though it is very apt to do so, partly from the womb being in a wrong position, and often inflamed, and also because the *pain* experienced at certain times leads to retirement.

In general, the fallen womb comes still lower in the early months of pregnancy, but rises afterward. There are instances, however, on record, where it has continued fallen till nearly the full period, and others where it has fallen completely just before delivery. In one case delivery occurred while the womb was part in and part out of the body!

Occasionally a cure has been effected by pregnancy, but much more frequently the benefit is only temporary, and the derangement afterward becomes worse. This is very apt to be the case if the woman be of a relaxed habit of body, and rises too soon after delivery, or walks too far. The reason will be obvious when we reflect that the womb remains partly engorged, and heavier than usual, for a considerable time after delivery, while the ligaments, and attachments, which support it, are weaker. She should, therefore, either rest till the uterus is reduced to its natural weight, and its supports have become strong, or, if she do move about, do so carefully and use an artificial supporter.

When we are satisfied that the prolapsus exists, the next consideration will be the best mode of treating it, and this must depend somewhat upon circumstances. There are many unfortunate cases beyond the reach of the physician, in which he can only be an idle spectator, or at best he can only suggest a palliative treatment, to give temporary relief. Fortunately, this is chiefly through its having been left too long. When taken in time, and always *the earlier the better*, some degree of permanent good may be effected, if not a perfect cure. Sometimes it results chiefly from some other disease, which of course must be attended to first. Leucorrhea very often produces prolapsus.

The first thing, in most cases, is to enjoin a recumbent position; in fact, the female must lie on her back nearly altogether, during the treatment. This is requisite to allow the parts to return to their natural position, and to prevent their falling again. Sometimes it is necessary first to replace them with the hand. This injunction to rest, however, is not always requisite, nor proper. There are some females whose muscular systems become lax and debilitated from want of exercise and fresh air, and who are benefitted most by moderate exertion out of doors, cold bathing, and a general tonic regimen and diet. A little attention will distinguish one class of patients from the other. The next desideratum is to restore tone and strength to the ligaments and attachments, which may partly be effected by the use of cold water, and astringent injections, as recommended in the first stage. Some practitioners use caustic, and other violent remedies, but I have never yet been satisfied that any good has followed them that could not have been effected by simpler means. We must next endeavor to restore the general health and strength. This is the great point, for, if the system be left weak and debilitated, the womb will fall again directly the patient begins to move about. I have known many females who have been pronounced *cured*, simply because they were temporarily better from rest, and using stimulating tonics, but who relapsed immediately they began to walk out. If an improvement do not take place in the general health, there will always be liability to a recurrence of the prolapsus, as it is essentially a consequence of weakness and debility, in most cases. The shower bath, or the douche bath over the loins and abdomen, when it can properly be administered, is also a useful auxiliary. Galvanism

is, however, the best agent for general use. It gives strength to the muscles, and a healthy tone to the organs themselves. After the prolapsus is reduced it should be applied both externally and internally, at least once a day, either alone or in conjunction with the remedies previously recommended. I have known females who could not keep up the womb by any supporter they could use, who could retain it a whole day after the application of galvanism, without any artificial assistance whatever. A thorough knowledge of the parts themselves, and of their precise condition in each case, is requisite however for success, and it is for want of this that so many have failed.

Medicine, in such cases, as previously remarked, except when it can assist in restoring the general health, is altogether out of the question. Mechanical means, when applicable, may render valuable aid, but should never be depended on alone for effecting a cure, nor used indiscriminately in all cases.

The *supporter*, or truss, is more frequently useful in the first stage, though sometimes it may be worn with advantage in the second. Before recommending it in any case, however, the physician should be satisfied that he has good reason for doing so, because it may oftentimes do harm. The parts should then be properly replaced, and the female should rest on her back some time, by way of preparation, for if the instrument be put on while the parts are down, it will only keep them down instead of supporting them.

These necessary preliminaries are generally omitted, and the consequence is that disappointment, if not aggravation of the disease, is the result. The patient should also recline while being measured for the supporter, and while it is being adjusted to her person, so that it may fit properly when the womb is in its place.

