AN INaugural dissertation, on

Retrocessio Veri.

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by

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Retroversion- Uteri,

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

Retroversion is thought to occur generally just about the time when the Uterus begins to ascend into the abdominal
cavity. This is thought to be sometime between the third and fourth month of utero-gestation. There are two varieties of retroversion, - partial and complete. When the uterus lies in the direction of the short diameter of the brim, with its fundus lying on the promontory of the sacrum, it is said to be partial; it is called complete, when the fundus is thrown fully into the concavity of the sacrum.

Causes - Amongst the more direct causes, are those which render the fundus disproportionately heavy, and consequently the balance of the uterus easily disturbed. Such for instance as early pregnancy, moles, twins, &c. Ashwell says, he has known retroversion to happen, the first day of a menstrual period, whilst the weight
of the uterus was increased by the afflux of blood. I believe all the writers, that—i have
read on the subject, hold as a settled opinion, that the cause of Retroversio, is most
frequently, if not always, to be traced to an over distended bladder. Ponder considers
a large pelvis, and the too great projection of the sacral promontory, as frequent predisposing
causes, and he further adds that thin women are more liable to it—than any other class.
Of this I know but little. I believe the general opinion now is, that women having
large pelvises are most liable to a retroversio, and an unusual size of that organ, is
now considered as a frequent predisposing cause. I am led to think that there would
be a much greater chance of Retroversio happening, where the pelvis was slightly def
ormed. For instance, if the antero-posterior diameter of the brime were something less than the standard dimensions, in this case, the promontory of the sacrum would dip too far into the pelvis, hence the cavity of that part, being of ordinary capacity, the fundus, in rising would impinge upon the projecting promontory, and certainly give rise to Retroversion. There is great danger of Retroversion happening, if the pelvis be preternaturally large, than if it be of the usual size, though I would hardly think, any woman exempt from such a liability, whatever sized pelvis she may possess.

Symptoms. At the moment of the injury the patient seldom feels much inconvenience, perhaps she is sensible of a slight shock.
But her fears are soon assuaged, when she
endeavors to make water, and finds that
only a few drops will flow, notwithstanding
her greatest efforts. The cause of this
retention is very obvious. The urethra or
neck of the bladder is forced up against, the
posterior surface of the symphysis-pubis,
by the mouth of the womb, which is directed
upward and forwards. Thus a stricture is
produced, which prevents the flow of urine.
The most prominent symptom then, is
a sudden inability, to pass water. The
retention is sometimes complete, of
times partial. This symptom, being so suspicious
of this accident, that to see a healthy
looking woman seized, with suppression
of urine, without having been before the
subject of any urinary ailment is
always warrant enough for me to suspect Retroversio, especially if the patient be not advanced beyond the fourth month of pregnancy. There is nearly always a false desire to empty the bowels, caused I suppose by the pressure of the Uterus on the rectum. This tenesmus does not occasion near so much distress as that caused by the retention of mucus. There is also a peculiar tearing pain felt in the loins, caused by the stretching of the uterine ligaments.

Lastly, in many cases, there is a frequent, weak, and irregular pulse, faintness, and vomiting, soon after the occurrence of the displacement. The several symptoms that I have enumerated are not always necessarily
always warrant enough for us to suspect Retroversion, especially if the patient be not advanced beyond the fourth month of pregnancy. There is nearly always a false desire to empty the bowels, caused I suppose, by the pressure of the Uterus on the rectum. This tenesmus does not occasion near so much distress, as that caused by the retention of urine.

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indicative of Retroversin, for the same may be produced, by an enlarged ovary, or by a tumour in the cavity of the pelvis. Our diagnosis though, can most always be rendered clear, by an examination, for vaginum. If there be a tumour present, it can be felt, occupying the posterior part of the pelvis, external to the vagina, and between that organ, and the rectum, pushing forward as it were, that organ (the vagina) and so completely obstructing that canal, as to render the introduction of the finger very difficult. Should the uterus remain retroverted, for a considerable period, and no relief be given to the distended bladder, Inflammation, will
undoubtedly follow, as a consequence of the pressure and irritation occasioned in those parts. Should inflammation set in, other symptoms soon make their appearance, and the poor patient's distress is greatly increased. There will be pain in the region of the uterus, greatly increased by pressure, hot skin, a fixed tongue, quick pulse, rigors, a haggard countenance, want of sleep, vomiting and other indications of inflammatory fever.

