III.

Cases and Observations on Simple Chronic Inflammation of the Uterus, in which State this Organ may become Retroverted.
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THE great difficulty in comprehending the real nature of many uterine disorders, and the frequent want of satisfactory information from reading on such subjects, have induced me to beg the favour of your inserting the following observations into your useful and interesting Journal. They formed the subject of a paper read to the Glasgow Medical Society in November 1817; and the occurrence of several cases since, lead me to attempt a general explanation of the Nature, Diagnosis, and Treatment of the affection in question.

The first case I propose noticing, was that of a carter's wife, a delicate looking woman about 30 years of age, who, during three months, had observed no menstrual discharge, and had since been troubled with flatulency and indigestion, and triflingly affected with what she called a gravelly complaint. The latter had recently become rather more troublesome, attended with a weakness of her back, and slight uneasiness in her groins; yet of so little consequence did she deem her complaints, that she applied no remedy, and went about her daily occupation as usual.

On the 27th November 1816, however, while walking across the floor, she was suddenly and unaccountably seized with excruciating pain in the lower part of her belly. Immediately thereafter I was sent for, and found her shrieking from agony, every few minutes aggravated by violent spasm, almost exclusively referred to the umbilical and lumbar regions. Her countenance was keenly, or rather wildly, anxious; she lay in a half recumbent posture, with the knees drawn up towards the belly; her tongue was dry and parched; heat of skin rather increased; the pulse beat so quick and small that it was in vain to reckon it; and, on inquiry, she denied any suspicion of her being pregnant.

About $\frac{3}{4}$ vi. of blood were drawn from the arm, when she sickened and became faint. The pain abated; but her strength reviving, it threatened to return, when a tea-spoonful of laudanum was exhibited, which, in a few minutes, losing its effect, was repeated. Fomentations were then applied to the

abdomen; an anodyne enema was administered; and, in an hour, I left her drowsy, and nearly free of pain.

On the 28th, I found her comparatively easy; complaining but of a sense of weight and soreness of the abdomen, especially the lower part, and also of the back and thighs; she was harassed with a continual desire to void both her urine and feces; and, on attempting to walk or stand, she experienced the greatest pain. She still denied being pregnant; and therefore was averse to examination *per vaginam*. The horizontal posture was enjoined, and castor oil frequently exhibited.

She remained more or less in this state till the 5th of December, when the pain, in all its violence, recurred, accompanied with a distressing flatulent distention of the abdomen. The above practice again was had recourse to, and was followed by nearly a similar result, the flatulent tendency being afterwards overcome by small and repeated doses of calomel, magnesia, and rhubarb.

During this attack, I remarked that, while the spasms were less frequent, they were attended with a more decided bearing down than before; that, on remission, the pain confined to the lumbar and hypogastric regions was dull, heavy, and constant; that the dysuria and tenesmus were still distressing: and she acknowledged that, during the last month, she did occasionally feel shooting pains in the mammæ.

Impressed with these circumstances, I insisted on examination, and found the uterus considerably lower than in the natural unimpregnated state; enlarged to what is common about the fourth month of pregnancy; but so tender to the touch that little freedom could be used. She felt weak; and her pulse, though quick, was rather feeble.

Did such a state warrant the suspicion of pregnancy? I thought so—said so—and predicted to the friends, that should another attack occur, abortion most likely would be the consequence. Some source of unusual irritation, however, evidently existed in the uterine region; she was troubled with a frequent painful cough; and her pulse was quick and irritated. On which accounts, a large blister was applied to the hypogastric region, and small doses of tartar emetic exhibited.

By these means, she became greatly relieved, the pain being nearly subdued; the cough had entirely ceased; and the pulse greatly more calmed. But on the 14th, she complained of a trifling relapse of the pain, which was removed by fomentation and the opiate liniment with ammonia. On examination *per vaginam* at this time, the uterus appeared to me less dependent;

not nearly so tender to the touch; and, as I fancied, greatly more buoyant than when the symptoms were more urgent. So that these circumstances seeming to support my belief in her pregnancy, together with the fact of the uterus being felt enlarged in the hypogastric region, and the supposition of its having, as usual, risen above the brim of the pelvis, I rather too rashly prophesied that no return of the pain would take place, and that it was not likely abortion would occur. On the 16th, I observe her reported in my notes free from pain, but still extremely weak.