In regard to the choice of a supporter few general directions can be given. Particular circumstances, in many cases, must necessitate a variety of forms and modes of adaptation. Most instruments of the kind are made to one pattern, and too heavy, and the point of support is too high, so that they rather press *on* the abdomen than *support* it from below. The point of support should either be in the center, immediately over the pubic bone, or on each side, so as to press nearly on the ligaments. On the back it should be supported by a good wide pad or two, or more, so that it may not cause too much pressure on any particular spot. The part passing between the limbs should also be specially constructed, so as not to chafe or inconvenience the person, and so that it can be easily detached if required, though it will be seldom requisite to remove it if rightly made. There may also be fixed to this part, with most persons, a small thick pad to press on the *perineum*, and assist in supporting it, the advantages of which will be evident when the supporting power of that part is borne in mind.

Another instrument is sometimes recommended, called the *pessary*. The mode of action and proper construction of which is but little understood. We will, therefore, give a full description of it.

THE PESSARY.

The pessary is a firm body, larger in diameter than the vagina. It is usually round, oval, or ring-shaped, and on being introduced into the passage pushes the fallen womb before it, and prevents its descent. Suppose the finger of a glove was half turned inside out, and then a large marble pushed up the inside, it is evident

that the part which was inverted will be again put back in proportion as the marble advances, and cannot return while it remains there. This is precisely the action of a pessary.

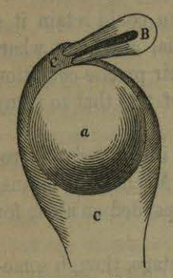

FIGURE 128.

a. Represents a globe pessary, which has been introduced into the vagina C, and thus pushes up and supports the uterus B.

The vagina is much enlarged, on account of the greater diameter of the pessary, round which it contracts below and prevents its falling out. The contraction of the muscles necessarily carries the instrument to the top of the passage, so that it presses against the mouth of the womb.

Pessaries have been used from the most remote times and are mentioned by medical writers among the Greeks, Romans, Egyptians, and Arabians. They were formerly composed of many substances not now used, as leaves, cotton, wool, and similar articles. They were also impregnated with drugs, to make them medicinal, and were thus used for various complaints. Sometimes they were constructed of gum, resin, or wax, or of sheep's bladders, and small bags. At present they are made chiefly of metal, but often of hard wood, ivory, horn, cork, wax, leather, sponge, caoutchouc, or glass.

Cork has the advantage of being light, but it is too porous, and absorbs the fluids, so that it soon rots, and endangers the health of the parts. Many cases are mentioned where it has led to fatal results. Covering it with wax or gum partly obviates this objection, but adds to its weight, and is liable to wear off.

Hard wood, ivory, and glass are too heavy, though they are perfectly clean, and on that account to be recommended when they can be worn.

Wax and resin are too brittle.

Metals, not easily oxidized, make good pessaries, but are too hard, and will often corrode in spite of all our precautions; besides they are too costly for general use.

Most generally they are made now of some elastic substance impervious to moisture, like oiled silk, or caoutchouc, and either stuffed like a pillow, or blown up with air; these last being probably the most effective, and liable to the fewest objections.

The form of the pessary has been varied so much by different practitioners that it is impossible to describe all its modifications. It is only necessary, however, to speak of those most in use.

The Globe Pessary is the most generally employed in this country and in England. It is a perfect sphere, and usually made of very thin silver, gilt, or of pure gold. I have seen some made of glass, but they are too heavy, and liable to be broken. Round balls of india rubber are also used, and will often succeed very well. The diameter varies from *two inches* to *two and a half*. It must not be so large as to cause pain, but large enough not to fall out when the person stands up, or coughs, or when the bowels or bladder are moved. The introduction of a globe pessary of sufficient size, and properly placing it, so that it will not hurt, or fall out, requires considerable care and time, and should always be intrusted to a competent person, for though it may appear a simple matter, it is in reality a delicate and important operation! One advantage attending this form is that it requires no adjusting, every position being right when it is once in the vagina, while those having a depression must be so placed that the lips of the os tincæ will rest in it, and those that have a passage through them must have it so placed as to be vertical.

The removal of one of these instruments is often more difficult than its introduction.

The Egg-shaped Pessary is not much used, except by some English practitioners. It is much more easily introduced, and more easily displaced; it is generally perforated through its center.

The Flat Oval Pessary has to be introduced edgeways, and then turned at right angles to the vagina. It is difficult to introduce, and is always becoming displaced; besides it often causes such intolerable pain that it has to be removed immediately.

