

## On Pregnancy, Parturition, and the Puerperium after Ventrifixation (*Hystero peris Ibyogastría*.)

Nurses and midwives are well aware how grave a complication retroversion of the gravid uterus may be to a patient, and of the discomfort caused even when the displacement is not complicated by pregnancy. An article contributed to the *Lancet* by Sir William Sinclair, M.D., Professor of Obstetrics and Gynæcology in the University of Manchester, dealing with the methods of treatment of backward displacement, is therefore of considerable interest to them.

He says:—In a large proportion of the cases of old-standing chronic backward displacement of the uterus our ordinary methods of treatment do not give satisfactory results. When the body of the uterus has become considerably enlarged after backward displacement, or when even the slighter tubal and ovarian complications exist, what could be expected from more or less forcible turning forward of the body and the insertion of a pessary in the consulting-room?

When the patient can be persuaded to take to bed and remain as long as if she had to undergo an important operation some good can usually be done. The congestion of the body of the uterus can be relieved by tampons and douches, the amount of the relief being measured by the diminution in the tenderness to touch and by certain changes in the visible portion of the uterus. When the uterus has been restored by tampons almost or altogether to its normal position, then is the time for the introduction of a pessary. In some uncertain proportion of even old chronic cases this method of treatment gives sufficient relief to satisfy the patient, and a small number of cases are actually cured in time. As a general rule it may be stated that the older the patient the more suitable the palliative treatment. But in married women at the child-bearing time of life, and in many single women who cannot, or will not, lead restful lives, the treatment by mechanical support is highly unsatisfactory, and something more must be done. Let me emphasise this fact: ventrifixation is suitable only for women at the child-bearing period of life; the atrophying uterus, after the menopause, requires other methods of treatment.

After describing other methods which he has not found satisfactory in practice, Sir William Sinclair describes the method which he has found useful as follows:—

The operation of ventrifixation efficiently done appears to me to be the best for the treatment of chronic retroflexion of the uterus in women at the child-bearing time of life. It was first suggested, I believe, by Olshausen in 1886, when he fixed the cornua of the uterus very slightly as an afterthought incident in an operation undertaken owing to other indications than backward displacement. The operation has been much practised with a defective technique in Germany, but, what implies a great deal in its favour, it has been taken up in France and practised on its merits, although originating in Germany.

My first operation was performed in September, 1890, and I gradually evolved a method of operating which has fulfilled all my hopes and expectations. As an operation of choice it had rigidly to comply with certain requirements or to stand condemned on its demerits. It does not seem to me to deserve condemnation: much the contrary. The tests which such an operation must stand appeared to me to be: (1) it must be devoid of danger when ordinary care is exercised; (2) it should be easy to perform, and the operator must feel certain in recommending it to a patient that he can undertake it with absolute certainty of being able to finish it as planned; (3) it must relieve the symptoms on account of which it was undertaken; (4) it must not produce any new symptoms that will even remind the patient for any considerable time that she has undergone an operation; (5) it must leave the patient free from any remote danger such as ileus, and permanently in a condition for active exertion and for all the duties of life indistinguishable from her original normal state of health; (6) it must stand the strain of pregnancy and parturition and the puerperium without abnormal distress, as if the operation had never been done; and (7) the uterus must continue after involution to maintain the position it was placed in by the operation. An operation which complies with all these conditions has many merits whatever *a priori* objections may be raised by preconception or prejudice, or whatever may be the terms employed to condemn justly an operation labelled "ventrifixation" by those who have met with the unfortunate experiences which were only to be expected from defective and irrational methods of operating.

In order to obtain the desired results certain principles must be kept in mind and complied with in every case. In the first place, the fundus uteri and the round ligaments must be strictly safeguarded, so that if pregnancy occurs it may run a perfectly normal course,

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