Thus she continued for about fifteen days; when, on the 2d of January, she again was attacked with the same symptoms as above. On examination, I found the uterus descended lower than when I last examined; immovably impacted in the cavity of the pelvis; the fundus turned backwards; and the *os uteri* tilted forwards behind the upper part of the arch of the pubes.

I now looked on the case, as one of *retroversio uteri*, and, accordingly, endeavoured to reduce the malposition, but ineffectually. The attempt was attended with considerable pain; and, neither the tenesmus nor dysuria being at all urgent, I deemed farther efforts unadvisable. But recollecting the advantage formerly derived from the blister and tartrate of antimony, I repeated them with evident advantage, although less so than before; for the pain, in three days after, returned with a severity at least equal, requiring the large exhibition of opium *per os* as well as *anum*, thus for the time diminishing the patient's torture.

At a loss what to do—the misplacement remaining, still seemed to threaten a relapse; partly therefore at random, and partly with the hope of reducing the irritation, I recommended a pill, composed of gr. ij. of calomel and gr. i. of opium, to be taken three times a day. From the commencement of these, no violent pain ever after occurred. In three days the mouth became slightly affected, when the pills were omitted. The uterine tumour, although not obviously diminished, became much less tender to the touch, and a bloody serous discharge (not inaptly likened by the patient to “moss water”) began to ooze from the uterus.

The symptoms, nevertheless, were still sufficiently urgent; when, about this time (the middle of January), Dr Baird saw her with me. He agreed with me in thinking the uterus retroverted; and ineffectual attempts were again made to reduce it. He suggested the possibility of very copious injections *per anum* assisting the efforts to raise the fundus; but all to no purpose.

A few days after, the above pills were again had recourse to, but less frequently taken; castor oil was occasionally exhibited; and small doses of cream of tartar and nitre given as a diuretic. The bulk of the womb soon began, very slowly, but evidently, to diminish; the irritation on the rectum and bladder in proportion abated; but the discharge alluded to, for a considerable time, continued in varied quantity: For which, she was recommended to use injections of warm water, infusion of chamomile, and so forth, dreading lest more astringent injections might reproduce the pain.

Finally, although I long continued to think pregnancy to have been connected with her complaint; yet, to this day, there has never appeared any thing like the blighted remains of a foetus. I saw her in March 1817 in good health; free from discharge; the uterus, to the touch, in every respect natural; and I then learnt from her husband, that the first symptom of her complaints was an occasional *dolor internus ex coitu*. Within these few days I have heard of her since continuing well.

The above interesting case, it will readily be observed, was far from understood; and the impression left on my mind was far from satisfactory, till I had occasion to contrast it with the following.

On the 17th of June 1817, I was requested to see a girl, 19 years of age, who, by the neighbours, was considered dying. On entering the house, I found her resting on her knees and elbows, weeping like a child from the severity of her pain. I was informed, that, ten weeks previously, she had been delivered of a still-born child of the full time; that her labour was natural, and her recovery so good, that on the 10th day from the period of her delivery, she resumed her work in a cotton-mill. I was most minute in my inquiries respecting the extent of her recovery, particularly regarding any tumour or fulness in the lower part of her belly, a degree of which she acknowledged was perceptible for the first three weeks; but after this, to use her own expression, she "felt as swamp as ever." I learnt, however, that the lochial discharge had ceased unusually soon; and that, although she could pass her water freely enough, she had more frequent calls to do so than before.

Such was her state, till within two days of the time I saw her, when she observed, that without any obvious cause, her calls to pass urine became still more frequent; feeling at the same time a kind of dull uneasy weight in the loins, with a sense of trifling pain in both groins; yet of so little consequence did she esteem these, that her relations were not informed of her ailments, nor did she quit her work till the forenoon of the day on which I saw her.

