I think, these two circumstances cannot be looked upon as proofs that the tumor was not occasioned by the retroversion of the womb. The situation of the tumor in the vagina, described before in Mrs. F****’s case, was much lower than is ordinarily met with in retroversions, and the surface of it was quite smooth and free from puckering. Indeed,

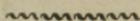
the increased size of the womb at a later period of pregnancy is sufficient to explain these peculiarities; for it must not only gradually descend lower into the pelvis to acquire more room, but must likewise distend the vagina more fully, which would obliterate the rugæ, or puckerings upon its surface.

After a long series of sufferings this poor woman's case terminated favorably, by a discharge of the bones, &c. of a fœtus through the rectum. The process took up a much longer time than happened to Mr. Colman's patient; for this occupied a period of two years and upwards: but when the account was written, Mr. Mainwaring's patient was restored to a more perfect state of health than Mr. Colman's.

I must not pass over a remark, with which Mr. Mainwaring concludes his valuable communication,* as it tends to shew that there remains a contraction of the uterus from loss of substance. "The projecting part of the cervix uteri into the vagina was found* to be shorter upon the left side than upon the right. The vagina might be said to be somewhat constricted upon the left side, so that the cervix

* About eighteen months after the discharge of the fœtus.

uteri was less moveable there than upon the right, and some pain was felt upon touching that part with the finger." Now this, I think, is an additional proof, that the fœtus was, at first, contained within the womb, which being pressed down in a retroverted state between the vagina and rectum, and unable to extricate itself from that position, underwent the process of inflammation, adhesion, and suppuration, and thus was relieved of its contents; but was consequently diminished in size.



Mr. Kelson, Mr. Colman, and Mr. Mainwaring, have all denominated their communications, cases of Extra-uterine Fœtus. If by this is merely meant that the fœtus, after being brought to maturity, or nearly so, in the uterus, was excluded from thence into the cavity of the abdomen, either by a rupture of the uterus, or by an ulcerated opening through its parietes, and afterwards, by the same process, discharged through the rectum or vagina, I completely accord in the same opinion; but if, as I understand, it is supposed that these fœtuses were actually nourished, and brought to perfection in the cavity of the abdomen, unconnected with, and perfectly distinct from,

that system of organs and vessels which have been expressly set apart by nature for this purpose, I must confess myself not at all convinced by these cases of the existence of a fact, so completely at variance with all we know of the laws of nature, and of the animal economy.

I mean not to deny that fœtuses have been found in the cavity of the abdomen, entirely disengaged from the uterus, or its appendages; but I think that in such instances a rupture of the womb, of the tube, or ovarium, or an ulceration through their parietes, had permitted the escape of the full grown fœtus, and not that the conception had advanced to maturity in a part apparently so illy adapted for such a purpose.

It is very justly remarked by Dr. *Clarke*,* that “there are so many obstacles to prevent the ovum, when first detached from the ovarium, from acquiring an adhesion in the cavity of the belly, where the intestines, bladder, &c. are, from the very nature of their functions, in perpetual motion, as to make the possibility of it very doubtful.” He is, therefore, disposed to con-

* Observations on the case of a woman who died with a fœtus in the fallopian tube.

Transactions of a Society for the Improvement of Med. and Chir. Knowledge, Vol. II.

clude, that in all cases supposed to be extra-uterine, the foetus is really nourished and preserved by the uterus, or its appendages; in confirmation of which opinion, he adds, "Some years ago, I had the opportunity of seeing a case which had been examined, and was supposed to be a *true ventral case*; but by a more critical investigation of the case afterwards, it appeared, that the cyst, containing the ovum, was *certainly a part of the appendages of the uterus*, because it was supplied by the spermatic artery."

Every one of the instances of extra-uterine gestation which I have had an opportunity of perusing has been deficient in some of the particulars, or symptoms, which are necessary for confirming the fact, of a foetus being nourished in a cavity, and by vessels intended for other purposes, and distinct from the uterine system; and at the same time the case was capable of being explained in a more rational way. The two cases which are the most relied on, and seem to approach the nearest to a proof of such an extraordinary mode of gestation, are *Dr. Turnbull's Case of extra-uterine Gestation, of the ventral kind*, originally published in the third volume of the *Memoirs of the Medical Society of London*; and *Dr. Charles Kelly's Case of an extra-uterine Foetus*, in the third

volume of Medical Observations and Inquiries, by a society of Physicians in London.

