

Suppression of urine and stools, occasioned by the retroversion of the pregnant uterus, which terminated fatally / by the late Dr Ross ... ; communicated to Dr Duncan, by James Carmichael.

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Publication/Creation

[Edinburgh] : [publisher not identified], 1799.

Persistent URL

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SECT. II.

MEDICAL OBSERVATIONS.

I.

Suppression of Urine and Stools, occasioned by the Retroversion of the Pregnant Uterus, which terminated Fatally. By the late Dr Ross, Physician at Hamburg. Communicated to Dr Duncan, by Dr James Carmichael, Port-Glasgow.

A MIDDLE-aged woman, lean, of a weakly habit, said to have been formerly liable to a prolapsus of the vagina or uterus, supposed

supposed to be now seventeen weeks pregnant for the first time, after a fright and some fatigue, began to pass her urine with difficulty, which, since the beginning of January, gradually increased till the 28th, when there was a total suppression of urine and stools. I saw her for the first time, Tuesday the 29th of January, in the evening; the belly was prominent, hard, circumscribed, resembling a pregnancy of seven months; she complained principally of a pain at the navel, which she could not bear being touched; she vomited frequently; clysters returned immediately, when attempted to be injected; the legs and thighs were exceedingly œdematous. On examining per vaginam, I found the pelvis filled with a tumor, which scarcely left room for a finger to pass between it and the ossa pubis; I could not reach the os uteri; the meatus urinarius was so far retracted, that it was difficult to introduce a flexible catheter, which could not be pushed over. The tumor in the pelvis felt as if containing a fluid; on pressing it back from the symphysis pubis; the urine gushed out. I continued in that manner to free the urethra from the
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compression of the tumor, till a very considerable quantity of urine was discharged by interrupted gushes; the woman was much relieved, the belly became soft and flattened; I could now just reach the os uteri with the tip of a finger, at the upper part, or above the symphysis pubis. The orifice of the urethra coming now in view, and the parts being more relaxed, I attempted again to introduce the flexible catheter, but in vain; it would not go in above two inches, and required some force to withdraw it, as from a canal narrowed by spasm or otherwise. I now concluded the swelling of the belly to be from the distended bladder, and that the pelvis was filled up with the retroverted uterus.

The tumor in the pelvis being now somewhat less tense, I made an attempt to reduce what I took to be the uterus, to its natural situation, as directed in Lond. Med. Inquiries, vol. iv. and v. but without success. By pressing upwards in the vagina, I could raise it as high as the brim of the pelvis, but could not bring down the os tincæ; the tumor was, therefore, soon forced down again into the pelvis, probably by the pressure of the blad-

*ms to have been very bad Practice to attempt
ly to replace the Uterus, while the Bladder
le distended with Urine. When the Tumor
ed by the Uterus in Vagina was pressed back
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der, only half-emptied. Whilst the uterus was raised, perhaps the catheter would have passed. During my attempt to raise the tumor, I thought I could obscurely perceive the embryo in it, through the parts now a little relaxed. I did not continue my endeavours long, the woman being exceedingly refractory and unwilling; though encouraged by Dr Janish, a practitioner of midwifery, and by a surgeon, who were present. Next day, she continued to vomit; the urine and stools were suppressed, but she obstinately refused every kind of assistance, except glysters, which did not pass beyond the obstructing tumor, and the letting the contents of the pelvis be pressed backward, to allow some urine to be discharged by the urethra.

Thursday, the same.

Friday, the same symptoms and resolution. I again relieved her, by letting a considerable quantity of urine flow off; but she would not suffer the catheter, or any other means, to be tried. Dr Buesch, a practitioner of midwifery, who was so obliging as to accompany me sometimes in my visits to this woman, joined me in representing the danger of the bladder

Wenther & the Uterus. In this ^{bursting} way there is no doubt that a skilful Practitioner would draw off all the Urine. & thus probably to

bursting or mortifying; and how little was to be expected in this case, without the assistance of art; moreover, that it was perhaps the last time that it would admit of a cure.

Saturday, the 2d February, when I called, was informed, that a midwife had helped her to pass some urine; the abdomen was, however, much enlarged, the tumor reaching to the scrobiculus-cordis, but the upper part seemed to be tympanitic. She complained, as before, of a pain at the navel, the legs and thighs were less swelled, the pulse natural.