Her pulse was quick, feeble, and even tremulous; the pain, judging from appearances, was truly agonizing, chiefly referred to the umbilical and hypogastric regions, although the whole abdomen, back and thighs, were also complained of. The urine and feces were reported to have been very lately and freely evacuated; the menstrual discharge had not appeared since delivery; but she being liable to nervous affections, and of late much troubled with flatus, I was inclined to coincide with the old women's decision, of my patient's complaint being violent colic. With this view, I dropped her out 60 drops of laudanum; and farther prescribed a dose of castor oil and calomel, to be taken an hour after. In the evening I found her much relieved, and asleep.

But the morning following, I was disappointed to find her as ill as ever; principally complaining of the regions of her pubes, back and groins; of frequent inclination to pass water, and a constant desire to evacuate *per anum*, which, when attempted, was accompanied with such a strong and involuntary bearing down, as if, she said, her "whole guts were coming away."

Struck with the suddenness of the attack, and the strong resemblance of the symptoms to those of the last case, I immediately examined *per vaginam*. I then discovered the uterus considerably lower than it ought to have been; enlarged, as nearly as I could guess, to about the bulk of one's fist; the fundus being directed backwards into the hollow of the sacrum; while the mouth, which was tumid and much indurated, was felt facing the lower edge of the symphysis pubis. The whole body of the womb was so tender, that she instantly screamed from the most trifling pressure on it; and when she attempted to walk, sit, or stand, she felt the greatest difficulty and pain. Her pulse was quick, small, more feeble than hard; and, during the night, she had several times been attacked with severe vomiting.

Being satisfied that neither urine nor feces were retained, for as to the former the catheter was introduced, my first object was to guard against inflammation. But ere zvi. of blood were drawn from the arm, my patient fainting, I was obliged to desist. I then endeavoured to allay the pain by fomentation and opium. With the view of reducing the morbid bulk of the uterus, I had recourse to the pills already mentioned, composed of calomel and opium. As she felt easiest when lying on her belly, or leaning on her knees and elbows, I strictly enjoined these postures, and forbid every thing but gruel and panado.

I left her with the expectation of her soon becoming relieved.

ed; and, the day following, was glad to find her comparatively easy. The uterus, nevertheless, remained *retroverted*; and, although less tender to the touch, was not perceptibly diminished in size. The irritation on both rectum and bladder were still distressing; and the *os uteri* felt so hard, that Dr King, who this day saw her with me, was inclined to suspect, notwithstanding the girl's youth, the presence of scirrhus. He judiciously suggested the application of leeches to the external parts, and approved of the continuance of the calomel and opium. Ten leeches were applied, some within, and all in the neighbourhood of the vulva; the bleeding was full, and kept up for several hours; but alteration in the size of the uterus did not immediately become apparent, although it could be pressed on with considerable freedom.

On the 4th day from the commencement of the pills, the gums became slightly tender. The uterus still retained its malposition; yet it felt somewhat flaccid, and perhaps might have been replaced. The tenesmus and dysuria, in two days more, had almost subsided; and so well did she feel herself, that it required no small persuasion to dissuade her from leaving bed. The pills, at proper intervals, were continued so as to keep up a trifling irritation on the gums. And on the 16th day from the time I saw her, the uterus, although perhaps a little heavier, felt nearly as free and buoyant as in the healthy unimpregnated state. No discharge was at any time perceptible.

These cases have brought to my recollection a third, which I imagine to have been similar; although, at the time, certainly not understood. Having no notes of the case, I can only vouch for its general features.

A woman, of a feeble appearance, and about 50 years of age, laboured under general pain of abdomen, hiccup, vomiting, and a most distressing tenesmus, with inability to pass any thing but a little mucus. Her pulse was quick and feeble; her belly was considerably distended; but no particular urinary complaint. By account, her complaints had come on suddenly, had been present for several days, and had become gradually more extensive, in point of pain of abdomen, which at first was confined to the lower part.

The case was considered as one of constipation; and purgative after purgative was accordingly exhibited. They seemed to operate tolerably well, but all to no purpose; the symptoms continued urgent; severe and frequent was the unavailing tenesmus; and yet the *imagined* collection of feces could not be expelled.

The rectum was ordered to be examined. This was done

by another gentleman and myself. The gut was found empty; but encroached on by a tumour, which, *per vaginam*, was discovered to be the uterus, so tender to the touch that the woman complained grievously on its being pressed.