The Ring Pessary is in the form of a flat, thick ring, with the central opening about three-quarters of an inch in diameter. These rings are made of glass, hard wood, or india rubber. To introduce them, they are passed into the vagina edgeways, and then turned horizontal, which is easily done, because the finger can be introduced into the central opening.

The Figure of 8 Pessary is introduced the same as the oval ones, but is not much used, especially in this country. It is easily deranged, and is liable to many objections.

The Stem Pessary is one to which a stem is attached, passing down the vagina, and attached to a bandage passing between the limbs, which is again attached to a belt passing round the waist. This pessary has many advantages, though it has some disadvantages. It needs not be so large as the others, because it cannot of course fall out. It must also of necessity continue at the same height, and cannot well be displaced. The stem, however, is liable to irritate the vagina and external parts, as it is difficult to so construct them as to suit the form and direction of the parts in all their various positions.

Spring Pessaries.—The spring pessary has been modified in many different ways by different practitioners, but is not so generally used as some others after all. In its most common form it consists of a cylindrical spring, about the natural size of the vagina, which is contracted a little at the bottom circle till introduced, and then allowed to spring open, by which means it is held in its place. The upper end is shaped somewhat like a cup, to support the womb. Sometimes the spring is made of gold, and left uncovered, and sometimes it is made of steel, and covered with india rubber.

The Elytroid Pessary is a tube of india rubber, or other elastic material, nearly in the shape of the vagina itself; it has a cup for the womb at the upper end, while the lower one rests on the sides of the vagina just within the vulva.

The Conoid Pessary is in the form of a cone, which is introduced the large end first. It is chiefly used when the vagina itself is much relaxed.

Besides all these, we have various others, as the *cup-shaped, bronards,* and the simple *inflated cylinder.*

There is also a *horse-shoe* pessary, and many others of various forms, some practitioners preferring one and some another. Women will sometimes wear one form with comfort, when they cannot another, but a great many cannot wear any form at all. Still it is well to try them when all else fails.

Inconvenience and Danger of the Pessary.—It is very seldom indeed that a pessary, of any kind, can be worn without great inconvenience, even if it do not injure. Frequently the evils resulting from its use are greater than those it is intended to cure, and it is very questionable whether the benefits derived from its introduction have been greater than the injuries. It is probable that the instrument, from its very

nature, will always be more or less liable to these objections, though I have no doubt but that it may be made much more serviceable than it ever yet has been. There are many cases in which it is not proper to be used, as in all kinds of irritation, inflammation, or ulceration, either of the womb or vagina,—also when there is a tumor, or polypus, or confirmed fluor albus. It must therefore be ascertained positively that nothing of the kind exists, in the first place. Then a careful study must be made of the peculiar circumstances and features of the case, so that the most suitable kind of instrument may be chosen, and the proper modification given to it. It is chiefly from neglect of these precautions, and from treating all cases on the same plan, and with the same instrument, that so little success has been obtained.

There are few persons in whom the presence of a foreign body, like the pessary, in the vagina, does not cause great irritation, and ultimately impair the health of the surrounding organs. Frequently, on their first introduction, such pain is experienced in the loins and groins, and such an uneasy feeling in the passage itself, that the offending object has to be withdrawn immediately. Sometimes, however, the first effects are not so unpleasant, and it can be retained longer, but only to produce other evils at a subsequent period. Among these may be mentioned swelling, numbness, and weakness, of the lower limbs, and swelling of the veins, with difficulty and pain in urinating, or moving the bowels, owing to the pessary pressing on the bladder and rectum. In fact, nearly all the distress produced by the fallen womb itself, on the neighboring parts, is produced also by the pessary even in a greater degree, because it is equally inappropriate to the place, and more irritating. This irritation also gives rise to fluor albus, sometimes to a most profuse extent, or even to ulceration and abscess. This is particularly liable to be the case if the instrument is not frequently removed, and both it and the vagina carefully cleansed. This should never be neglected a *single day*, for if it be, the fluids which accumulate will become very offensive, and both excoriate and disease other parts, and corrode the pessary itself. A peculiar growth will also be apt to occur, called a vegetation, which resembles bunches of warts, that pour out a purulent matter with a most repulsive odor. The celebrated Désormeaux was obliged on one occasion to cut away an immense number of these vegetations, before he could find the pessary, which had produced ulcerous openings into the rectum and bladder. Professor Cloquet mentions a similar case, where he had to cut away an immense mass of fungous vegetation in a lady who was supposed to have cancer of the womb. To the great surprise of all, an old pessary was found in the midst of the mass, that had been forgotten for ten years! It was completely covered with the vegetation, and incrusted over with calcareous matter. A case is even recorded where the instrument had been left *thirty years*, and ultimately produced symptoms like those of cancer, which disappeared, however, when it was removed.