It is, I presume, to Dr. Turnbull's case, that Dr. Clarke alludes in the above remark, that the sac which contained the fœtus was supplied by the spermatic artery;—a very convincing proof, that the gestation was not wholly separated from the influence of the uterine system. But, besides this, there is much which requires explanation.—The patient in question, supposing herself to be in labor, from having been seized with a violent paroxysm of pain, attended with a flooding, sent for her midwife; but before the midwife arrived, something was expelled from the uterus, with the appearance of the placenta, and which the midwife, *on examining*, declared to be so. Now this is assuredly more like the circumstance of a rupture of the uterus, than of an extra-uterine pregnancy; but further we are told, that, upon dissection, when the infant was found lying among the intestines of the mother, “the placenta was so extremely delicate, and possessed so little of its natural characteristics, that, at first view, I conceived it to be a thin membranous substance, formed by an exudation from the surface of the bowels in consequence of inflammation. The membrane, in which the vessels were exceedingly small, (so as to render the tra-

cing them with the knife impracticable) did not exceed in thickness one-tenth of an inch." This would, at first view, seem to shew, that a rupture of the uterus did actually take place, that the placenta had really been discharged per vaginam, and that this membranous substance among the intestines was merely produced by the efforts of nature, to preserve the constitution from the ill effects, which an extraneous body was likely to produce. It is to be recollected that this fœtus lay within the abdomen six months after the access of the labor pains,—a more than sufficient time to produce the unusual appearances and diseased formations which were discovered upon dissection. The principal reason which seemed to influence the opinion of the gentlemen who saw this case, that the fœtus had not been received into the uterus, was the small size of that organ, it being of its usual unimpregnated size: it was not, however, always so small; for, about a month after the expulsion of the placenta, (so called by the midwife) Mr. Fitch, an accoucheur, found the os tincæ so very much dilated, that *with great ease, he introduced three fingers into the uterus*, the internal surface of which was found very irregular.

From the situation of the uterus and of the fœtus among the intestines, it may be presumed

that, at the time the rupture of the uterus took place, it was in its natural position within the pelvis; but, in the case of Dr. Kelly's patient the uterus was probably retroverted.

From Dr. Kelly's relation we learn, that, when he first saw the patient, which was not till she had been seven days in labor, "the child's head seemed so far advanced into the pelvis, as to require only two or three pains to bring it into the world; yet, though the head was but the length of a finger-joint from the *fourchette*, the *os tinæ* was situated close to the symphysis pubis, and so high up that it was difficult to reach it; at the same time it was impossible to pass a finger between the tumor made by the child's head, and the back part of the vagina." These appearances coincide so very minutely with those that were observed in Mrs. F****'s case, as make me confident, that whoever had seen the one, would have thought the other precisely of the same kind. The result, however, was very different, for Dr. Kelly's patient died undelivered, the day after he first saw her.*

* In Dr. Kelly's patient, the head of the child was found lying in the hollow of the sacrum, between the vagina and rectum; admitting therefore that the fœtus was contained and nourished within the womb, the head must have been towards the *fundus*, and the nates and feet towards the *os*

It is to be regretted that very little information could be obtained by examining the body after death. The examination was undertaken in secret, during the absence of the husband, who had given express orders to the contrary; he was every moment expected home, and it was feared, would treat those very roughly, who had ventured to act counter to the orders he had left. The inspection of the body was, therefore, made without that deliberation and accuracy that could be wished, *and so hastily, that the appendages of the uterus were not examined at all.*

The principal difficulty in explaining this case upon the supposition of its being a retroversion of the womb, is the small size of the uterus, that being found not larger than in the unimpregnated state; but under the circum-

uteri; and we may be assured that the position of the child was nearly the same in the cases where the fœtus was evacuated through the rectum; for the first bones that were voided, were either portions of the cranium, or of the superior extremities. But in Mrs. Wilkes's and Mrs. F * * * *'s cases, the heads of the children were contiguous to the *os uteri*, and the nates were towards the *fundus*, for the heads were the first parts felt protruding through the *os uteri* above the pubes. This position of the child is evidently so much more favorable than any other for the efforts of nature to accomplish the delivery, as to afford a very satisfactory explanation of the different results of these cases.

stances in which the dissection took place, it is not improbable that a rent in the uterus might be overlooked. There is great difficulty in explaining the case in any other way; while this supposition renders the explanation more easy and satisfactory. This will account for the situation of the child; for its being alive, and plainly felt to move during the time of labor; for the length of the labor; and likewise, for the pains which continued strong, even to the day before the woman's death: indeed, a midwife, who was then called in, was so deceived by these pains, and the situation of the child, that she made no doubt of the labor being soon over, and accordingly ordered what was necessary for the child to be got ready immediately. Not a word is said in the whole paper, which could induce us to think, that that these were other than genuine uterine pains; but it cannot be supposed, that such pains could be produced in a womb of the unimpregnated size. In cases of ovarian and tubal gestation, we know that pains like labor come on; but in those cases the uterus enlarges as the pregnancy proceeds; and at the proper time contractions of the uterus take place, as if to expel the fœtus; but these pains are never described to have happened when the uterus was so small as here represented.