We were then, it must be acknowledged, but novices in the touch so necessary in such cases; yet conceited enough to solve the state to our own satisfaction. We never thought of questioning the above view of the case; and we readily supposed that accumulation of feces, with the strong and repeated bearing down present, would easily produce a falling down and tenderness of the womb!

On mentioning the *procidencia* to the physician, it was deemed immaterial. The patient, however, gradually sunk; and, on the 4th or 5th day from her admission into the hospital, was cut off by that insidious enteritic affection, which, I fear, will generally be found to baffle our utmost efforts.

Inspection exhibited the intestines generally inflamed; no where adherent to each other; but covered, in many places, by a shreddy coating of lymphous exudation. No feces were found in the intestines, as was predicted, but plenty of wind; and, to our surprise, no uterine tumour was found to encroach on the rectum; although we did remark the womb to be rather fuller, softer, and darker-coloured, than was common. I may add, that I distinctly recollect the tenesmus to have ceased fully 30 hours before the woman's decease.

OBSERVATIONS.

1. *Nature of the Disease.*—The occurrence of retroversion, I consider, is to be looked on as an accident, superadded to an altered state of the uterus previously existing; yet so suddenly and so alarmingly did this accident change the features of the complaint, that it required the most decided notice, and demanded the promptest assistance.

I am anatomist enough to know, that, in the healthy unimpregnated state, *retroversio uteri* cannot possibly take place; or, if it can, it certainly never could be productive of the distressing symptoms detailed in the two first cases. We know it occasionally to happen in early pregnancy. It has been reported, too, sometimes to take place in enlarged scirrhus uteri; also to accompany some states of diseased ovarium; and, in Mr Astley Cooper's Treatise upon Hernia, notice is taken of a fatal case which occurred to Dr Marcet, where, for six weeks, vomiting and constipation were the prominent symptoms; and, on inspection, the uterus was found retroverted without pregnancy—the fundus being turned into the space between the rectum and vagina.

In the cases before us (I allude but to the two first), that retroversion did exist, will not be denied; and there is proof sufficient, that no malignant disease affected the uterus of either. Further, that the uterus was enlarged, there can, I think, be as little doubt; and if so, could it be from any thing but simple chronic inflammation? In the first case, that disease and enlargement subsisted in the uterus, long before the retroversion took place, appears from the absence of the menses, the irritation of the bladder, the weakness of the back, and the uneasiness in the groins, which were present fully three months before the accident occurred. In the second case, from the lochial discharge having so prematurely ceased, the probability is that the uterus had never, since delivery, become fully reduced. The frequent inclination to pass water seemed proof of this; and this increasing, together with the uneasiness in the back and groins, afford at least presumption of preternatural irritation going on.

In such a state, then, do I believe the uterus of both patients to have been. Their rank in life requiring daily exertions, would not only prevent the abatement of the disease, but very likely assist in its progress. Accidents of various kinds might force the fundus below the promontory of the sacrum, from under which it could not be supposed easily to extricate itself, especially as the dysuria and tenesmus, instantly produced, inevitably must have excited that involuntary bearing down, which would not merely increase the malposition of the uterus, but, as it were, impact it into the cavity of the pelvis.

According to this view of the case, the uterus was already inflamed, or, if not strictly so, in such a state as to render the accession of inflammation both easy and almost instantaneous, from the new, and, as it were, strangulated position it had acquired, this position acting as a powerful source of mechanical irritation upon an organ already under morbid excitement; so that neither the suddenness nor violence of the attack seem incompatible with the *natura morbi* I argue. The extreme tenderness of the uterus, and the quickness of the pulse, seem to have arisen from the inflamed and irritated state of the former; while the tenesmus, dysuria, pain of back, groins and thighs, appear attributable to the mechanical irritation on the parts contiguous, from the womb's morbid bulk and malposition. As to the analogy the third case is supposed to bear to the two first, I would remark, that the suddenness of the attack,—the pain of abdomen, at first confined to the lower part,—the vomiting,—the severe and frequent tenesmus,—the rectum being encroached on by a tumour, which, *per vaginam*, was

