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# Obstetrics: The Science and the Art - Part IV. The History and Diseases of the Young Child; Chapter XXV. Supplementary

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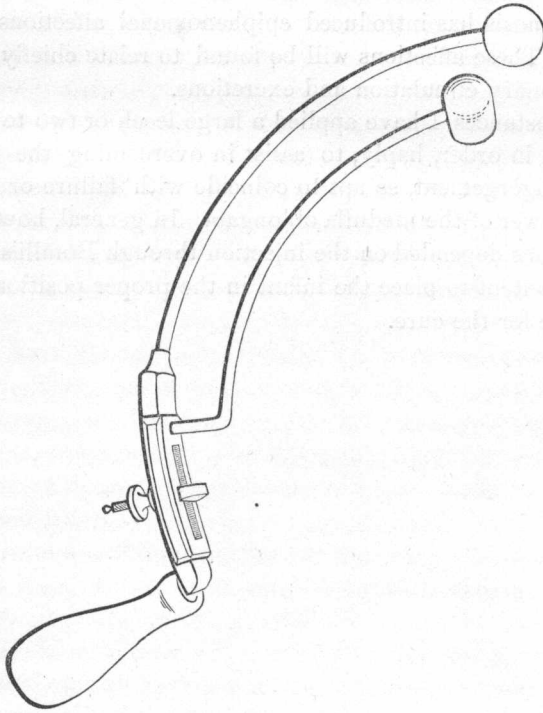
## CHAPTER XXV.

## SUPPLEMENTARY.

BEFORE closing this volume, I wish to make the Student acquainted with the appearance and use of an instrument recently invented by Dr. Henry Bond, an eminent medical practitioner of this city, and which is designed for the purpose of restoring the womb to its proper situation in cases of its retroversion.

The instrument, of which I annex a figure, half size (Fig. 129),

Fig. 129.



consists of two arcs of circles of different radii; the inner one is terminated by a small oval piece of ivory; the outer terminates in a small

ivory ball. The exterior arc is formed at its lower extremity into a plate-piece in which is a mortise. To the end of the plate-piece is attached an ivory handle, by which it may be conveniently held. (See the figure.) The inner or smaller piece is attached to a sliding-piece, also mortised, overlapping by its edges the mortised plate-piece, and secured by a clamp or pinch traversing the mortises, and fastened or loosened by turning the thumb-piece. If the thumb-piece be unscrewed, the clamp may be turned lengthwise, and the arcs are then easily separated.

In order to use the instrument, the arcs should first be separated and the ivory ball on the largest arc introduced into the rectum, while the oval one on the smaller arc should be introduced into the vagina.

By sliding the smaller arc upwards, the two balls can be placed opposite to each other; or the vaginal arc can be set a quarter of an inch, a half inch, or an inch lower down than the one that is in the rectum.

Upon being adjusted, and firmly secured by turning the thumb-piece, it is manifest that the two balls cannot be separated from each other, and that if they be moved upwards, parallel with the curve of the sacrum to the height of the promontorium, they must carry the retroverted uterus before them, and thus serve very effectually and easily to reposit the dislocated organ.

In a difficult case of retroversion, which I lately saw in consultation with Dr. Bond, I in vain made repeated attempts, in which I employed great perseverance and force, to get the retroverted fundus out of the peritoneal *cul-de-sac*, the bottom of which it had forced almost down to the vulva. In this case, Prof. Simpson's womb-sound could not be made use of, on account of the position of the os uteri, which was quite as high as, and close to, the top of the symphysis pubis, and so firmly pressed against it as with difficulty to admit of reaching the os tincæ with the indicator-finger. I could by no means succeed in several attempts that I made, to introduce the probe-point of Dr. Simpson's womb-sound into the os, for the canal of the cervix uteri made an acute angle with the posterior face of the symphysis pubis, and being in close contact with the top of the bone, it is clear that I could not introduce the end of the probe into it. I did bend the womb-sound near to its probe-point, so as to give it the shape of a blunt-hook, and, introducing the hook within the os uteri, endeavored to draw the vaginal cervix down the symphysis, but I could not make it move, and was obliged to abandon the attempt.

