

SOME OBSERVATIONS
ON
INVERSION OF THE UTERUS ;
WITH A CASE OF SUCCESSFUL EXTIRPATION
OF THAT ORGAN.

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OF all the accidents to which the act of parturition is exposed, an inversion of the uterus itself is one of the most formidable. If its reduction be not almost immediately effected, fatal consequences very frequently ensue, either at the time, from the violence of the hemorrhage, or at a more remote period, the powers of life may, from the same cause, be gradually exhausted.

The records of medicine afford sufficient evidence of the truth of these assertions, and therefore I hope the following case, and accompanying remarks, will not be thought uninteresting.

Inversion of the uterus is probably not so rare an occurrence as many suppose, even in the present day, when so much information on the particular branch of medicine, of which it forms a subject, has been diffused by the medium of lectures, and the writings of numerous valuable authors; for as the accident is generally thought to imply a degree either of carelessness or rashness, on the part of the accoucheur in the extraction of the placenta, he will endeavour, with a view to save his own credit, to keep the real nature of the affection as secret as possible; and an early death often assists in throwing the shade of oblivion over the patients themselves. Within a very short time, I am acquainted with three cases that have occurred in this neighbourhood only. One forms the subject of this Paper; the second occurred to a midwife last winter, and terminated fatally in a few hours, from severe hemorrhage; of the body of this person, I had an opportunity of witnessing the inspection after death; the third, a chronic case, is now under the care of a medical gentleman, at a short distance from Manchester. Within the last few years, other instances of this accident have occurred in this neighbourhood*.

Happily, however, the accident admits of remedy, if an intelligent person be near at hand to

* Within the last few days, a professional gentleman, living nine miles from this town, has informed me of a case he had, where the exhausting hemorrhage was fatal in about four years.

replace the uterus in its natural situation; if this be done immediately, and if the hand of the accoucheur be retained in the cavity of this organ, until it has considerably contracted; and if the patient be confined for some time afterwards to the recumbent posture, she will generally, I believe, do well. This happened in the practice of a gentleman about twelve miles from this town, nearly half an hour after the occurrence of inversion. In another case, about six miles hence, the accoucheur removed the placenta before the uterus was re-inverted, a plan perhaps less safe than removing it where the uterus is first replaced; in both instances the patients recovered well.

Where the uterus and vagina are in a relaxed state, and the female has been subject to prolapsus uteri, I believe there is a greater disposition to the occurrence of inversions at the time of labour, than when such a condition of the parts does not exist. This was the case with Harriot Barwick. In such patients, therefore, it is desirable that the medical attendant be extremely attentive and cautious, in assisting the expulsion of the placenta. I am acquainted with two sisters, both married, one of whom has had a considerable procidentia vesicæ, since the age of fourteen or fifteen; and the other is much troubled with a prolapsus uteri, so that during her last labour, the os internum descended

even beyond the external parts, yet in both of them, by careful treatment, no tendency to inversion has manifested itself during parturition.

In all cases, it is highly proper for the accoucheur to examine, after the expulsion of the placenta, if the os internum be free. At the same time his hand may be placed on the abdomen, to know if the uterus is in its natural situation, and thus ascertain that there is no tendency to inversion.

In consequence of the neglect of this practice, it is to be feared that many lives have been lost; the true cause of the succeeding hemorrhage not being ascertained till too late, as happened in the fatal case that occurred to a midwife here last winter, and that was alluded to above. The gentleman who was sent for, informed me that he had visited her twice before he became informed of the true cause of the hemorrhage, and by this time all art was unavailing. The danger of these cases is in delay. If the replacing of the uterus be not very soon accomplished, it generally becomes, from the quick diminution of its cavity, and the thickness of its contracted parietes, utterly impracticable.