discovered to be the misplaced uterus so remarkably tender to the touch, are all circumstances at least strikingly suspicious. But what, it will be asked, had become of this uterine tumour on inspection? This, however, in place of being subversive, is the very fact I consider the case chiefly valuable for. Of its existence during life, we were positively certain; but the inflammatory action on the peritoneum having become more general, the same degree still existing in the uterus, was probably incompatible with the delicate state of the woman's constitution. Resolution therefore in part took place, permitting, as was noticed, the tenesmus, fully thirty hours before death, to cease; and, on inspection, exhibiting the womb only rather fuller, softer, and darker coloured, than was common.

Such cases are certainly rare. My reading is not so extensive as to say where similar are to be found; but it strikes me I am acquainted with a species of uterine disorder not unlike the state described in the two first cases previous to the occurrence of retroversion, meriting serious attention on account of its own importance; and, if my suspicions be correct, the cases above narrated will teach us, in a prophylactic point of view, to be especially active.

The *obliquitas*, the *dislocatio*, the *procidencia*, and the *dolor uteri*, seem all modifications or degrees of the same complaint; some arising from pregnancy, some from malignant, and others, as in the present, from benign enlargement of the uterus.

I have frequently known cases about the age of puberty, but especially in prostitutes and married women, where, besides symptoms of general irritation, an uneasiness or pain in the back, lower belly, and thighs, a frequent inclination to pass water, with a straining on doing so, and sometimes a difficulty of walking, suddenly sitting down, or rising up, have been complained of. In some, these symptoms are accompanied with a transparent and colourless, and in others with a yellow-coloured, mucous discharge from the vagina; but seldom without any. I have stated such especially to occur in prostitutes and married women. I will not take it upon me to say what the exciting cause may be; yet I am satisfied that, in such cases, a tenderness of the womb does in certain circumstances exist more or less. The above set of symptoms, moreover, are not unfrequently met with in women who have risen too soon after delivery; and it is an observation as old as the days of Hippocrates, that one cause of a falling down of the womb is, "*coitus brevi post partum.*"

It was but of late I learned to appreciate justly the nature of these symptoms; and, from experience, I have no hesitation in

stating, that in the majority of such cases, the uterus will be found more or less preternaturally dependent; the cervix, to the feel, somewhat elongated; the *os tincæ* more contracted than in health; and, in general, pressure will excite pain. A person requested me to visit his friend, who laboured under pain in her loins, lower belly, groins, and thighs, dysuria, and a disrelish for her trade, from the pain she experienced; had no appetite for her food, and she was distinctly feverish. On examination, I found the womb, as nearly as I can describe, as above. But, in a few days, a small bleeding, strict confinement, a few doses of calomel and opium, with the hip-bath, completely established her recovery. Two years ago I was consulted by a respectably married woman, who for nine months had more or less complained of symptoms similar to the above; with the addition of a difficulty of walking, or suddenly sitting down. She had used many remedies with but temporary benefit. From my questions a good deal coinciding with her feelings, I was readily permitted to examine *per vaginam*; when the uterus was felt distinctly heavier, both tender and depressed. The same treatment as above was had recourse to; the calomel and opium longer persisted in; and the husband seriously advised to keep apart. In about three weeks her complaint left her, and has never since returned.

Such, then, seems to be the nature of the affection alluded to. As to a name,—if that irritation of the bladder, approaching to slight inflammation, and attended with increased mucous excretion, be entitled to the appellation of *Catarrhus Vesicæ*, why should *Catarrhus Uteri* be denied to this?

As causes—Puberty, recent delivery, period of menstruation, and fluor albus, may be considered predisponent; and inconsistent exercise, excess of venery, cold, all sources of local irritation, and perhaps sudden cessation of the menses and fluor albus, as exciting.

2. *Diagnosis*.—What has already been remarked, may in a great measure supersede detail on this point.

