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ON ANTEVERSION OF THE UTERUS.

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In a science of such vast importance to the well being of mankind as that of medicine, whenever there exists a doubt as to theory or practice, all will allow it to be an imperative duty incumbent upon every true lover of his art or of his kind, to state all such facts, as, arising within each one's own experience, may tend to prove or disprove the existence of a disease, and relieve it, if possible, from the imputation of being a mere *vexata questio*; and by establishing it amongst the list of those ills to which the human frame is liable, assist at the same time in the discovery of a ready diagnosis and a philosophical mode of treatment. For this reason I am desirous of recording the particulars of a case of anteversion of the uterus which has occurred to me subsequent to one which I published in the pages of the *Lancet* in the year 1846. In that paper I was led to make the following remark:—"The recital of numerous cases of anteversion of the uterus, has at length, I believe, settled the question as to its existence at all, in the minds of almost all medical practitioners; and although it must be allowed that it is an affection, in its full extent, rarely met with, and requiring most careful examination, (especially in its earlier stages, when it may indeed be passed over by the physician, and be by the patient unheeded,) for its correct diagnosis, yet, from frequent opportunities of investigation, I am convinced the displacement, in a slight degree, is of more frequent occurrence than it is usually considered." Since that time, I have, however, met with several gentlemen of great experience in their profession, who, because the disease has not been thrust prominently before their eyes, have been led without taking the trouble of investigating their cases deeply, to doubt the existence of such a malady at all. I am quite aware that when the disease exists only in a slight degree, the symptoms are neither very disturbing to the patient nor prominent to the practitioner, especially if of superficial perceptions; and in more severe cases, those symptoms, when seen, may

be saddled upon other maladies. Still a careful examination per vaginam, will readily disclose the nature of the disease, and if an attempt be made to examine the "os uteri" with the speculum, a difficulty will be experienced and not to be overcome, which will declare the fact of, at any rate, an altered position in the uterine body and neck.

The patient referred to, Martha E., a poor woman, married, aged 31, but without children, of a large frame, but thin, and lymphatic in temperament, applied to me for advice in September 1847. She had been married four years, and during this time had been regular in her monthly periods until the last nine months, which had at first induced her to believe herself pregnant; still a complete cessation had not taken place, only a great diminution in quantity, which was also altered in quality. Soon after, she began to complain of pain and weakness in the lumbar region, with a sense of "bearing down," also heat and weight over the pubes and in the groins. This continued between six and seven months when additional symptoms made their appearance and remained up to my first seeing her. Leucorrhœa, of a yellowish hue and tenacious in consistency, set in, occasionally streaked with a little blood; a sense of fulness about the rectum which was always distended more or less from fecal accumulations, she being generally obliged to resort to aperient pills before obtaining relief from the bowels. That, however, which most annoyed her, was the irritation about the bladder and the almost constant desire to pass urine, with a difficulty and pain in so doing. This latter was so severe and troublesome as to be the chief cause of her applying for relief, especially as it had been increasing the previous fortnight. Almost all her symptoms, she stated, were relieved by the recumbent posture; walking affected her a good deal, but standing still, or straining at stool, and also urinating, always produced great increase in her distress. Her general health is not good; her face is pale and anxious, and to use her own phrase, she "is almost tired out" by the constant uneasiness. Complaints of various symptoms of dyspepsia,—e. g., flatulency, nausea, and sense of weight and uneasiness at the epigastrium immediately after eating. The tongue is flabby, indented by the teeth, and coated with a creamy-looking fur; for more than a week past the breasts seemed to have sympathized with the irritable condition of the uterus,—having become fuller than usual,

accompanied with darting pains, especially at night. On considering over the above symptoms I was led to believe that it was a case of ulceration of the neck of the uterus, and that the irritability of the bladder might be owing to other causes. The urine gave out a copious deposit of the alkaline lithates. On examination, I found the vagina of higher temperature than usual; the finger could with very great difficulty reach the cervix, the extremity of which was directed upwards and backwards towards the sacrum, so much so that the "os" was not within reach. The cervix was enlarged, but little if at all more resistant than usual. On the finger being directed to the anterior wall of the vagina, a firm tumour is felt, evidently the body of the uterus much enlarged, which is pressing down on the lower part of the bladder, which of course left no doubt as to the nature of the case I had to deal with. The leucorrhœa at this time was trifling. On introducing the speculum I found the upper part of the vagina somewhat congested, also the cervix which was of a florid hue. There was no possibility of seeing the "os uteri," but the patient being on her back and the index finger of the left hand being introduced into the rectum, I was enabled to depress the cervix to such an extent, as to bring the edge of an ulcerated surface into view. The congested and heated condition of the cervix induced me to scarify it freely, which quickly did the office of many leeches without the tediousness of them. Two pills of extract of colocynth, and blue pill with extract of henbane, to be taken at once, to be followed by an enema. The recumbent position to be strictly adhered to.