If the patient be enabled to survive the immediate effects of the injury, and the reduction of the inverted uterus to its natural state cannot, by persevering attempts, continued as far as her feel-

ings and safety will admit, be effected, then a train of symptoms occur, from the severe hemorrhage, and the unnatural position of the parts, which will demand the watchful aid of the medical attendant. Some degree of inflammatory symptoms accompanied with fever ensues; the abdomen becomes full, tender to the touch, and at its lower part, sometimes rather hard; there is costiveness of the bowels, and, sometimes, retention of urine, requiring for a time the use of the catheter. By the use of fomentations, enemata, laxatives, and an antiphlogistic regimen, the symptoms abate, the power of expelling the urine, especially if the uterus is first raised a little in the vagina, is regained, and the patient gradually recovers the full power of this function. Afterwards she becomes able to walk about, suckles her infant, and perhaps enjoys apparently even a tolerable state of health; yet the sanguineous discharges are, generally after a time, occasionally returning profusely, and her exsanguineous countenance and emaciated appearance sufficiently indicate the debilitated state of her constitution.

About the time she relinquishes the office of suckling, the menses return more regularly, the discharges of blood are very considerable in quantity or of long duration, the mucous discharges are generally copious at other times, and the constitution begins to sink under the reiterated losses it sustains. The pulse becomes frequent, the ap-

petite is impaired, a cough with hectic symptoms sometimes occurs, and the patient is quite unable to pursue her usual domestic duties. In this state palliative means, as the use of astringent and other remedies, become inadequate to check the exhausting progress of the complaint, and the unfortunate sufferer must soon perish, except some decisive means are devised for her relief. In this painful extremity, the extirpation of the uterus itself has been proposed, as the most efficient means of relief, and, formidable as the operation at first view seems, it is known to have been already performed with success.

Besides the cases previously on record, partly doubtful and partly authentic, a very successful case has lately been published by William Newnham, in his excellent treatise on *Inversio Uteri**. To this gentleman the profession and public are indebted for the recommendation of extirpation, under certain circumstances, in the chronic stage of inversion of the womb. An individual case, however, is very insufficient to decide the propriety of a comparatively new mode of treatment; considerable time and experience are still necessary fully to sanction so bold a practice. On this account, I beg indulgence for the detailed relation of the following case, to which I shall subjoin

* Since the above was written, there has been another successful cure by Dr. Davis.

a few observations and suggestions, on the best mode of accomplishing the operation.

1817—January 10th, 9 *p. m.*—I was requested to visit Harriot Barwick, æt. 30, the wife of a baker, No. 9, Back Falkner Street, Manchester. From her own account, and that of the surgeon who had attended her, it appeared that she had been delivered of her first child on the morning of the preceding day. The labour had gone on well, and she was congratulating herself amongst her friends on its comparative ease, when the difficulty with the placenta arose. After waiting about an hour, the surgeon, an intelligent gentleman, passed his finger into the vagina, and finding the placenta, as he thought, descended, he extracted it, without the employment of any immoderate force; however, its removal created to the patient excessive suffering; violent hemorrhage, tinnitus aurium, and syncope followed, and she believed herself about to expire. Finding that a descent of the fundus uteri had accompanied the expulsion of the placenta, the accoucheur pushed it up beyond the os uteri; in the evening he examined, and found it not in the vagina, but the following morning it had returned into the vagina.

At the time of our consultation this evening, it appears that she has lost much blood from the uterus; the abdomen, especially about the umbilicus,

is very tumid, hard (as if from the contracted uterus,) and tender. Pulse 120, and small. No stool since the 6th instant, though oleum ricini and an enema have been used to-day. Has passed her urine tolerably; complains of thirst. On introducing two fingers within the vagina, I felt a substance (evidently the inverted uterus) about as large as the fist, increasing somewhat in diameter upwards, and passing through the os uteri, which was in its natural situation, and considerably dilated by it; it protruded into the vagina nearly to the os internum, felt hard and rugous, and was tender to the touch, though not so much so as the posterior part of the vagina.