In confirmation of what is now advanced, I shall take the liberty of quoting a passage or two from *An Account of a Ruptured Uterus*, by Dr. John Sims.* “In the anterior part of the cervix uteri, next the bladder, was a rent through its substance, about three quarters of an inch in length, the sides of which were nearly contiguous, but ulcerated, and not disposed to heal.” “*The uterus, very little larger than it is to be found in its unimpregnated state, was in its natural situation in the pelvis; and the fallopian tubes and ovaries were without any morbid appearance.*” Dr. Sims concludes his account with these words. “A knowledge of this case has led me to suspect, that many of the supposed instances of extra-uterine gestation, have, in reality, been cases of ruptured uterus; and I have little doubt of referring hither, a supposed ventral gestation, lately published. For, had the rent in my patient’s womb healed by the first intention, (and by the close contact of its sides, it appears that this might have very readily happened,) all access of the external air being prevented, the child would probably have remained long in the cavity of the abdomen, without undergoing much putrefaction. And, upon exami-

* Medical Facts and Observations, Vol. viii. 1800.

nation after death, who would then have suspected, that this child had ever been within the cavity of the womb.”

The proof which I have established, that the uterus may remain in a state of retroversion till the termination of the usual period of pregnancy, explains several other cases of what have been supposed extra-uterine gestation; for, should the pains of labor not be sufficient to restore the uterus to its proper situation, or to expel the child, it must, should the mother survive, undergo the process of inflammation, adhesion, and suppuration, to relieve itself of its contents; and this has, I make no doubt, been the case in most of the instances where the fœtus has been discharged, either entire or in pieces, through the anus and vagina; and I have very little hesitation in saying, that this was the intention of nature, if I may be so allowed to express myself, in the curious case recorded by Dr. Blackburne,* “*in which the substance of the uterus was in a great measure destroyed during pregnancy.*” In this case, unfortunately for the poor woman, the process hastened from the inflammatory to the suppurative stage, before any adhesion had taken place, and the patient in consequence died.

* London Medical Journal, Vol. viii. 1787.

“The remains of the uterus rested upon the sacrum, having sunk down to the bottom of the pelvis. The head of the child occupied the fundus uteri, the substance of which had been so entirely wasted away, that the hairy scalp was left uncovered, and was separating from the subjacent cranium. The whole was so putrid as to emit a most intolerable stench, and could not be preserved.”

Upon a review of all the circumstances already adverted to, I think I am warranted in drawing the following conclusions:—

First,—That the uterus, which has become retroverted in the earlier stages of pregnancy, may continue in that state till the full period of gestation has elapsed.

Secondly,—That, when this time is perfected, pains will be excited which, under favourable circumstances, will occasionally be sufficient to expel the child through the natural passages.

Thirdly,—That circumstances not being favourable for the expulsion of the child, a rupture of the uterus may take place, or so great a degree of inflammation, or fever, may

come on, as speedily to cause the mother's death.—Or,

Fourthly,—That the fœtus may be expelled by an ulcerative process through the parietes of the uterus into the rectum or vagina, as happened in the cases of Sig. Patuna and Messrs. Kelson, Colman, and Mainwaring.

It becomes then an object of great importance to determine, what method of treatment ought to be adopted, when the uterus at the time of labor is found to be retroverted. Dr. *Hull*, in his elaborate defence of the Cæsarean operation, considering all these cases as extra-uterine, recommends, “to cut through the back part of the vagina, and to bring the child through the os externum;” and the same operation has been recommended by Dr. Mackenzie and Dr. Kelly. There is a case quoted by Dr. *Hull*, which happened to Monsieur Lauerjat, in which the child was extracted by an incision into the uterus through the vagina. There is a great want of accuracy in describing the situation of the womb; but I can only conceive of it, that it was in a retroverted state; and that the incision was made through the posterior part of the vagina into the uterus. Unless this were the position, I see no reason that there could be for operating at all. “Une