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As the midwife had promised to return in the evening, I did nothing. An old physician, who had visited her in my absence, told her she would get better when she passed half the term of pregnancy, and advised letting a midwife occasionally raise the tumor; this shews that he took it for a simple descent, for he did not examine, perhaps did not just at that time think of the retroflexion. *perhaps did not know of such a complaint.*

Although I had declared from the beginning, that I would accept of no reward, yet this woman, either from indifference about living, or despairing of recovery, appeared now little desirous of my attendance, and very

little

little communicative of what she felt, or of what passed in the intervals of my visits; I determined, notwithstanding, to see her from time to time, as long as they would permit me, curious to observe whether nature would be able to relieve herself, and in what way. The child ceasing to live and increase, the membranes might become putrid, and suffer the liquor amnii to escape; or the uterus, distending above the brim of the pelvis, the portion sunk into it might be gradually retracted. Besides, I began to entertain doubts respecting the contents of the tumor in the pelvis; it felt like the distended bladder. It might possibly be a process of that viscus which had descended behind, and perhaps was felt below, and partly before the uterus, in a way I could not account for, (it is well known, that there are various herniæ vesicæ). The tumor did not give the resistance to the touch which I expected from the uterus; nor did I positively know how far the uterus was really enlarged, or in what proportion it occupied the capacity of the pelvis.

Sunday, 3d February, the woman feverish, abdomen much on the stretch, as far as the

They shew that the Author's Ideas were as Mr. Frazer says (size of C. P. Box) "not well developed even to himself."

scorbiculus-cordis. The distended bladder could be distinguished reaching about two inches above the navel; the tumor above that was also somewhat circumscribed, and felt tympanitic. I let some very fetid urine run off, by pressing back the tumor in the pelvis; but it soon ceased to flow: The woman appeared to be in imminent danger. The puncturing the bladder above the ossa pubis was proposed.

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Monday, the 4th, has passed some urine and mucous stools; abdomen rather less distended; not feverish; the swelling of the lower extremities quite gone. Had more active absorption taken place in the bladder and abdominal cavity, as well as in the extremities? Was the fever the cause or consequence of this? Did the bladder, perhaps now thickening, oppose more resistance to the distending force?

Thursday, 7th, belly less swelled, the upper part not tympanitic; has had glysters with effect; and has repeatedly got rid of some urine, by pressing back the tumor with her own fingers, or by the assistance of the other gentlemen, or midwife. The woman attending

ing her told me, that the rectum was full of hardened fœces; but, on examining, I found it to be only the tumor pressing on the rectum. I now prescribed her a laxative.

8th February, has had several stools from the purge, but the lower part of the belly is swelled and hard, seemingly from the distension of the bladder only. By pressing back the tumor in the vagina, she discharged some fetid urine. The woman beginning to be a little more tractable, consented to a trial with the catheter; the one I had by me would bend so as to form a circle of about two inches diameter. I gradually pushed it forward about a hand-breadth, pressing back the tumor at the same time, yet no urine came away; only some drops of blood. With two fingers in the rectum, I now pushed a little against the tumor, but found it more resisting than before; perhaps, from the bladder being less emptied. The catheter, when withdrawn, was full of coagulated blood. She has feverish fits every night.

This woman remained several days following nearly in the same situation, at times getting rid of some urine, generally in the way

often mentioned ; it was now less fetid. She had also stools by the help of laxatives ; and being now less distressed with pain, could sit up great part of the day ; nor did the belly swell so much as before.

When I visited her the 13th, found her feverish, and much weaker. She expressed a desire to be helped, and that she was willing to submit to any thing. I still thought it possible to evacuate the bladder through the urethra, and imagined the failure of success the fault of the instrument I had employed. Therefore, now prepared a canula of flattened silver-wire, covered in a spiral manner, with a single fold of the thinnest silk ribband, one third of an inch broad, drawn through a saturated solution of elastic resin, which dried immediately ; the canula was also several times brushed over with the varnish. This instrument was so pliable, that I could turn it round my finger ; at same time, of such a size, that it could not easily double in the urethra.