The surgeon who had been her accoucheur, now attempted the reduction; but his efforts, continued for about a quarter of an hour, were ineffectual. The woman, during this, complained of much pain, and there was a great discharge of blood; indeed, so much tenderness and inflammatory disposition had by this time apparently invaded the parts, as appeared to render all further attempts to replace it, both imprudent and unavailing. It was now, therefore, determined to sooth and palliate symptoms as much as possible; the abdomen was ordered to be frequently fomented; the domestic enema to be repeated, and a solution of magnesiæ sulphas in infusum sennæ, to be taken every three hours, till the bowels were opened.

January 11th, eight o'clock, a. m.—The enema procured two pretty free natural motions; abdomen still tumid, hard, and tender; has had a considerable sanguineous discharge during the night; tumor in the vagina the same; has voided a moderate quantity of urine; pulse 120; some thirst; no appetite; skin of a natural warmth. The breasts being rather full and painful from milk, were directed to be drawn. To have her belly well fomented every two hours, and to have a dose of diaphoretic mixture every three hours.

Eight o'clock, p. m.—Symptoms better than in the morning; two stools to-day, and urine moderately free, but is often obliged to press up the uterus before it will flow, as she used to do with her prolapsus; abdomen subsided, softer, and less tender; discharge rather diminished; teased with a cough, for which a mucilaginous mixture, with tinct. opii, and liquor antimonii tartarizat. was directed.

From the 12th to the 14th she was rather improving; the belly became softer and less tender; the bowels required occasional assistance of an aperient mixture; passing of urine difficult and painful; cough much better; breasts less painful; lochia diminished; pulse 96, and rather soft; tongue moist; appetite better; lives chiefly on oatmeal gruel. Was up a few minutes to-day, when the uterus protruded rather more than usual.

17th.—Has had a feeling of considerable heat in the abdomen for the last two days; pulse 96, and of moderate strength; tongue moist; great thirst; appetite moderate; bowels open; discharge almost colourless; urine passes with pain; sleeps pretty well; breasts rather painful, but less swelled.

20th.—Urine, for the last few days, drawn off twice daily by the catheter.

29th.—The os uteri is now so much dilated, as easily to admit the fingers between it and the protruding uterus; from the latter there is some coloured discharge; febrile symptoms gone off. For the last week has been able to void her urine, but the evacuation of both it and the stools somewhat obstructed; appetite and sleep pretty good; milk free.

February 8th.—Since last report she says, that at each evacuation of the fæces, the uterus comes low down; she then suffers much pain, and about half a pint of blood is lost; evacuation of urine also painful, especially about the end of the act; pulse 76; appetite moderate. An alum lotion has been used by means of sponge, but without apparent advantage.

March 22nd.—Uterine tumor still in the same situation, but appears reduced to nearly its natural size; it does not fill up the vagina so completely

as before. The fingers pushed up through the os uteri occasion considerable pain; and the uterus seems to have very nearly its whole length external to this part; the sanguineous discharge has continued till within the last few days, and after an examination, the fingers are still covered with coagula of blood. For the last few days has had considerable leucorrhœal discharge. Frequently feels much pain on the left lower part of the abdomen. Urine pretty free; bowels sometimes rather costive, and then the uterus descends more with the passage of the stools.

August 30th.—Is able to go about, and appears to be in tolerable health.

September 30th.—The sanguineous flow returns every three weeks in considerable quantity, and sometimes in the intervening time, although she suckles. The uterus protrudes downwards at each evacuation of the bowels.

May 20th, 1818.—Has weaned her child about three months since. At the first menstrual period after weaning it, she had a very copious discharge of blood from the uterus, amounting, she supposes, in two or three days, to several pints. Has had a return of it twice since, but not quite to the same extent. Complains of very great weakness.

August 15th.—The menstrual discharges con-

tinue very profuse, or, if less in quantity, are of longer duration. On one occasion, lately, I was requested to visit her immediately, as her friends thought her about to die, from the excessive discharge; and I certainly found her much reduced by it. Complains much of a pulsating feel in the head, and of a singing in the ears. Pulse quick; bowels generally costive; urine free; appetite tolerable. Countenance very pallid; feels extremely weak, and unable to follow any business. Has a troublesome cough. For the last two or three weeks the sanguineous discharge has been constant and free. On examining, *per vaginam*, to-day, the uterus found in the same state, the fundus reaching to near the os externum.