Another surgeon relates that some time after he had introduced a silver gilt pessary, he was sent for on account of the lady being in great distress. He found her suffering from severe pains in the pelvis, accompanied by a profuse fœtid discharge. She thought all the distress arose from the pessary, and requested him to remove it, which he did with great difficulty. It was found to be corroded full of little holes, and covered with a hard stony crust. Another case is mentioned of a cork pessary having rotted in the vagina, and produced putrid fever, with inflammation of the bowels. And Delamotte gives the history of a lady from whom he was compelled to extract a cork pessary, which had been worn three years, to which he had to use instruments with all his strength. He was unaware of the nature of the obstacle till it was extracted. It also was completely petrified, like a large calculus from the bladder. Such cases are numerous, and frequently result in fistulous openings into the rectum and bladder, so that the contents of those organs escape by the wrong passage. The celebrated Dupuytren had a case of this kind, where the pessary had eaten its way into both the rectum and the bladder, and had to be cut away a piece at a time, with strong pincers. Stem pessaries are apt to produce accidents of this kind, by the parts becoming displaced and forgotten. M. Lisfranc extracted one through the rectum, which had become lodged crosswise, with both ends penetrating; the patient died.

In those pessaries that have a central opening, as a ring for instance, the neck of the uterus is apt to become gradually drawn into the opening, if it be left too long at a time, and strangulated. A foreign medical journal relates that a young girl, who suffered from prolapsus, was advised to introduce a ring pessary, which she did. The central opening being large, however, the neck of the uterus was first drawn into it, and then part of its body. On examination, the strangled part was found like a tumor, as large as a child's head, protruding from the parts. It was found impossible to extricate it till the ring was cut through with a saw. She fully recovered. I had a case of this kind myself, but fortunately the lady, being aware from her feelings that something was wrong, applied for assistance in time. The neck of the womb had passed through the ring about two inches, but gradually receded as gentle but continued pressure was made upon it, while the pessary was held fast by a ribbon. Part of the womb has been cut off in this way, and life has been lost. It is a very common occurrence for these instruments, when neglected, to become *petrified*, as it were, or covered with a hard stony crust, which will sometimes be as sharp as a file, and continually chafe the neighboring parts, producing painful ulcers, difficult to heal. These extreme evils are, it is true, the consequences of neglect, but still great distress, if not serious injury, will often follow, even in the most favorable cases, so that constant care and attention are required.

The pessary itself should be smooth and light, and not easily corroded by the fluids natural to the parts. It should be easy of removal, and cleansed, together with the organs, *every day*. And further, it should never be introduced, if there be any disease or irritation, till that be removed.

TREATMENT AND PROBABILITY OF CURE.

The treatment, so far as it can well be laid down generally, has been already given in the preceding sections, so that we have now but little to add.

The first thing to be done is to make sure that the case is one of prolapsus uteri, and not one of tumor or polypus. It must then be ascertained how long the prolapsus has existed, and what stage it is in; whether the womb is capable of being returned to its place, or has formed adhesion; and whether there be any other disease of the organs co-existing. If there be any other disease, local or general, which may be supposed to be a principal, or even an exciting cause, that must be first removed. Then, if the displacement be recent and slight, rest or exercise must be enjoined, according to the condition and previous habits of the patient, with astringent washes and injections, and the cold bath. Change of air, attention to diet, with any other means that will give tone to the system, will also assist. If these means

are not sufficient, galvanism must be resorted to, under a competent practitioner. All these means must be tried first, leaving the application of mechanical supports till last. I have known the curing of an obstinate constipation of the bowels completely remove all tendency to prolapsus of the womb.

If all these means fail, a supporter or truss may be tried, providing there are no circumstances to contra-indicate it, such as the womb having adhered, or fallen too low, as in the second stage of prolapsus, when the truss is seldom proper.