Next day, the 14th, I introduced the flexible canula with the greatest ease, and drew off about three pints of urine. The bladder

der seemed to be quite emptied. I could not yet reach the os uteri; nor was the tumor in the pelvis sensibly lessened, which still felt like a fluid contained in a membranous cyst. I now placed the woman on her knees and elbows, with two fingers of the right hand in the rectum, and two of the left in the vagina, pressed on the lower part of the tumour, which easily gave way. I raised it slowly, in the direction of the axis of the pelvis, till I could feel the promontory of the sacrum, which projected more than usual, both with the fingers in the rectum, and with those in the vagina; by which I was certain, that the uterus was raised quite above the pelvis. With the two fingers in the vagina, I now attempted to press back, and bring down the os tinæ; but, as it made not the least projection, nor was the orifice open enough to admit the point of a finger, I could effect nothing; there was only a plain surface to act upon. I, however, continued these endeavours, at the same time pressing with my right hand, supported by an assistant, on the hypogastric region, in a direction towards the pelvis; by degrees, the os tinæ elongated

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like a reproduction, and came into the natural situation. It was longer, softer, and larger, than in the unimpregnated state. During the time I pressed on the belly, and whilst the os uteri was recovering its natural position, some urine was discharged in jets. About five minutes were required to raise the tumor, and about fifteen, or more, to bring down the os tincæ.

Next morning, I found the os tincæ in the natural situation, but rather more enlarged, and about two inches long ; which seemed to indicate approaching abortion. I introduced the common female catheter, which went up with some difficulty, in a direction towards, and as if pressed against, the parietes abdominis ; the urethra seemed to be longer than usual. There was but a small quantity of whitish mucous urine discharged ; some filaments of coagulated lymph came away on the catheter. She vomited frequently a dark-coloured stuff, such as she had thrown up a couple of weeks before. She got some of Riverius's draughts, with peppermint-water. When I saw her in the evening, the vomiting had ceased. She had passed her urine voluntarily the natural way, but was very weak ;
complained

complained of a pain in the throat, probably aphthæ; pulse quick and small; respiration bad. I was informed next day, that she miscarried at three o'clock in the morning, and died at seven. The child was nine inches long, of a vivid red colour, the limbs semi-transparent, the head a little flattened, one side of which, of a dark colour, perhaps where it had not been exposed to the air. I was told that it came by the feet, that the upper parts remained long in the vagina, that no discharge of blood followed.

It is of a little size to be taken what colour the uterus was

Although the preceding symptoms, the reduction of the uterus, and subsequent abortion, removed every doubt respecting the nature of the case; yet I offered to give some money towards the funeral-charges, if they would permit me to open the body; which was then refused. However, the 18th, I unexpectedly got leave to open her, clandestinely and in haste.

The belly was flat and soft. I made an incision from the scorbiculum-cordis, down to the ossa pubis, the upper part of which protracted the cavity; but from the navel downwards, the containing were inseparable from the contained parts. The abdomen being

also opened transversely, the object which first engaged my attention was, a dusky red flat body, about a finger thick, extending from its adhesion to the peritonæum at the navel. About two inches upwards, it had some resemblance to a very large placenta, or rather to the uterus at the full time, suddenly emptied and collapsed ; but, on blowing air into the urethra, proved to be the bladder, which, though distended, retained somewhat of a flattened form, like a Spa-water flask. The omentum was contained mostly in the right side of the cavity, irregularly puckered, thickened, tender, of a half-rotten dirty appearance. It adhered firmly to the right side of the fundus vesicæ, where perhaps the vessels mutually anastomosed ; at least, it had there a founder appearance, and from thence upwards, for three or four fingers breadth, was fleshy and thickened. A flexure of the colon was firmly attached to the posterior part of the fundus vesicæ, the small intestines slightly so to that viscus, and to the peritonæum lining the muscles. This shews previous inflammation ; and hence perhaps the pain at the navel. The external surface of the

the stomach, and of the transverse flexure of the colon, were slightly inflamed: They were both much enlarged, but neither at present distended. It may be presumed, they had occasioned the tympanitic feel mentioned above, but were now as well as the liver, mostly covered by the ribs and sternum. The bladder was now laid open, from the fundus down to the ossa pubis: It contained no urine, was in the whole extent of this incision as thick as sole-leather: The lower posterior part was also thickened and fleshy, but the back-part of the fundus had the natural appearance, and was only about three times as thick as usual. At the lower part of the incision, some white pus issued from between the coats of the bladder. I probed this little abscess with the female catheter, which went down behind the symphysis pubis: At this place, it was easy to insinuate the catheter between the coats of the bladder, and, by moving it end or sideways, to separate them to any distance. I cut off about a hand-breadth of the fore-part of the fundus, above where it adhered; this was also easily separable into strata; the internal stratum the most easily drawn off. The whole
extent