It is here proper to observe, that about the middle of March last she was seen by Dr. Hull, who, from that time, was interested in the progress of the case.

The solutions of alum, with sulphate of zinc, were recommended to be applied to the part, and the tinct. ferri muriati was administered internally.

The disease continued to resist all common means of relief, and, indeed, she was less attentive than we could have wished, in observing our directions, and in keeping herself quiet and cool, when the discharges were upon her. Her living,

also, constantly over a hot bake-house, was probably prejudicial.

August 22nd.—Since the 16th it has been determined to have recourse to the operation of tying the inverted uterus, which, for some time, has been looked up to as a last resource. Of late there has been an evident decline in her strength, from the copiousness and long duration of the uterine sanguineous discharges; the pulse generally from 100 to 120; frequent feeling of faintness. Her weak state of health renders her life uncomfortable, and disables her from aiding her husband in his business as a baker.

These circumstances now render her desirous of immediately undergoing the operation, and it is appointed to be performed at four o'clock, *p. m.* on this day. A draught, with fifty drops of laudanum, was given a short time before the operation; for two days, also, before this, her bowels had been kept open by an aperient mixture. We placed her sitting on the edge of the bed, with her legs raised upon a chair on each side. Having her situated in this convenient position, which Dr. Hull thought preferable to the recumbent one, I anointed the fingers of my left hand with oil, and passed them up to the inverted uterus, the lowest portion of which descended to about an inch within the os externum. I unexpectedly found the uterus so

relaxed, that I could draw it down, and without difficulty brought it into sight, about two inches beyond the os externum. A single ligature of the strongest dentist's silk was thus easily passed round it, and tied as firmly as possible. Besides this, a similar ligature, inclosed in a canula, was passed round the same part, and each end secured to a ring placed on each side of the base of this instrument; but the easy descent of the uterus without the os externum, rendered the means devised to facilitate the tying, in a great measure unnecessary. The canula I used on this occasion was made of copper, slightly curved, (though a straight one would have done), and being flexible, would yield any way, about the diameter of a middle sized male catheter, and about two-thirds of the length of that instrument.

The uterus being thus tied, was pushed gently up within the vagina, to the place it previously occupied. The patient expressed surprise at the operation being accomplished so soon and so easily. About three ounces of blood issued from the uterus at the time of the operation, which altogether took up only a very short time, perhaps ten minutes.

The pulse, just before the operation, was 96; she suffered little pain immediately afterwards, but in about five minutes it became severe, and the pulse was now 72; it continued severe about one hour and a half. The anodyne draught was re-

peated, and as she complained of a feeling of great heat at the lower part of the abdomen, a camphorated spirituous embrocation was directed to be applied by means of folded cloths, a little warm water being each time added. She was directed to take a dose of saline effervescing mixture every two hours, and to use light simple drinks for her food. In the evening, pain diminished; pulse 76; no vomiting; belly soft and easy; slight sanguineous discharge from the vagina. A starch glyster, with a drachm of tinct. opii, was ordered to be injected at bed-time.

August 23rd, 7 o'clock, a. m.—The enema was retained; has slept pretty well, and says she has not felt better any morning for the last two months. Pulse 90; tongue moist; some thirst; urine free; no stool; occasional pain in the belly, but relieved by the embrocation; ordered an aperient mixture, with senna and sulphate of magnesia.

Half past ten, *p. m.*—Has slept much during the day. For about an hour this evening she felt a good deal of pain in the fore-part of the right thigh, extending nearly to the knee; occasionally has felt pain in the lower part of the abdomen, but it is soft, and free from tenderness; complains a little of her back; pulse 96; urine free; bowels opened twice by the aperient.

I tightened the ligature on the canula about one-

fourth of an inch, this evening, and she felt considerable pain for a short time afterwards.