When all other trusses have been tried sufficiently long without effect, a PESSARY may be resorted to, if there be nothing in the case to make the experiment improper. It must first, however, be carefully ascertained that there is no inflammation or ulceration. Great care must then be taken in properly adapting the instrument, so that it may be worn with *ease*, and constant attention, for some time after, must be bestowed upon it, to make sure that no injury is being done, and that no alteration is required. If all things remain favorable, and the female herself be strictly attentive to cleanliness, much relief may be afforded, and possibly a permanent cure effected, by the pessary.

Other means have been recommended and tried by different practitioners, but none of them have been much used. Thus some advise the patient not to rise on the feet for a long time, but to lie with the pelvis higher than the shoulders, in some cases for a month or more. Others use little bags, called *sachets*, filled with tan or port wine; and others again form a tampon or plug of some astringent material. It has even been proposed to make the vagina nearly solid, by *cutting* the two walls, and *making them grow together!* This has actually been done in several cases with complete success, so far as the operation is concerned, but *not* with the cure of the disease!

Pregnancy sometimes cures prolapsus uteri, but oftener leaves it worse than before. It is sometimes, too, a dangerous complication.

The general tendency of a prolapsus, if not attended to, or if improperly treated, is to constantly get worse, and ultimately to attain the final stage.

Third Stage.—The third stage is that where the womb is completely prolapsed, or protrudes through the external opening. It is usually termed a complete *hysteroptosis*. When this event occurs, many of the ordinary symptoms of the previous stages are relieved, because the pressure of the womb upon the rectum and bladder is removed. The ligaments and attachments are more stretched, however, and the pulling and dragging pains in the back and loins are greatly increased. There can be no mistake as to this stage, because the organ itself may be seen and felt, like a round ball or tumor, between the limbs of the patient. Sometimes this tumor will project six or eight inches, or more. It is composed not only of the womb, but also of the inverted vagina, the bladder and rectum, and uterine appendages, all of which have been dragged down by it. The neck and mouth of the womb may always be distinguished, though much contracted, and at the menstrual period the usual flow will occur from the os tincæ. In most cases, the exposure of this tender organ to the external air, the irritation of the urine, and the friction of the limbs and dress produce violent inflammation, so that it will swell and excoriate, or even become mortified. Sometimes it will remain extruded, however, for a long time with trifling inconvenience, and ultimately become as hard and callous as the external skin. A lady once called upon me, who stated that she was much alarmed by the appearance of a tumor between the limbs, which had appeared suddenly, as she was running up stairs. It was not remarkably tender, nor did it cause her much pain, except occasionally a sharp

twitch in the groin. It disappeared when she laid down, and sometimes it was not perceivable for a day or two together, if she rested more than usual. This had been the case six months when I saw her. On making the necessary examination, I at once told her it was the womb itself, completely prolapsed. She was greatly surprised and alarmed, and requested me to do what I thought requisite to return it immediately. I at once saw the case was very favorable for treatment, because there was no irritation, no soreness being felt even when it was pressed by the hand. A gentle pressure, rightly directed, soon restored the womb to its place, and relieved the sensation of weakness she complained of. The next desideratum was to prevent its falling again, and to remove the tendency to it. If she could have remained perfectly still, nothing more would have been required during the treatment, as it only came down from exertion. She was required to be constantly on her feet, however, and therefore some artificial support was necessary. A truss would not serve the purpose, so I had a pessary constructed for her, which served the purpose effectually; she could walk, run up stairs, and perform any other active motion without the prolapsus occurring again. I then advised her to take the cold bath regularly, use astringent injections at night, when the instrument was removed, and pay strict attention to her diet, so as to produce regular action of the bowels without medicine. This was persevered in for about two months; she then, by my advice, left home for a month, and went to the sea-side to bathe. At the end of that time, she felt so strong that she thought the pessary might be dispensed with; it was accordingly carefully left off by degrees, and since then, nearly twelve months, she has remained perfectly well.

Cases have been known where female children have been born with this deformity, as previously mentioned, so that their sex has been a matter of doubt. The celebrated Saviard mentions a case of this kind, where the person was commanded, by the civil authorities of the place where she resided, to wear men's clothes. He, however, reduced the prolapsus, and at once established her sex. Many such cases are on record, and very often, before their nature was known, they gave rise to many of the statements we read of in old works respecting *hermaphrodites*, which were frequently only deformities of this kind.

The first thing to be attempted in complete prolapsus is to return the womb to its proper place. This can generally be accomplished, though not always. Sometimes new attachments have formed, where it has been left too long, and then all attempts may fail. At other times the difficulty arises from the small intestines, and other parts, having followed the womb, and filled up the cavity it used to occupy.