Treatment. Being fully satisfied of the existence of Retraction, our first indication should be to restore the uterus to its normal position. First, the distended bladder, should be
...undoubtedly follow, as a consequence of the presence and irritation occasioned in those parts. Should inflammation set in, other symptoms soon make their appearance, and the poor patient's distress is greatly increased thereby. There will be pain in the region of the uterus, greatly increased by pressure, hot skin, a forced tongue, quick pulse, rigors, a haggard countenance, want of sleep, vomiting, and other indications of inflammatory fever.

Treatment. Being fully satisfied of the existence of peritonitis, our first indication should be to restore the uterus to its normal position. First, the distended bladder, should be
relieved of its contents, which generally can be easily expelled by the introduction of an elastic catheter. In order that we may operate advantageously, the patient should be ordered to lie on her back, with the knees drawn up. The attendant, standing on the right side, should place his left forefinger on the clitoris and slip it down the vestibule until it reaches the meatus, which may at once be recognized by its presenting a little prominent ring. Holding the finger directly upon the meatus, the catheter is taken in the right hand, and raised under the elevated base, guided by the finger of the left hand into the meatus, by depressing the handle
a little it is introduced, with but little difficulty. It has been said, that in some few cases, the uterus has righted itself after this operation, but one endeavors may not be attended with such good fortune, the uterus may still continue retorted. Under these circumstances, it will be necessary, to draw off the urine again soon, that the organ may be kept in as empty and contracted state as possible, so as to offer no impediment to the kidneys, should it make an attempt to rise.

If, by this treatment, we should fail in giving relief, we are advised to resort to other and more effectual
means. Retrusion. Then, having existed some fifty hours or more, we should place the patient on her hands and knees, and proceed to replace the organ, by introducing two fingers of the left hand cautiously into the rectum, making steady pressure upward towards the fundus, at the same time the forefinger of the right hand, may be introduced into the vagina, and some traction be made downward. Instead of the fingers, we may sometimes use with great advantage, a piece of Whalesbone and Sponge, as recommended in a lecture by Prof. J. M. Watson, of this Institution. Prof. Simpsons' Uterine Sound, has been highly praised by those who
have used it in cases of retention.
Before attempting reduction, Dr. Lewis recommends a copious bleeding, which he says proves beneficial by its relaxing powers. I believe, Prof. J. H. Watson is also an advocate of this doctrine.
Dr. Ramsbotham seems to oppose bleeding here. He says—"that in the generality of cases, where there is retention, without inflammation, bleeding will not avail as much, because, the replacing of the womb does not depend upon spasms, but upon inflammation and other causes which can not be relieved by bleeding."
Admitting this even, to be the case, it appears to me that the size of the organ might be
diminished by a good bleeding. He thinks, that emptying the bladder and relieving the patient by some mild enema, is all that is necessary, before attempting reduction. Should we fail to repose the womb by an operation, our last and only consideration will be, whether it should be emptied, or whether we allow gestation to proceed. If there is no irritation in the system, no mischief as a consequence of pressure, and no inflammation, it would be unnecessary for further procedure for a while, for the uterus, as it increased in size, might finally be restored to its proper position. On the contrary, if there be inflammation or any symptoms of irritation, and the
diminished by a good bleeding. He thinks, that emptying the bladder and relieving the rectum by some mild enema, is all that is necessary, before attempting reduction. Should we fail to reposit the womb by an operation, our last and only consideration will be, whether it should be emptied, or whether we allow gestation to proceed? If there is no irritation in the system, no mischief as a consequence of pressure, and no inflammation, it would be unnecessary for further procedure for a while, for the uterus, as it increased in size, might finally be restored to its proper position. On the contrary, if there be inflammation or any symptoms of irritation, and the
life of the patient be in great danger, it is thought that premature labor should be induced. After reduction, either by an operation, or by bringing on labor, the alarming symptoms caused by mechanical pressure (now removed) disappear in a short time. The patient should now be ordered to remain in bed three or four days, the rectum relieved, and the bladder evacuated every five or six hours, lest that organ filling again should unduly a second time depress the fundus, and thus cause us to lose all our trouble for want of a moderate precaution.