24th, seven o'clock, *a. m.*—Has slept about half the night. Pulse 104, and of tolerable strength; thigh easier, but complains a little of pain in the lower part of the back; belly soft and easy; tongue moist, and pretty clean; no appetite; bowels rather open; urine free. The ligature being tightened to-night, occasioned some pain, but it went off almost immediately.

25th, ten o'clock, *p. m.*—Pulse 100. A little pain on left side of belly, probably owing to flatulence from eating potatoes at noon; one natural stool to-day; appetite moderate; no thirst; the ligature being tightened firmly to-night, she felt much pain from it.

An anodyne enema to be given directly. The warm camphorated embrocation to be applied, and twelve leeches, if the abdominal pain increase; a dose of the aperient early in the morning.

The ligature we thought it best to tighten daily, and to tighten it very much, in order to deaden the uterus as effectually as possible; on introducing a finger this evening, the ligature seemed to have made a considerable impression, a pretty large fissure being very distinct.

26th, eight o'clock, *a. m.*—Slept moderately. After tightening the ligature, last night, she felt a good deal of pain in the uterus, but more along the fore part of the thigh; and on awaking at times in the night, was troubled with flatulent pains in the belly. Took a draught of the laxative mixture early this morning, which was rejected, probably from the opiate having disordered the stomach; has had one rather free natural stool; urine natural; appetite moderate, and food well retained. The injection and aperient mixture to be repeated.

Half past nine, *p. m.*—On the whole has suffered more to-day, than on any preceding day since the operation, from pain in the belly, especially on the left side, in which part she has, ever since her accouchement, had occasional pain. Pulse 106; two loose free stools from the enema and aperient; ingesta all retained. The ligature tightened this evening, gave her pain. Ten leeches were applied to the abdomen this afternoon, and are directed to be repeated in the night, if the pain should return severely. Has had her anodyne draught as usual this evening about an hour before the tightening of the ligature. To have an opiate enema, and the purgative mixture to-morrow morning.

27th, half past seven o'clock, *a. m.*—Has passed a nearly sleepless night, from pain in the belly, back, and thighs, but is easier since. Seven leeches

were applied to the belly this morning. Pulse 120, and small; tongue clean; great thirst; urine free; no stool since yesterday morning, though the aperient mixture was taken twice this morning; skin of a natural temperature, yet complains of a burning feel in the belly; nausea, but no vomiting. Let the purgative mixture and enema be repeated.

Ten o'clock, *p. m.*—Has been easier, and has slept moderately this afternoon; rejected her purgative mixture; a powder of hydrarg. submur. gr. v. cum pulv. antim. gr. ij. taken about noon, was retained, and she has had two free loose stools this afternoon. Pulse 116; skin of moderate temperature; abdomen less tender, and feeling of heat in it diminished. In tightening the ligature this evening, a considerable fissure could be perceived; for two or three days a rather foetid discharge has been noticed, for which she has occasionally used a chamomile injection. To continue the saline mixture, and to take one grain of opium immediately.

28th.—The ligature was tightened as usual each evening, from a quarter to half an inch; she always complains of much pain from the tightening, but it soon goes off.

29th, half past seven, *a. m.*—Slept about four hours last night, after the use of the pills and ano-

dyne enema, but the pain after the tightening of the ligature continued for two or three hours; has considerable tenderness of the belly this morning, owing chiefly to the leech bites, and at present feels pretty easy. Pulse 106, moderately full and strong; tongue clean; some thirst; complains of being frequently sick, and of occasional vomiting.

Ten o'clock, *p.m.*—We, for the first time, reluctantly omitted tightening the ligature this evening, as she was much afraid of a repetition of the pain she suffered last night.

30th, seven o'clock, *p.m.*—Has had a very good night. Pulse 106; some pain in the belly, but no tension; and it may be here observed, that she is usually of an exceedingly irritable complaining disposition. Tongue clean and moist; bowels open; urine free; stomach tolerably tranquil.