It is generally considered by surgeons, in spite of all these difficulties, that there are but few, if any, of such cases in which reduction is impossible. We certainly ought not to despair of any recent case, when we reflect that Saviard reduced one in an adult that had existed from birth.

After the womb is replaced, means must be taken to keep it there, till the muscles and ligaments are sufficiently strengthened to retain it themselves. Sometimes simple resting on the back will be sufficient, at others we must use mechanical supports, as with the lady I mentioned.

It is very often the case, unfortunately, that the natural strength of the parts never returns, and some kind of instrument has constantly to be worn. After the reduction is effected, the treatment is, of course, much the same as for the preceding stages, which it then resembles, excepting that there is an unusual degree of relaxation.

If this unfortunate state of things should occur during pregnancy, and some are more disposed to it at that time, every endeavor must still be made to return the parts to their places, to obviate the great danger and inconvenience that would necessarily follow from the pregnant womb remaining without the body, though it has done so even till delivery. If the womb be too large to return, it must be supported, carefully kept from all irritation, and the patient reclined on her back till the period of birth occurs, which may then take place without extraordinary difficulty. There have been instances known where all attempts to return the protruded womb have failed, and where the sufferer has merely been partially relieved by using a suspensory bandage of some soft and elastic material, or by lying constantly in a recumbent position.

In some of these cases the organ becomes gangrened, or mortified, and to save the life of the patient it becomes necessary to remove it altogether. This operation of extirpating the womb, though necessarily a dangerous and painful one, is not necessarily fatal, it having been performed with perfect safety and success by several distinguished surgeons. It may be performed in two different ways, by the knife or by the ligature, each of which has been tried, and each has its advocates and opponents. With proper attention, bestowed in time, this dreadful alternative need scarcely ever be resorted to, and fortunately it is very seldom indeed that a necessity for it arises. I know one lady who had the womb and the greater part of the vagina cut out, nearly fifteen years ago, on account of a cancer, who perfectly recovered, and has enjoyed excellent health ever since.

ANTEVERSION AND RETROVERSION OF THE WOMB.

These are two displacements not so common as ordinary prolapsus, but still more frequent than even many practitioners suspect.

Anteversion is a displacement of the womb by its falling forward upon the bladder, toward the bones of the pubes. By referring to the plates, the nature of the displacement will be readily understood. In the natural state the womb is nearly balanced on the top of the bladder. Now if the bladder be suddenly made smaller, from discharging its contents, and any force from behind—as the passage of the contents of the rectum, for instance, push the womb forward at the same time, it will be evidently liable to fall over toward the pubic bone, or between the bladder and vagina, and thus produce an anteversion.

Retroversion is a displacement of the womb by its falling *backward* between the rectum and the vagina, being precisely the reverse of anteversion, and produced by directly opposite causes. If the bladder be *too full*, the womb will be raised upright, and then a slight concussion from jumping, sudden lifting, or running, may throw it over completely, or retrovert it. In this case, the mouth of the womb presents forward against the bladder, and the top or fundus of it against the rectum; in the former case, the mouth presents against the rectum, and the top against the bladder.

Anteversion appears to be most frequent in the non-pregnant, and retroversion in the pregnant state; both may occur, however, in either, though not after four months gestation, the womb being then too large to fall into the pelvic cavity in this way. Retroversion has been known to occur in virgins.

Both accidents may take place either gradually or suddenly, so that the symptoms may be either immediately acute or continue to increase. The sensations are

much the same as those from ordinary prolapsus, but usually more severe. Dragging pains in the loins, small of the back, and thighs, with a feeling of weight and bearing down in the pelvis, similar to labor pains, are first experienced, followed by uneasiness in the rectum and bladder, with a constant desire to urinate and move the bowels. Generally, however, both motions are difficult, if not impossible, and frequently the urine will stop altogether in the midst of the flow, every attempt to expel it being productive of increased distress. This is followed in a short time by inflammation of the womb, which causes the most acute suffering. The menses either cease altogether, or flow continually, and usually a leucorrheal discharge also supervenes. Gradually the whole system becomes deranged, the appetite is gone, the strength fails, fever sets in, and if relief be not given speedily, a fatal result may be expected. The immediate cause of all this difficulty is the jamming of the womb into the small basin of the pelvis, which leads to inflammation, both of it and the neighboring parts. The mischief is of course made greater by any circumstance that increases the volume of the womb, as when it becomes engorged from retention of the menses, or from pregnancy. Sometimes, when the displacement occurs at the change of life, the impacted womb, not having any function to perform, will lose its vitality and become smaller, from wasting away.

