III. AN UNSUCCESSFUL CASE OF ALEXANDER'S OPERATION.

By Skene Keith, M.B., F.R.C.S.E., Special Assistant Surgeon, Royal Infirmary.

In September 1884, Dr H. A. Peddie took me to see a patient with a very well-marked retroversion. For nine years she had suffered from frequent attacks of sickness, and from constant bearing-down pain; and during six of those years had been treated for dyspepsia. Then she was told that her womb was twisted. The cervix was dilated, the interior of the uterus scraped, and nitric acid was applied. This treatment not being followed by cure, she consulted Dr Peddie, who, after an infinite amount of trouble, succeeded in getting the uterus to keep in good position. Impregnation followed. Three months after the child was born the uterus had again become retroverted, and nothing would keep it right. Numbers of pessaries were tried; she was an in-patient in the Infirmary for six weeks, and she was no better, and at last Dr Peddie came to the conclusion that nothing would do her any good except removal of the ovaries. The patient was very thin; she was of no use; she lay in bed most of the day, and she was scarcely ever free from sickness. The uterus was large, retroverted, and the fundus lay on the pelvic floor. To make absolutely certain that the sickness was caused by the pelvic condition, I packed the vagina with oakum, first turning forward the uterus and keeping it carefully in position. As long as the uterus kept off the pelvic floor she was quite well. This experiment was repeated several times.

The case seemed to be a perfectly fair one to try Dr Alexander's operation of shortening the round ligaments. This was done in October 1884, exactly as described by Dr Alexander, except that the slack of the ligaments was cut off and not packed into the wounds. The patient was not allowed to sit up in bed, even, for five weeks. The sound then passed with a slightly exaggerated curve forward, and she felt quite well.

Nine weeks after operation patient came to say that she had been feeling a little sick. The uterus was a little low in the pelvis, and the Hodge which she had been wearing since the operation was changed to a ring with relief. In another three weeks she was back again, as ill as she had been before the operation, and the uterus was found to have got back into its old position. Pessaries were again tried for four months; but as there was no improvement, the ovaries were removed in May 1885, the connexion of the right one being fixed at the bottom of the wound, in a clamp. There was less disturbance than after the former operation, and now, after a year, she is quite well and the uterus

keeps in position. It would have been most interesting to have allowed the uterus to drop back into the pelvis, but it would have been too hard on the woman to run the risk of a second failure.

The great objection to Alexander's operation seems to be that one has no guarantee that the ligaments which stretched once may not stretch again. In the case I have narrated this appears to have occurred without any special reason, although the uterus had become decidedly reduced in weight, and nine weeks after the first operation the sound passed scarcely $2\frac{1}{2}$ inches. The ovaries were fairly healthy, but the Fallopian tubes were long and somewhat dilated.

Dr Sinclair asked Mr Keith if he was satisfied as to whether the ligaments elongated or gave way altogether. He was of opinion that in this case the ligaments must have given way. He himself had a case some time since in which the wire broke before adhesions were formed. Of course the ligaments gave way and the operation failed. He would therefore like to know whether Mr Keith had reason to believe that adhesions had been formed in this case of sufficient firmness to secure the ligaments. It seemed to him that it was very possible that the ligaments had slipped from the incision before the adhesions were sufficient to bind them securely.

Dr Hart was glad to have Mr Keith's paper. We seldom hear of failures in such-like operations, and it was a satisfaction to have all cases, whether successful or not, recorded, in order that we may form a reasonable opinion of the value of the operation. He had never yet been able to understand why some women complained of so much distress and suffering from retroversion, when others seemed to suffer no inconvenience whatever of what seemed a similar condition. It seemed to him that something other than the retroversion was wanted to account for the symptoms of these cases, and hence he doubted whether this operation was likely to yield any satisfactory results, because the mere cure of the retroversion did not attack the true cause of the suffering which these women endured.

Dr Leith Napier disagreed with Dr Hart in this matter. He was of opinion that the retroversion was the cause of the distress in most of these cases, and that its cure would be followed by relief. Hence he regarded the operation in proper cases as of the greatest utility.

Dr Connel had some months ago sent a patient to Dr Adam of Glasgow. She had been the subject of retroversion for a very long time, and for eight years was almost entirely laid aside by her sufferings. Dr Adam operated; he pulled forward the ligaments on both sides, secured them with catgut sutures. The patient made an excellent recovery, and is now quite well. He was bound to say that the results of this case impressed him greatly

as to the value of the operation, and he would be inclined to look to it as a satisfactory way of dealing with such cases in the future.

Mr Skene Keith, in reply to Dr Sinclair, said that he was of opinion that the ligaments had been given abundance of time for forming proper adhesions, and did not think that the redisplacement could be accounted for save on the supposition that the ligaments had stretched and allowed the uterus to fall back again.

MEETING VII.—JUNE 9, 1886.

Dr J. HALLIDAY CROOM, *President, in the Chair.*

I. *The President* showed TWO SETS OF OVARIES AND FALLOPIAN TUBES removed by him for diseases. In one case the whole pelvic structures were bound together by a dense mass of adhesions, and it was with much difficulty that the ovaries could be found. The right ovary was found to be so matted that it could not be separated, and after a time the tube, which was enormously thickened, came away leaving the ovary in the pelvis. Both patients have done well.

II. The report of the Council on Professor Simpson's paper on A COMMON OBSTETRIC NOMENCLATURE was presented, and after one or two verbal alterations were suggested and adopted, it was resolved to send a copy to all teachers of obstetrics in the United Kingdom, and at the same time to ask them to state whether they approved of the adoption of the system, or to indicate any alteration which they wished to suggest.

III. *Dr Ballantyne* read a paper on SPHYGMOGRAPHIC TRACINGS DURING LABOUR, of which the following is a summary:—

The literature bearing upon the subject of sphygmographic tracings in pregnancy, parturition, and the puerperium is small in amount. The chief workers in this field of research have been Marey, Mahomed, Macdonald, Meyburg, Fancourt Barnes, Lebedeff, Porochjakow, Vejas, and Louge. These observers are in the main agreed as regards the presence of high arterial pressure during pregnancy and parturition, but differ with regard to the state of the vascular tension during the puerperium—some, as Marey and Mahomed, considering that it is high, and others, as Meyburg, holding that it is low, during this period.

The observations which form the groundwork of this paper were made upon nearly fifty indoor and outdoor patients of the Edinburgh Royal Maternity Hospital. The instruments employed were the sphygmographs of Mahomed and Dudgeon; but preference was