Upon the failure of these efforts, the caoutchouc bottles were made

use of as pessaries, as recommended by M. Hervez de Chegoin, in the *Mém. de l'Acad. Roy. de Méd.* They doubtless served very usefully to effect a partial elevation of the fundus; in the mean time the engorged uterus, whose length could not have been much less than five inches, became gradually less hyperæmic, so that Dr. Bond was enabled, after three or four days, by means of the very ingenious instrument whose figure I have here given, to lift the fundus out of its dislocated position, whereupon the unfortunate lady was immediately relieved of a most distressing and painful accident.

A reviewer, in the January number of the *British and Foreign Quarterly*, treats Prof. Simpson, in my opinion, with uncalled for severity on account of his womb-sound, of which I have above spoken. There is little danger to be apprehended of mischief resulting from the use of that beautiful instrument in competent hands; and the facility with which an ordinary case of retroversio uteri may be relieved by it together with the absolute safeness of its application in the proper cases, are qualities so very valuable, and the whole operation is so much less disquieting to the fastidious patient, than the ordinary methods of treatment, that I think the profession should feel in the highest degree indebted to Dr. Simpson for his admirable invention. As to the uses of it in diagnosis, it appears to me, since I have become acquainted with it, that it is an indispensable article in the apparatus of the physician and surgeon.

At page 273 I described a case of retroversion healed by means of Braun's colpeuryxis. On the 19th of the present month (September) I met the physician who consulted me on that case, and was informed by him that the lady is now and has been ever since the operation in fine health, and expects shortly to be confined.

I should have related the following most interesting case, in connection with what I said on rupture of the uterus on a preceding page; but having mislaid Dr. Bayne's letter, I insert it as a supplement. The courage and judgment displayed by Dr. Bayne on the occasion will be appreciated by every one who reads his relation of the event he describes.

Extracts from a letter, dated

PRINCE GEORGE COUNTY, MD., July 13, 1856.

PROFESSOR C. D. MEIGS—

MY DEAR SIR: I take the liberty to communicate to you the following case, which has recently occurred in my practice:—

About twenty days since, I was called to visit a patient who had been in labor two days. Found, on my arrival, there had been an entire cessation of uterine pain since the night previous; and on

minute examination soon perceived that a rupture had taken place in the anterior and left side of the fundus of the uterus, sufficiently large for the escape of the entire foetus, secundines, and about one pint of sero-sanguineous fluid in the peritoneal cavity. The foetus was very large, and the rent very jagged and irregular. Inasmuch as we found it impracticable to deliver through the laceration and per vaginam, I proposed, as the only alternative, the Cæsarean section. The patient was then in coma; respiration very hurried, and pulse 130 per minute.

In the presence of three medical gentlemen, I proceeded to perform the operation in the usual way. In a very short time after the operation was completed, reaction came on, respiration improved, and coma passed off. No untoward symptom has supervened, and the case is most favorably progressing. The patient expresses herself as being able to resume her duties as cook.

Most respectfully, your ob't serv't,

JNO. H. BAYNE.

And now, that I have come to write the last paragraph of this volume, I take occasion to bid the Student God speed in his arduous path; to exhort him so to direct his course, that he may elevate himself to the highest rank of the Scholar-class, by which alone he can hope to reap the only and true reward of a life spent in the service of them that are in pain, in fear, or in danger of death. And lastly, I assure him that he can never learn too much of the opinions and experience of mankind, gained during the lapse of ages, on the subject of Disease and its Remedies. If he would, therefore, become a safe and useful minister in this art, let him never rest satisfied with clinical observation and experience alone, but let him devote daily a fair proportion of his time to the Medical Library.

...the patient's condition was such that it was necessary to resort to the use of the most powerful remedies for the relief of the general symptoms and the removal of the morbid matter from the system. The patient was very ill and the treatment was very severe. I succeeded in relieving the patient's condition and he was able to return to his usual mode of life. I am, Sir, very respectfully,  
 Yours truly,  
 Wm. H. Wainwright

And now, Sir, I have come to write the last paragraph of this report. I feel it my duty to bid the Board and you in the most respectful manner to expect that so direct his course that he may discharge his duty to the highest rank of the School of Medicine which shall be able to give the only and true reward of a liberal education. And lastly, I think that the Board in fact, or in danger of it, should be aware that he can never turn too much to the opinions and experience of learned men, gained during the years of study on the subjects of the School and its branches. If he would therefore, become a more liberal scholar in this respect, he will find that the Board and experience should be his devoted and faithful proportion of all time to the Medical Library.