First, It may be confounded with pregnancy. The uneasiness of back, belly, and thighs, the dysuria, and painful walking, may be common to both; but, in the latter, there is generally no discharge, and seldom the uterine pain and tenderness alluded to. The uterus, in both, may have descended somewhat; yet, in pregnancy, the *os uteri* is turned more backwards, and both it and the cervix for a considerable time feel natural. In very early pregnancy, the distinction will very difficultly be decided on; but fortunately in both, the same treatment will equally avail.

Secondly, It may be confounded with more serious and intractable states of the uterus, as scirrhus and other malignant affections. The progress of these is more slow; the pain is not dull and constant, but shooting, occasional, and severe; the *os uteri* is generally more open, and often apt to bleed on trifling freedom being used; the time of life will assist; and the colour and expression of the countenance are too often indicative of the nature of the disease.

Finally, the state of the uterus will distinguish it from all abdominal and bladder affections. Where retroversion has occurred, proper attention to the malposition and extreme tenderness of the womb will sufficiently characterize it from threatened abortion.

3. *Treatment*.—From my observations on the nature of the disease in question, three indications would seem readily suggested.

First, To arrest the inflammatory action by low diet, evacnants, and bleeding.

Secondly, To allay the irritation by fomentation and opium.

Thirdly, To reduce the morbid bulk of the uterus by blisters, stimulating embrocations, strict confinement, and mercury.

Should the symptoms be trifling, a little confinement to the horizontal posture, spare diet, laxity of the bowels, the hip-bath, and, above all, abstinence from venery, will generally soon effect a cure. But should the symptoms be more urgent, especially if attended with fever, in addition to the above, bleeding, either locally or generally, must not be omitted. Again, should the slightest tendency to, or actual retroversion have occurred, we have to consider the case of a most serious nature; we have not only to remove the local inflammation, but to guard against its extension to the bowels. Yet the pulse seems to counterindicate the lancet! But why do we ever bleed in inflammatory affections of the stomach and bowels? It is because we know these organs to be so essential to the well-being of life; that when, by inflammation, their functions are impaired, health or the general constitution does not only remarkably suffer, but there seems, as it were, such a tendency to speedy dissolution, that the depressing cause must instantly be removed. And do we not likewise know that there are other organs, which, although not so immediately connected with life, are exceedingly liable to sympathize with those parts which are? Such are the lungs, the testes, and, I would add, the uterus, which, when diseased, very soon, or at times, immediately acquire a similarity in symptoms, especially in the quickness and lowness of the pulse. With the same propriety, therefore, I would urge, that

in the present case, blood should be drawn, according to the duration of the complaint, and state of the patient's constitution—bating, of course, such a lowness of the pulse as may be indicative of death.

As to reducing the malposition by manual assistance, I feel satisfied, that, in cases so acute as those recited, it will generally be found impracticable. Nay, from the extreme sensibility of the uterus, such attempts may prove seriously hurtful.

Purgatives, when the symptoms are violent, I should think generally injurious, as tending to increase the tenesmus and bearing down; but where they are indispensable, small and repeated doses of the neutral salts, castor oil, and injections, as being less irritating, should alone be employed.

The hip-bath, in the form of heated water or vapour; the free use of opium, especially *per anum* or *vaginam*, will be found strikingly serviceable in allaying the local irritation.

With the view of preventing a relapse, by reducing the morbid bulk of the uterus, confinement to the horizontal posture must be strictly enjoined, and perseveringly continued, according to the obstinacy of the symptoms. But for this purpose, mercury must especially be relied on. In the form of calomel, it is perhaps the most convenient and speedy in its effects; and, by conjoining it with opium, the constitutional and local irritation are not only quieted, but (to speak figuratively) the bowels protected from the acrimony of the metal—a matter in this case of no small moment. Slight mercurial irritation is all that is desirable. As soon, therefore, as it appears, the medicine should be omitted, and small doses of neutral salts frequently given to prevent salivation. It is again, however, to be had recourse to and persisted in, till no indications for its continuance remain, which, in some more chronic cases, will not occur till the lapse of several weeks.

Of the utility of diuretics, I am doubtful; and unless the bladder participate in the neighbouring irritation, becoming painfully sensible to the acrimony of the urine, hence requiring this secretion to be rendered bland and inoffensive, I am rather of opinion the more this organ be kept at rest the better.

Glasgow, February 1822.