16th. The bowels have been freely moved without effort to the patient; the calls to micturition, however, have been very frequent, but a difficulty almost amounting to complete obstruction exists within the last few hours; only a few drops passed at a time, and there being a considerable quantity in the bladder, it was drawn off by a catheter. The next day (17th) the same state of things existed; the urine had been drawn off three times altogether, and I determined to endeavour to rectify the position by manual interference, especially as my patient became feverish and extremely excited. Lying on her back, with the pelvis elevated, and thighs flexed, I introduced the fore-finger of the right hand up to the cervix, and with the left made firm pressure over the hypogastric region, and as it were, behind the pelvis. By this means the cervix was so depressed that the finger could be passed to the posterior aspect of it, and thus hooked, it was drawn downwards and forwards. This favourable position was not wholly maintained on the pressure being removed, I therefore applied a compress and bandage over the hypogastric region, as low as possible, which appeared beyond my expectation to second my efforts. On introducing the speculum to examine, if possible, the "os," and the whole of the ulceration, I was enabled so to do with the aid of the finger in the rectum. (I may remark this female's pelvis was very capacious, and vagina relaxed.) The ulceration I found chiefly on the anterior portion, extending to the edge of the os uteri, it was above the size of a shilling, and covered with small bleeding granulations.

Viewing in this ulceration the foundation of all the evil, I immediately commenced the treatment by freely applying nitrate of silver to the granulating surface, as likewise to the hypertrophied neck, and ordering an injection of diluted compound alum solution. The pills were requested to be taken every night, both as an alterative, and for the purpose of making defæcation as easy as possible, but above all, the recumbent position, and as much as possible on the back. The next day, after a tolerably easy night, I found the chief symptoms all better, with the exception of the leucorrhœa, which had increased, but which is usual, (I have found,) at first, after the application of the nitrate of silver. Micturition had been rather frequent, but without pain. The pills and injection to be continued.

On the fifth day I again examined with the speculum, and was able to get at the seat of mischief, without any aid through the rectum. The vesical symptoms had all subsided, but she still felt the bearing-down sensation on assuming the upright position. The cervix uteri still continues much larger than ordinary, but the ulcer is improved in appearance, and bleeds but little under the pressure of the speculum. The caustic was freely applied, and repeated every fifth or eighth day, for five weeks subsequently, when the ulceration had disappeared, and the healthy character of the cervix, as to size and colour, had been restored. The uterus had gradually returned to its normal position, which improvement took place progressively in keeping with the diminution in the consistency and size of the cervix. Her general health had improved, still she complained of weakness and deficient appetite, for which I prescribed iron and quinine, together with an occasional aperient of the compound rhubarb pill, with hyoscyamus. At the end of eight weeks there was continued improvement; the catamenia had returned, improved in quantity and quality, and without pain in its flow, which had been the case for months prior to treatment; all local irritability ceased, and the leucorrhœa had completely subsided. The cervix uteri, although probably more voluminous than usual, was soft, and its mucous membrane of its natural pale hue. The dyspeptic symptoms rapidly gave way, and she regained her former health and strength.

REMARKS.

The symptoms of anteversion, as I before remarked, are not always very prominent, providing the displacement has been gradual, but when it has taken place suddenly, as many cases recorded show, the general symptoms from the first moment are most severe and distressing. No age seems exempt from it, as it has been observed from the earliest to the latest periods of life. Pregnancy, in its first month or two, may prove a predisposing cause, acting in the same way as the congested and hypertrophied condition of the uterus, in the case before us, appears to have done. The after progress, then, of pregnancy, would in all probability act as its cure. Dr. Ashwell states that "the direct causes, those producing immediate displacement, are—falls, violent and sudden muscular efforts, straining at