This morning I brought down the uterus, as at the first tying; it appeared rather enlarged than diminished in size since it was first tied; the ulceration had now extended about three quarters or four fifths through it. A single waxed ligature was again tied *very firmly* round it; at the same time, the ligature in the canula was tightened, and then the uterus was raised into the vagina to its usual situation. It was our intention, if the fissure in the uterus was not found considerable, to pass a needle through the remaining portion, armed with

a double ligature, so as to divide it into two portions, tying each separately, and thus to accelerate the process of separation, a mode, perhaps, very eligible at the first tying, where the uterus can be brought into view; but on examination, so small a portion remained, that we thought it unnecessary. In drawing down the uterus, without the os externum, care was taken to do it as gently as possible, in order that any adhesions to the bladder, rectum, or surrounding parts, might, if they existed, be disturbed as little as possible. Opiates both in draught and in glyster, were prescribed, and the saline mixture continued.

Half past nine, *p. m.*—Has slept well to-day. Pulse, which came down to 80 after the tying, is now 104. Bowels opened freely this afternoon by a domestic enema; belly soft, but still pain in it, and in her back; tongue clean; considerable thirst; moderate appetite. A poultice to be laid on the belly. The pills, with calomel and antimony, to be repeated, and the occasional use of anodyne injections continued.

31st, eight o'clock, *a. m.*—Pulse 96, moderately full and strong; had five or six hours' sleep in the night; slight sickness and vomiting; pain and soreness in the belly, back, and thighs; urine free; no motion since last night. She sometimes rejects the saline effervescing mixture. The pills to be repeated.

Two o'clock, *p. m.*—Pulse 125, and weaker, but respirations only about 28 in a minute; feels very faint and weak; belly sore; domestic enema was returned very little changed; no vomiting since morning; complains of much beating sensation in her head. Six leeches, followed by a poultice, to be applied to the abdomen.

Eight o'clock, *p. m.*—Pulse 120, and rather firmer; had a yellowish free loose stool about three o'clock in the afternoon, when the ligature was tightened, and soon afterwards the usual composing enema was administered. Has slept tolerably to-day, yet complains of soreness of the belly, and pain of the part, but is somewhat easier than in the afternoon; no vomiting since morning; skin rather warm and moist; tongue, as usual, clean; urine free; troubled, somewhat more than usual, with a cough. On the whole she certainly is worse to-day than at any time since the operation. A saline mixture, with tincture of opium, was prescribed.

September 1st.—No vomiting, excepting a little of her medicine; two free dejections after taking some magnesia. Pulse 124, moderately full and strong; belly rather tender; pain in back, and on anterior part of the right thigh, down to the knee, nearly similar to what often occurs in dysmenorrhœa; urine free; skin warm; cough better; respiration easy. I tightened the ligature this

morning, afterwards she had nine drops of the black drop in a draught, and the anodyne injection.

Four o'clock, *p. m.*—A good deal of pain to-day in the part, and in the back, but has slept tolerably well at intervals.

Nine o'clock, *p. m.*—Has vomited a little curdled milk and fluid slightly tinged with bile. Bowels open; urine moderately free; skin warm and moist; tongue moist and clean; pulse 120; belly rather tender, but not tense or tumid. She will not permit the ligature to be tightened this evening.

Rep. haust. anodyn. hâc nocte et manè.

2nd, half past seven, *a. m.*—Slept pretty well. Pulse, 114 in a minute; but after tightening the ligature this morning, it diminished, as usual, and fell to 100. Fœtor of vaginal discharge continues. Complains of general soreness over the breast, belly, and thighs. A mucilaginous linctus with tinct. of opium, was prescribed.

On examining this evening, which is the twelfth day since the first application of the ligature, the thin, or rather broad peritoneal surface of the uterus appeared to be the only portion remaining undivided. It was, therefore, thought advisable to complete the separation, by dividing this part

with a pair of scissors, which gave her very little pain. No hemorrhage followed. The pulse after this fell to 108 in a minute. The remaining cervix uteri was now gently raised, and supported by a little sponge introduced, and another piece applied externally with a T bandage over it, so that compression might be used, if any bleeding should occur. The anodyne draught was repeated.

