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A CRITICAL REVIEW OF OPERATIONS FOR VENTRO-SUSPENSION OF THE UTERUS.*

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MR. President, Ladies and Gentlemen,—That retro-deviations of the uterus are among the most common conditions found in gynecological patients is well known.

The combined observations of Winckell¹, Lohlein and Säger, embracing several thousand patients, show this condition to occur in 17.74 per cent. of all patients of this class. Other authorities place the percentage all the way from 15 to 33.

It might be well to start out early in the consideration of this subject with the fact clearly before us that simple uncomplicated retro-displacements of the uterus frequently cause no symptoms, and that, in the great majority of cases, coexisting pathological conditions are crying more loudly for relief than the uterine malposition.

Although the etiology of retro-deviations of the uterus and the physiological function of the various uterine ligaments are quite beyond the scope of this paper, still I feel justified in referring briefly to them, as a correct conception of these two important points is absolutely necessary in order that we may intelligently consider the various operations in vogue for the relief of this often troublesome condition.

ETIOLOGY.

H. C. Coe², of New York, says that aside from neoplasms, the principal cause of departure from the normal position of the uterus, as well as for the distressing symptoms which accompany this change of position, is not overweighting of the uterus, nor in relaxation of its ligaments, nor in weakening of its pelvic supports, but is rather due to atony of the general abdominal and pelvic musculature. Some women carry large uterine myomata without any pressure symptoms. On the other hand, a flabby young woman may get up in three weeks from an easy labor and a perfectly normal convalescence, without evidence of puerperal lesions or subinvolution, but yet retroversion is present and is accompanied by such dragging and bearing down pains that the woman is a semi-invalid. This is from a general loss of tone and not from the local condition.

*Read at the Ontario Medical Association, 6th, 7th and 8th June, 1905.