motion, or in the evacuation of the bladder." From what I have been able to gather from the cases I have myself seen, as also from various published ones, it appears extremely doubtful if these direct causes ever act without the uterus is predisposed to such an accident, either from hypertrophy, (very rarely pregnancy) or a tubercular condition of the uterus, especially of its anterior wall. Tumours in the pelvis, posterior to the uterus, have been said to act as a direct cause, by pushing the fundus forwards. In the case above no cause could be traced other than congestion and hypertrophy, induced by ulceration of the uterine neck. The displacement appeared to have been so gradual that but little attention was aroused until it had become so complete as to interfere with the regular function of the bladder. Within the last four months I have been attending a lady in my neighbourhood with very severe ulceration, accompanied with great hypertrophy of the cervix uteri; it had evidently existed for more than a twelvemonth, occasioning three miscarriages, and at the time I first saw her the symptoms of early gradual displacement were exhibiting themselves. For the first month of treatment there was no possibility of examining the "os" through the speculum, but subsequently, on the ulceration and hypertrophy being partially cured, there existed no difficulty in ascertaining that the posterior aspect of the cervix was also ulcerated, though to a trivial extent compared with that on the anterior. The symptoms of irritability of the bladder had at this time also completely subsided. From increased experience of diseases of the uterus, and especially of simple ulceration inducing hypertrophy of that viscus, I am convinced that anteversion of the matrix, in a slight degree, is a far more frequent affection than is usually deemed, certainly according to my later experience, greatly more so than retroversion. I have frequently seen cases, such as that mentioned above of Mrs. S., where the early symptoms existed, and in which, had the congested hypertrophied condition of the uterus been allowed to go on untreated, I believe the same result would have been brought about as was seen in Martha E., at all events, had any exciting cause brought it into action, such as a fall, violent sickness, &c., &c. This brings to my recollection the case of a patient (the Hon. Mrs. M.,) whom I attended last year with ulceration and a hypertrophied condition of the womb, which had existed for four years. This lady suffered for many months from all the chief symptoms of anteversion, in a slight degree, (especially the urinary,) after any unusual exertion, either in travelling or dancing, which compelled her to keep the recumbent posture for at least two days after. On two of these occasions (the result of her imprudence,) I had the opportunity, by examination, of verifying the cause of those unpleasant symptoms to be slight displacement. The presumptive symptoms of anteversion of the womb are very similar

to those seen in the more severe cases of simple ulceration, with the exception of irritability of the bladder and rectum, and difficulty of micturition and defæcation, although undoubted cases of anteversion of a complete character have occurred, without either of these symptoms having existed. These presumptive symptoms,—*e. g.*, dull, aching, lumbar pain, "bearing down" pain in the upper hypogastric region shooting down the thighs, leucorrhœa, &c., imperatively demand an examination per vaginam, both by the "toucher" and speculum, and not a blind resort to astringent injections for the relief of leucorrhœa, which, in the majority of cases, is a mere symptom of a worse evil, and which, if allowed to go on, may induce obstinate hypertrophy and displacements in its train, as the above cases show. With respect to the *diagnosis* of anteversion, very little difficulty I conceive exists, after a careful examination per vaginam. The cervix will be found high, sometimes with difficulty reached; the extremity or "os" will be pointed towards the sacrum, and applied against it. An examination by the rectum will make this evident, if the situation of the cervix is too high to be clearly made out by the vagina. In the anterior wall of the vagina, a tumour or prominence will be detected pressing against the lower part of the bladder, which, on accurate investigation, may be traced to be continuous with the cervix, in fact, the fundus uteri. This tumour anteriorly may be felt very readily by passing a bougie into the bladder. It is scarcely possible to conceive how such a prominence in the bladder could be mistaken for a stone in that viscus, but such has been the case, and the operation performed for its removal, the death of the patient alone having revealed the true nature of the malady. Such sad experience teaches a useful lesson as to hasty and erroneous diagnosis, such as is too often made; it is to be feared that practitioners are too frequently apt to neglect the education of the organ of perception—a faculty of the mind perhaps the most useful to the physician and surgeon, and one, the eager cultivation of which the student at the bed-side should keep constantly in view, in order that clinical experience may turn to usefulness and success in practice. The symptoms I have called presumptive will lend their aid, but the diagnosis can scarcely be difficult with the physical symptoms known. From retroversion, ante flexion, and other displacements, as also from pelvic and other tumours, anteversion can scarcely be confounded after a careful examination.