It will be readily seen that these accidents are very serious during pregnancy, not only from the difficulty of replacing the womb then, but because sometimes it cannot be replaced at all, in which case the most imminent danger will be experienced. The womb will necessarily keep growing larger and larger, though the space in which it is confined cannot hold it when empty, without great inconvenience; consequently, it is subject along with the bladder and rectum, to violent and increasing pressure, producing the most intense inflammation, which must ultimately be fatal if not relieved. Under such circumstances, it is recommended by the most eminent surgeons to immediately produce abortion, or even to *puncture the womb*, to make it smaller by removing its contents, and so permit its return. We have many cases on record where this has been done with perfect success; but still it must always be regarded as a fearful alternative under such circumstances. If proper attention be bestowed by the female herself upon her feelings, and by her medical attendant upon her proper treatment, immediately the accident occurs, relief may in general be obtained by some of the means hereafter to be mentioned.

The cause of these displacements may be either a defect in the form of the parts, or some external violence.

If the pelvis be too large, the organs will be liable to gradually fall, or to be easily forced down. If the womb be too easily movable, it will also predispose very much. The most frequent causes that produce these displacements suddenly are certain violent contractions of the diaphragm and abdominal muscles, as in vomiting, obstinate constipation, straining to expel the urine, or a sudden fright. Also, blows on the abdomen, falls and lifting, particularly when the article raised is pressed against the front of the body—all which are more liable to effect the injury in the early months of pregnancy.

A very frequent cause of retroversion, particulary if the woman have a capacious pelvis, is too great fullness of the bladder. Many a one has had it produced in this way from want of convenience on a journey. The bladder becoming constantly fuller, gradually elevates the womb, until it becomes perpendicular, and then from simply descending a step, rising from the seat, coughing or sneezing, it is thrown

completely backward, or retroverted. The female feels immediately disposed to *bear down*, and every time she does so only increases the difficulty by forcing the womb still lower. Sometimes on emptying the bladder it returns again, and the only sign left of the displacement is a numbness over the ligaments, owing to their having been so stretched. If the female be two or three months pregnant, however, this return is not very likely to occur without assistance, and will be difficult even with it. Those who are so situated should therefore be careful, and not place themselves under circumstances where the urine cannot be evacuated when required. Indeed, as a general rule, it is injurious for females to allow the urine to accumulate too much at any time, as it constantly disposes to these accidents, and gradually weakens the uterine supports.

It is probable that in every case of retroversion, unless it occurs from some very sudden violence, the *round ligaments* are more or less relaxed, and that this relaxation is a principal predisposing cause. In any case, these ligaments are very much stretched when the womb is retroverted, as it hangs by them, and though they undoubtedly have some elasticity, and may shorten again when the womb is replaced, yet this does not always occur. When once they have been strained in this way, it is probable they seldom or never fully regain their former strength, so that one accident of the kind makes a recurrence more likely. Allowing the bladder to remain too long full will effect the same injury to some extent, because while the womb is thus constantly elevated, the ligaments are more or less distended, and thus gradually weakened.

In anteversion the broad ligaments are much stretched and gradually give way, sometimes even rupturing. The bladder is pressed against the symphysis pubis, and the rectum against the curve of the sacrum. Sudden emptying of the bladder, after it has been very full, will throw the womb forward, and be very likely, when combined with any of the accidents previously mentioned, to produce an anteversion, particularly if the womb itself be engorged and heavy, and the rectum full. Strong purgatives, from the straining they produce, are also likely to assist, and *certain excesses*, which by all means should be avoided.

The general symptoms of these two accidents are in general so similar that it is seldom possible from them alone to distinguish an anteversion from a retroversion. A proper examination, however, leaves no doubt, and must always be resorted to if there be not absolute certainty without it. Mistakes have been made, even by eminent surgeons, leading to serious results. The celebrated Levret had a patient whom he supposed suffering from a stone in the bladder, and upon whom he even performed the usual operation for removing it, though there was nothing of the kind to be found. The patient died from the operation, and upon examining the body, it was discovered that she had an *anteversion of the womb*, which caused the whole difficulty! The same displacement has also been taken for a tumor and for dropsy, owing partly to retention of urine in the bladder.