The removed uterus measured three inches from the fundus to the cervix, and the same from side to side, being nearly square, but a little rounded off at the fundus; colour chiefly red, but probably from incipient putrefactive process, marked a little with greyish spots and lines; the circumference of the whole around the fundus and cervix exactly nine inches.

The uterus being cut open, exposed a part of the fallopian tubes, and the ligamenta rotunda; the ovaries and the fimbriated extremities of the tubes, it was found, were left behind. The length of the fallopian tubes removed measured two inches and a half on each side; the extremities of them on the naturally internal rugous surface of the uterus admitted a bristle; coagulated lymph in small quantity, and but slightly adherent, was observed on the peritoneal surface, but the uterus was open at the part where it was divided, the opposed peritoneal coverings having not become sealed together by the adhesive inflammation. The mouths

of a few blood-vessels appeared on the rugous surface.

3rd, half past seven o'clock, *a. m.*—Has slept moderately since three o'clock; one copious dejection; no vomiting; has still a feeling of general soreness; same appearance of aphtha in the mouth; belly soft; has had no bleeding from the part, though she soon removed the sponge, as it produced uneasiness; urine free. Pulse 108, and of moderate strength. The embrocation to be continued; and to take, every two or three hours, a draught with ten grains of subcarbonate of soda.

Ten o'clock, *p. m.*—Has slept moderately today; less pain in the back and thighs; mouth also better; some cough, with mucous expectoration. Fœtid discharge gone. Complains of weakness, and of soreness of the belly, to which common poultices are directed to be applied.

5th.—The inside of the lips and cheeks exhibits numerous small superficial ulcers, attended with an almost constant flow of saliva. Appetite pretty good, but deglutition rather difficult, from a feeling of soreness in the primæ viæ; very little soreness in the part, or in the abdomen; pain in the back and thighs diminished; has little cough; respiration easy. A little magnesia was added to the draught.

6th.—Ulcerated state of mouth, with slight ptyalism and difficult deglutition continue, and prevent her rest. Pulse 114; bowels open; urine pretty free and clear, but the voiding it rather painful; appetite tolerable; still a little pain in the back and belly; no pain in the part, and scarcely any discharge from it. The anodyne to be taken occasionally; a linctus, with soda and tinct. camphor. comp. to be used, and a draught with half an ounce of infusion of calumba, to be taken every three hours.

7th.—Pulse 112; pains and soreness much diminished; mouth and throat rather better; bowels open; urine free; a little whitish discharge only from the vagina. To take a little wine with her gruels and jelly.

8th.—Slept moderately, but complains of feeling very weak; ulcerated state of mouth, with almost constant spitting out of saliva, and occasional hawking up of mucus, troublesome; had two dejections yesterday, containing some blood and slime; throat sore; a little pain and feeling of flatus in the abdomen. Pulse 120, and rather small; appetite moderate; but deglutition difficult. An enema of milk, in which aniseed and carraway-seeds were boiled, was given. A poultice to be applied to the abdomen; and a draught, with infusion of cascarilla, to be given every four or six hours.

9th.—Pulse 120 ; rather firmer than yesterday ; appetite moderate ; food consisting principally of eggs, milk, jellies, and gruels, with softened bread. Edges of the tongue less sore ; bowels regular, and evacuations more natural in appearance ; urine free and natural ; slight soreness in the part, with scarcely any discharge.

10th.—Not quite so well as yesterday ; felt very faint last night ; slept moderately as usual, but had some delirium ; pulse 130 ; bowels regular ; urine free ; no great pain, but some soreness of the belly, the leech-bites having many of them suppurated ; stomach tranquil. Superficial ulcers of mouth continue, with spitting out of saliva and mucus.

To use a gargle with kino, borax, tincture of myrrh and honey.