extent of this piece was, however, not a simple membrane, for externally muscular fibres and lacerti were very obvious; and it was easy to insinuate the flattened end of a probe between this muscular layer and the tunica nervea, covered with the internal cuticular tunic, now thickened and rough, also between these two last, and to separate them a little way. The next stratum, which I easily detached from the above-mentioned piece, had externally a somewhat smooth surface, but internally the same muscular appearance as the last mentioned; therefore, both taken together, only constituted the muscular coat, although so easily divisible. The greatest part of the thickness still remained divisible, though not so easily, nor to the whole extent of the piece, into three strata of a fleshy appearance, and plain surfaces; but on holding them between me and the light, I could see no muscular fibres; and observed, that these strata were not every where equally thick: Beyond these last, a thick stratum of fatty gelatinous cellular membrane, covered with the external peritoneal coat. I do not mean that this should have any reference to the accurate anatomical

anatomical description of the parts in a sound bladder; only mention what was obvious to my senses in the morbid state.

The bladder had, upon the whole, as well as the omentum, the appearance of parts in which there had lately been no circulation. The internal surface of the bladder had that appearance which the epidermis takes when long soaked in a watery fluid; there was perhaps, in the last days, no secretion of the natural mucus to defend it from the urine. There were, notwithstanding the great distension the bladder had so long suffered, no inequalities nor facculi. The catheter I used as a probe, or to separate the strata, took on immediately a copper colour, and soon turned black. I passed a finger down through the urethra, as far as the external orifice. The canal was too wide to be filled with one, but two fingers entered with difficulty: It was now not longer than usual.

The os uteri, by examination in the vagina, was not very readily distinguishable, being yet open and relaxed. The uterus retained the natural situation, was contracted, I suppose, to one third of its former dimensions, considering

considering the size of the fœtus, and the quantity of water requisite to give such a perception to the touch in the vagina and rectum. It retained no mark of having been reflected. The external and internal surface, as well as the substance of the uterus, and of the placenta, still adhering to the fundus and posterior side, were through and through of a beautiful light red colour, like the upper part of blood exposed to the air, especially the external surface of the uterus. There was not the least coagulum contained in the uterus. The substance of the uterus was about a finger thick. It appeared to be every where perfectly sound. The right tube was turned down, and adhered its whole length to the posterior surface of the uterus; but by a connection too firm to be recent, as the tube did not seem to be inflamed or gangrened, was indeed full of coagulated blood, contained probably in the cellular substance; but I did not take time to examine it minutely. The angle formed by the lumbar vertebræ and os sacrum was more acute and projecting than usual. The rectum appeared to be sound; but though empty, was more extended in breadth

breadth than usual ; between which and the vagina, it was easy to pass the flattened hand down to the perinæum. The intestines were but moderately filled with air, nor did there seem to be indurated fœces contained any where in them ; but I did not open the stomach or intestines, the time allowed me being elapsed. There was only about a pint of liquid, somewhat purulent, contained in the abdomen.

Had the symptoms, during the course of the disease, been more carefully noted, the comparing them with the morbid appearances discovered by dissection, would have rendered this case more instructive. It appears in the narration, why they were less strictly attended to ; besides, I had at that time only one principal object in view, the event ; for the disposition of the woman's friends did not leave the least room to hope for permission to inspect the body, should she happen to die. Still the intelligent reader will be able to draw some inferences from the few data supplied. I shall only observe, that the urine, for the last week, passing sometimes of itself, (if I have not been misinformed), at least in general with

with less assistance, and losing its offensive smell; the bladder, during the same period, although it had lost its muscular contractility, daily resisting, more and more, the distending force, and gradually occupying less space, sufficient to keep down the uterus, yet ceasing to obstruct the intestinal canal, the stools therefore coming freely, the tympanitic tumor disappearing, the œdematous swellings going down, while the abdomen was still on the stretch, the uterus, though so long retained in such a pelvis, and containing a child of the size mentioned, and being so easily raised after the bladder was entirely emptied, are remarkable circumstances. Was the urine retained by the mere pressure of the uterus against the widened, perhaps distorted urethra, without the sphincter acting? and does the extraordinary dilatation of that canal, under this circumstance, when more or less freed from compression, account for the large, though interrupted gushes of urine, which was sometimes discharged, as from a wide-mouthed bottle only thrown on its side, but oftener, with force and noise, as if from a bore in a full cask, alternately stopped and opened?

ed? To what might the vivid redness of the substances of the uterus and placenta be owing? To the air admitted through the dilated parts? Or was the circulation continued for some time between the placenta and embryo, after its body was exposed to the air? I have seen the heart beat in one of that size upwards of twenty minutes, after it was separated from the mother, although it did not respire.