The *treatment* of cases of the slighter kind require but little for their rectification other than the recumbent position, (which is a *sine quâ non* in all cases,) and the rectum kept empty by means of mild aperients and enemata; should much local or general irritability exist, an anodyne of henbane or morphia will be of service. The predisposing cause should, however, always be held in view. If inflammatory congestion

exist, antiphlogistic treatment, leeches or scarifications, with salines and alterative doses of mercury, will be found useful. If there be simple ulceration, with induration and hypertrophy of the cervix, subsequent appropriate treatment should be put in force, by caustics and astringent injections, especially of zinc, alum, or tannin; the latter, when applied by means of a sponge or large camel's hair pencil, through the speculum in a concentrated solution, to the ulcer after it has been brought to a healthy condition by lunar caustic, I have seen very rapidly to cause it to cicatrize. In the severer cases, however, if the milder treatment be of no avail, and the pain and difficulty of micturition be great, requiring the constant aid of the catheter, an attempt to restore the structure of parts should be made. The rectum having been emptied of its contents by an enema, the patient placed on her back, with her thighs flexed and pelvis elevated, one or two fingers of the right hand should be introduced, and an attempt made to *hook* the index round the cervix, at the same time pressure must be made upon the fundus, which will facilitate the object; gentle traction should then be made upon the cervix, and the depression will, in all probability, be easy; if, however, the cervix cannot be thus reached, an instrument similar to the one invented by Madame Boivin may be employed, but will require caution. With regard to pessaries, I say nothing in reference to their use in preventing a recurrence of anteversion, as I cannot conceive of their capability of being, in the slightest degree, serviceable. After the parts have regained their normal structure and position, mineral tonic remedies, with astringent injections, cold hip-baths, or sea bathing, (where the powers of the patient will permit,) will more completely answer this end, by giving tone to the system, and thereby overcoming a relaxation of the contiguous parts, which always, in a greater or less degree, precedes the accident.

7, Upper George Street, Bryanston Square,
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CLINICAL ILLUSTRATIONS.

CANCER OF THE UTERUS, BLADDER, &c.: CASE AND REMARKS

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The last case which I recorded was one in which the cancer not only affected the body of the uterus, but this alone. That which I am now about to relate illustrates the more ordinary form of the disease,—namely, when it first attacks the cervix, and in which its ravages are chiefly carried on in this portion of the

organ. I have selected this case, although I had no opportunity of seeing the termination, because it exhibits the most important and characteristic features of the affection, and also some interesting complications.

CASE.

Miscarriages, &c.; Menorrhagia; Vaginal Discharge; Lancinating Pain; difficult Defæcation; Ulceration of Cervix Uteri; Hæmaturia and disordered Micturition; Cancer of Bladder; Œdema of Leg; Ascites, &c.

S. H., aged 33 years, residing in an unhealthy street in St. Pancras parish, placed herself under my care at the St. Pancras Dispensary, on September 1st, 1846. She had a fine fair skin, and dark fine hair. No hereditary taint. Has not undergone any considerable amount of privation, but has been often without sufficient clothing in the winter. The catamenia commenced at twelve years of age; the discharge used always to be abundant, and she used to suffer much pain in the back; it was not clotted. Her courses never recurred regularly, but at intervals, varying from three to thirteen months, *except when suckling the first four of her children*, when they occurred at intervals of three weeks, lasting from five to nine days; they occasionally appeared also while she was nursing her other children. She menstruated once when pregnant with twins. She married at the age of seventeen years, and her first child was born eleven months afterwards. She had four more within the next seven years, and then for the first time suffered a miscarriage at nine weeks, but at that time lost but little blood. The next year she was confined with twins, and subsequently had two other children, her last labour occurring in July, 1844. This last child lived but a few minutes after his birth. To the particulars of this pregnancy and labour I shall again recur.

On enquiring into her previous history, she stated that she had always been "very nervous," and although never subject to fits, the physicians who saw her at St. Bartholomew's Hospital regarded her as hysterical. It appears that when a child she received a severe burn over the right shoulder and arm. So long as she could recollect, her bowels have been habitually much relaxed, and she has been subject to pains under the left breast, shooting through to the left scapula. She has often been subject to passing "red sand," and also to difficult micturition. This symptom has not appeared so frequently of late, although with the progress of her disease the difficulty of micturition increased.

About two years ago, when two months advanced in her last pregnancy, she began to suffer from a discharge of blood, accompanied by bearing down pains, like labour pains. This continued throughout the pregnancy, but became much more serious during the three last months of it. She was attended in her confinement by a midwife, and in consequence of improper manipulation, as it is supposed, the neck of the uterus became torn. This is the report of the medical gentleman who was subsequently called in.