Usually there is great inflammation and swelling of the parts, which it is very desirable to reduce, and for which purpose baths, injections, and other means may be used, as circumstances may render most advisable. In many cases, the replacement of the womb has been declared impossible, simply because it was attempted while in a swollen state, and afterward, when the swelling had subsided, it has been effected without difficulty. It is particularly necessary also that the bladder and rectum should both be emptied, because when full they fill up the pelvis very much, and

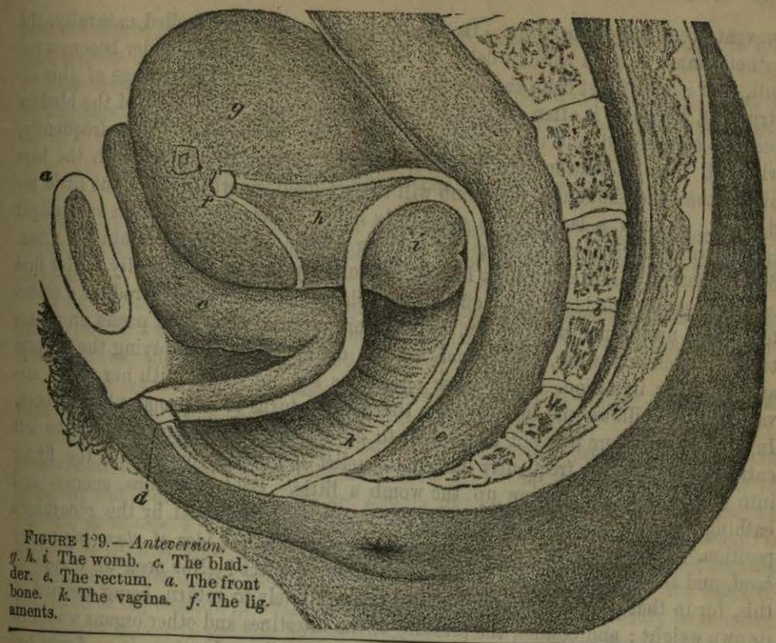

FIGURE 129.—*Anteversion.* *g. h. i* The womb. *c.* The bladder. *e.* The rectum. *a.* The front bone. *k.* The vagina. *f.* The ligaments.

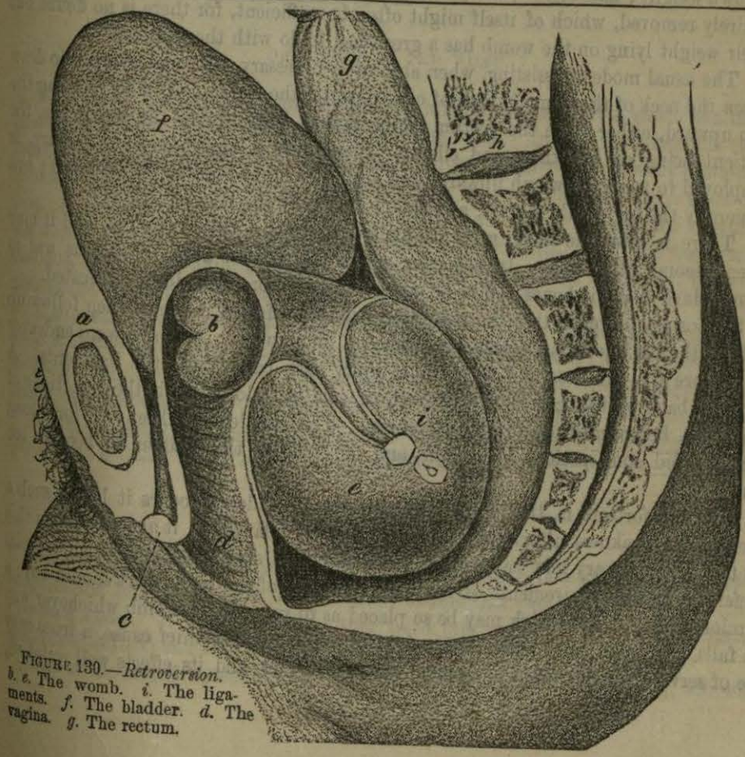

FIGURE 130.—*Retroversion.* *b. e.* The womb. *i.* The ligaments. *f.* The bladder. *d.* The vagina. *g.* The rectum.