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Original Communications.

CLINICAL LECTURE.

RETRO-DISPLACEMENTS WITH FIXATION.

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GENTLEMEN,—Those of you who have been attending my clinic here regularly must have been struck by the comparatively large number of patients who have passed through our hands suffering from retroversion of the uterus. I have therefore selected one of these numerous cases for the subject of a few practical remarks to-day. This patient is 32 years of age, mother of one child, five years old, and has had three miscarriages. She had a severe instrumental labor, and what was called a relapse after her first child, was very ill in bed six weeks after that, and has never been well since. Her periods come on every three weeks, are painful, and last eight days; locomotion, coitus and defecation are painful, and she has to force to pass water. She is nervous, despondent, swells after eating, and lumps gather in different parts of her abdomen which, after causing great pain seem to burst and disperse, giving her great relief. Her bowels are constipated, and her tongue is coated and pasty. She has a pain in her head, under her left breast and in

her back; she has a profuse leucorrhœa, and is also troubled with piles. Such are briefly the symptoms of which she complains; and at first sight they are so numerous and located so widely apart that you might think it difficult to interpret them; not so however to the gynecologist. When she first came here some weeks ago and recounted the above story of her sufferings I ventured to predict what we would find. I shall now ask one of the senior members of the class to step forward and examine her and with my assistance to explain the course her disease has taken. Now, we will bring the patient, who is on her back, well down over the edge of the table with her feet on these two sliding supports. I will require the gentleman who is to examine her to scrub his hands and nails with plenty of hot water and soap by the aid of the nail brush, and to then anoint the two fingers of the right hand with the mixture of soft soap, glycerine and carbolic acid provided for the purpose.

Now, sir, what do you notice about the perineum? Student—It is badly lacerated and there is a rectocele.

What do you notice about the anus? Student—It is surrounded with hemorrhoidal tumors, and by introducing my left finger into it and pressing it forward I can make the rectocele project through the vulva.