Had this woman survived, the bladder never could have recovered its low situation, being so firmly attached to the parietes abdominis, as high as the navel. Whether this was occasioned by inflammatory adhesion to the peritonæum lining the abdominal muscles, or to that membrane where it is reflected from the muscles to the fundus vesicæ, having been drawn upwards, or whether it was lacerated, as observed by Van Doeveren, I did not at the time think of investigating; but, from what I can recollect of appearances, am inclined to ascribe it, in a great measure, to one of the latter causes. Be that as it will, it was very evident, that a puncture might have been made into the bladder, any where
between

between the ossa pubis and navel, without penetrating the cavity of the lower belly. This adhesion, the thickness and form of the bladder, demonstrate, that no part of it could have been in the pelvis; the feel above mentioned was, therefore, a deception.

The duration of this woman's experiment upon herself, for so it may be called, was by the partial relief daily afforded her, uncommonly protracted, after the entire suppression of urine and stools had taken place. She remained also long free from febrile symptoms, yet the result tends to lessen our confidence in the power of nature, when the retroversion is complete, and supplies an argument against procrastination in such cases.

From considering the nature of the parts concerned, and observation of real cases, it has been remarked, that the retroversion may be in various degrees; therefore, the axis of the uterus thrown into different directions; sometimes transverse respecting the pelvis, as may be judged of by the os tincae only inclining to the symphysis pubis: That the fundus uteri, in other cases, is more sunk in the pelvis; in the worst, is down as low as the perinaeum

and the os tincae at the upper part of the symphosis pubis. Is, then, the method proposed for effecting the reduction equally proper in every degree of retroversion, namely, the raising the fundus uteri by means of two fingers in the rectum; at same time, pulling down the os tincae, or upper part of the vagina, with two or more fingers of the other hand? By that manœuvre, the rotation of a spherical body, or incomplete retroversion, may be effected; but when the fundus uteri is pressing against the perinæum, and pushing out the lower posterior part of the vagina, that viscus may then be considered as of a longitudinal figure, filling up, and taking the form of the pelvis, probably wider below than above. In this case, the fingers pressing on the os uteri will be counteracting those in the rectum; besides, from being confined between the ossa pubis and tumor, they can at any rate do little good, but probably much harm, by narrowing the space the tumor or hernia is to be returned through. It will, perhaps, in most cases of complete retroversion, be best to employ both powers, that is, the fingers in the rectum and in the vagina,

merely to raise the uterus quite above the brim of the pelvis, before an attempt be made to bring down the os tinæ, which, by the attachment of parts to the ossa pubis, will be prevented from rising higher, and must become the depending part, when the uterus is raised into the abdomen. Besides, the moving force being applied to four different points, will be less liable to injure the rectum and vagina, than when applied only to two.

I found it impracticable to follow the rule. James Hooper, Medical Inquiries, v. 5. could effect nothing with his fingers between the ossa pubis and tumor, but succeeded by pushing upwards. I was called to such a case last year. The woman had had children before: The parts were sufficiently relaxed to admit the hand into the vagina, with which alone, after the urine was drawn off, I raised the uterus above the pelvis: She had no relapse, and was delivered at the full time, of a living child. This was the only case I had met with before, and was not sufficient to render me expert. It is from the management of difficult cases that people acquire

quire dexterity : Unlucky ones give rise to the most useful reflections.

The above hints respecting the reduction, thrown out with that freedom which every individual has a right to exercise, must still be considered as merely the crude conjectures of one who acknowledges to have seen but two cases of retroverted uterus ; and only means thereby to excite reflection, and suggest some variety of procedure, should the established method, from any particular circumstance, seem to be impracticable, or should it, on trial, prove ineffectual.

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II.

Case of Uterine Hæmorrhage, where the Placenta was expelled four Hours before the Birth of the Child. By Mr John Chapman, Surgeon, at Ampthill, Bedfordshire. Communicated by Dr Pearson, Physician, London, F. R. S.

MRS O——, in the eighth month of her pregnancy, was taken in labour of her fourth child, on Sunday evening, about nine o'clock. I was called to her about twelve o'clock, and was informed the membranes had been ruptured some time. On examination, I found the os uteri dilated to the size of a crown-piece, with the presenting part laying very high, which, from its rotundity and solidity, I concluded to be the head, but could not discover either fontanell or futures: The pains were