

## REPORT OF GYNECOLOGICAL CLINIC AT THE NEW YORK SCHOOL OF CLINICAL MEDICINE.

By AUGUSTIN H. GOELET, M.D.  
Professor of Gynecology and Gynecological Surgery.

*Gentlemen,*—The first case I show you to-day is one of more than usual interest, because of the variety of conditions present and because the question, "What may be done to cure this patient?" requires discriminating judgment. She is only 29 years old, but has had three children and two miscarriages, the last being during the past year, and she is a complete physical wreck. If it were possible to get her away from her children and other household cares and build her up, it would be better to do that first before instituting any operative procedure for her cure, but in this class of patients such a course is not feasible.

Now what do we find on examination? We will first palpate the abdomen in the erect position, and without difficulty we discover the right kidney prolapsed to the fourth degree and the left to the third degree—quite enough to make an invalid of any woman, but there is more. Microscopic examination of her urine shows that there is already a pyelonephritis which is the result of the prolapse. Now that you have all been able to make out the prolapse of both kidneys to your entire satisfaction, we will place the patient in the recumbent position, and again palpate the abdomen. You observe that the right kidney can be made out in this position without difficulty, but the left comes down only to a limited extent on deep inspiration. In fact, if this patient was not so thin, it would be difficult to palpate even the lower pole of the left kidney, and unless we had examined her previously in the erect position, we would very readily overlook the displacement on this side. Examination of these cases only in the recumbent position is frequently the cause of failure to detect prolapse of this organ.

We will now proceed to examine the pelvic organs. You observe that there is a very marked cystocele with an incomplete laceration of the perineum, and when she is made to strain the cervix presents at the vulva.

This is badly lacerated also. Upon digital examination we find the uterus retroverted, with complete relaxation of the utero-sacral ligaments. Without the support of these ligaments the uterus will not retain its position in the pelvis. I regard them as the most essential support of the organ.