

about one-half. Specific gravity, 1030. There are yet pale granular casts, and a few oil globules, which show commencing degeneration.—*Medical Gazette.*

### Retroversion Complicated by Hernia of the Bladder during Gestation.

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\* \* \* \* \* On carefully examining the abdomen, now very large, but more flaccid than at first, I was surprised to find what appeared to be a large aperture in the muscular walls, nine and a half by eight and a half inches, the umbilicus being near the middle of it. Throughout this whole space there appeared to lie over the contents of the abdomen only the skin, and a very thin layer of fascia.

The convolutions, and the vermicular motion of the intestines, were almost as distinctly observable throughout this whole space as though there had been nothing over them. This space was distinctly bounded, above and below, by a thick, somewhat rounded edge, slightly uneven, quite tender to the touch, and laterally by edges less thick and distinct, but still quite apparent.

No uterus could be seen or felt in this space above the pubis. On examination per vaginam, the body of the uterus was distinctly felt in the hollow of the sacrum, but the os could not be reached as far as the finger could be passed up under the pubic arch.

The diagnosis of the whole case was at once made out. Sometime in the early part of pregnancy the uterus had become retroverted. Pressure of the cervix upon the urethra and fundus of the bladder had caused frequent desire to void urine, and had also obstructed its passage. The urine had gradually collected in the bladder, distending it enormously. The muscular walls of the abdomen, ruptured, perhaps, during her second pregnancy, had been torn into a large rent, or else had now been newly ruptured; the bladder had escaped as a hernia from the abdominal cavity, and hung before the thighs, supported by the greatly stretched skin—the condition I first found her in.

A more careful examination would have been made at my first visit, and a complete diagnosis arrived at, had I not been misled by the patient concerning her symptoms during her second pregnancy, and her failure to be relieved of them except by her delivery, which was natural, coupled with her expression of the sensation of complete

relief of her bad feelings on the evacuation of the distended bladder. I confess to a feeling of chagrin that three weeks had been allowed to increase the danger to my patient.

Immediately summoning the assistance of Drs. Chapin, Fiske, and Porter, I made a faithful attempt to replace the uterus by the hand, favouring its reduction by various positions of the patient. By persevering effort we succeeded in so far changing the axis of the womb as to give her at first a sense of relief, but so as to obstruct both the bowels and urethra.

Further effort was at this time deferred, and a full anodyne ordered the patient.

Two days after, as soon as some fresh bladders could be obtained, the attempt was renewed, Dr. L. C. Chapin kindly assisting me. A fresh bladder was passed well into the rectum, the patient being in the knee-elbow position. Dr. C. with both hands retained it in place, while I distended it with air, by one of Tiemann's universal syringes. After the bladder was fully inflated, I found that I could just reach the posterior lip of the uterus above the pubis, and, by a little management, was able to slip the blunt end of a hook into the os.

Lifting with the blunt hook steadily and quite strongly upward as the patient was then placed, and my assistant, at the same time, with both hands crowding the bladder up the rectum against the fundus of the uterus, I was able to dislodge the organ, and completely replaced it.

The patient then being placed upon her back, the shape and size of the uterus could be distinctly seen through the open span in the abdominal walls, as well as all the motions of the foetus. The uterus reached to the umbilicus.

There was not a drop of hæmorrhage, and no sign of uterine pain followed the replacement. A full anodyne was administered, and the patient slept well that night. Next day she was very comfortable, and with ease evacuated both her bladder and bowels.

No untoward symptom followed for four days. The movements of the foetus were numerous and strong, and could be seen, and the shape of the limbs traced by the eye through the hiatus in the muscular walls of the mother's abdomen.

Towards the close of the fourth day, a renewal of the intermittent fever was ushered in by a chill. With the exacerbation on the fifth day, the uterus took a contraction, and emptied itself of its contents, a lively little foetus, fully five months and a half old, weighing two pounds, and a healthy placenta.