femme enceinte pour la première fois, et parvenue au moment d'accoucher, éprouvoit des douleurs si vives, que Lauerjat voulut s'assurer de l'état des choses. Il fut surpris de trouver la vulve occupée par un corps qui la remplissoit, et la dépassoit, et qui cédait à l'impulsion des doigts, excepté dans le tems des douleurs. En parcourant cette tumeur, il ne trouva à la circonférence qu'un cul-de-sac de demipouce de profondeur, sans ouverture, qui peut permettre la sortie de l'enfant. Des confrères mandés pour ce cas extraordinaire, voulurent voir aussi comment les choses se passoit. Ils trouverent sur la tumeur une déchireure qui n'interessoit qu'une partie de l'épaisseur de ses parois. Cette déchireure leur parut le lieu, où il falloit inciser. L'opération faite, le doigt entra dans la poche dans laquelle l'enfant étoit contenu. Il sortit beaucoup d'eau bourbeuse. L'enfant se présenta et franchit l'ouverture, qui venoit d'être pratiquée, et à laquelle il se fit une petite dilaceration du côté droit. Lauerjat ayant porté la main dans la poche, ne trouva aucune trace de col ni d'orifice. Du reste il ne survint point d'accidens, et les écoulemens se firent à travers l'ouverture, qui se ferma par degrés. Deux mois après, le col et l'orifice de la matrice étoient dans leur état naturel." *Sabatier De la Médecine Operatoire*, T. i. p. 316.

The event of this case would doubtless, under some circumstances, justify an operation; but, considering the possibility, not to say probability, of all such cases being retroversions of the uterus, and having the knowledge of two, which terminated so favourably from the sole efforts of nature, as Mrs. Wilkes's and Mrs. F * * * *'s, it is impossible that I can recommend an operation, especially at the commencement of the pains, and while the strength, habit of body, and general health of the patient are uninjured. So long as these circumstances remain propitious, there is great reason to expect that the pains alone may be able to rectify what is amiss, and to effect the delivery, *per vias naturales*. The observation of Cicero, *Naturæ solertiam, nulla ars, nulla manus, nemo opifex consequi potest imitando*, should, as far as possible, be our guide in the Practice of Midwifery; in which we find, that women are seldom injured by a long continuance of labor pains, provided their spirits are not hurried, nor their blood inflamed, by injudicious attempts to give assistance, and by the improper use of cordials and stimulants.

If, however, nature gives up the point, if it is found that the pains are unequal to the task of restoring the uterus to its place, and of accomplishing the delivery of the woman, it remains to

be considered, whether it is not more for the advantage of the patient, that such an operation should be performed, and that she should by this means be released from her burthen, than that she should continue in the deplorable condition, which attends the slow process of discharging a fœtus through an ulcerated opening into the vagina or rectum; in which process there must always be great pain and suffering for many months; and in which, though several women have happily passed through it, yet others have perished miserably, exhausted with pain and debility.

A justification of such an operation may doubtless be found, and perhaps it may, in some rare instances, be advisable; but we know, from woful experience, that incisions into the uterus have been so very generally fatal, (in this country in particular) that the experiment ought never to be tried, while any reasonable expectation can be indulged of saving the patient by other means.

THE END.

Fig. 1.

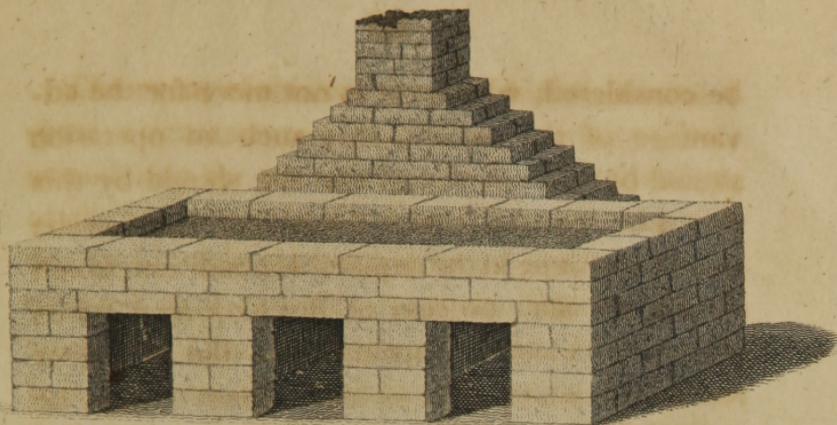


Fig. 2.

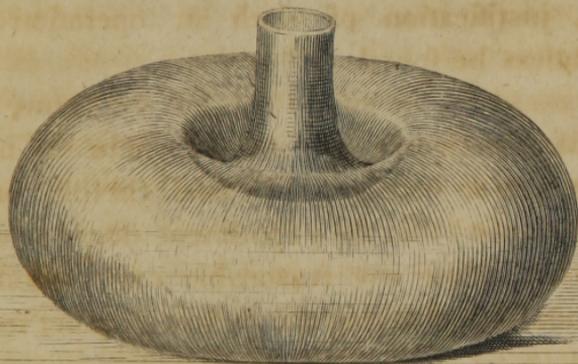
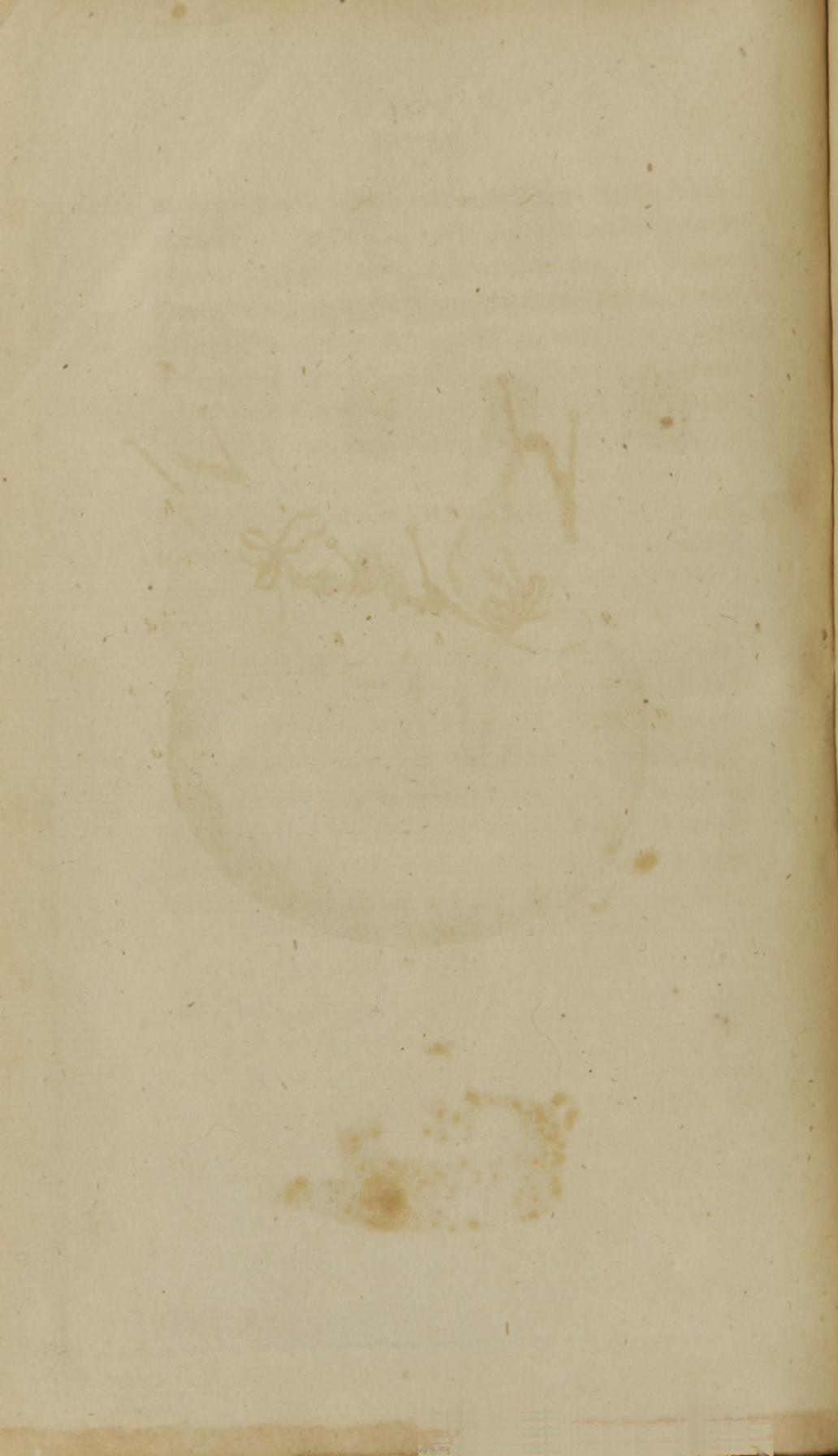


Fig. 3.



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