14th.—Sleep moderate ; pulse 114, and of tolerable strength ; complains of general soreness, but no particular pain ; soreness of mouth and salivary fluid slightly diminished.

17th.—Pulse 108 ; a little cough, with some expectoration for the last few days, which is now relieved by using a mucilaginous linctus ; soreness and slightly ulcerated state of mouth continue, though somewhat better ; no discharge per vaginam.

23d.—Feels better; pulse 100, and of good strength; was dressed yesterday for the first time; remained up two hours, and ate a pretty hearty dinner; slight ptyalism and a little cough continue.

24th.—To-day I examined the state of the parts, just three weeks since the uterus was removed. The vagina appeared to be short, perhaps between two and three inches long, having at its upper part in the middle a small opening, feeling to the finger very like the natural os internum; it would admit the tip of the finger, but as the attempt gave her pain, I desisted from pushing it further, since it was from a promise not to give her pain, that I with difficulty obtained her permission to make the examination. From this, however, we have reason to conclude that the dilated os uteri, after the distending cause is removed, soon returns to its naturally contracted state.

October 11.—I met her walking out alone in the street to-day, which she has done for several days; she still looks pale and delicate, but has no complaint; has a good appetite, and is improving fast.

November 16th.—Has now regained a very comfortable state of health, is considerably stouter, and her complexion, though naturally pale, is much improved; is able to go about, and to superintend the bakehouse. To-day I carefully examined the

state of the vagina, and both it and the os uteri (which as usual projected somewhat into the vagina) did not appear to me to deviate at all from the natural condition. It is three inches in length at the posterior, and two and a half at its anterior part; the long diameter of the os uteri is directed laterally, and will admit the tip of the middle finger. There has been no sanguineous discharge since the operation, nor has any disposition to prolapsus of the os uteri as yet manifested itself.

Before concluding the subject I shall offer a few suggestions on the best mode of removing the uterus, in those cases of inversion, where palliative means are insufficient to arrest the fatal tendency of the disease; and this more for the purpose of inviting others to the subject than from any thing important that I can produce.

In Mr. Newnham's operation, the separation of the uterus was accomplished by the ligature only. In the above case it was effected partly by ligature and partly by excision.

To the patient the operation by ligature is certainly very tedious and very painful, (though perhaps amply compensated by future comforts and prolongation of life); to the surgeon it is fraught with protracted anxiety for the event. Would it not therefore greatly curtail and diminish the patient's sufferings, and the practitioner's suspense

of mind, if the excision of the uterus could be safely adopted at once instead of the slower action of the ligature? We have on record cases where excision of the uterus seems to have been followed by recovery; but much will depend on the care of the operator, and on the constitution of the patient. We have, however, one case where the operation was performed under very unfavourable circumstances. In this case, mentioned by Wrisberg, and related at considerable length by Dr. Hull, p. 119, 126, Letter II. the uterus was cut away by an ignorant midwife, immediately after the inversion, and consequently the peritoneal cavity (if I may use the expression) must have been extensively opened, yet the succeeding inflammation was rather of a sanative than destructive nature, and the patient recovered.

Where inversion occurs, the uterus, I believe, is generally contained in the cavity of the vagina, the ovaria and fimbriated ends of the fallopian tubes lie here on the brim of the inverted part, but not within it, as I have seen in one case: probably these parts become somewhat agglutinated by adhesive inflammation, and also connected by the same process to the bladder before and to the rectum behind; and hence there may be less danger of opening the peritoneal cavity if excision is practised in the chronic stage.

In some cases, either originally or by time, the

peritoneal connexions becoming elongated, the inverted uterus may have its fundus projecting beyond its external parts; and here the ovaria and fimbriated ends of the fallopian tubes may be within the cavity of the inverted uterus.

In the above case of Harriet Barwick, adhesive inflammation had not connected the opposite peritoneal surfaces, where the uterus was separated, but it might previously have occurred higher up, thus diminishing the danger of general peritoneal inflammation in the operation.

After the protruding uterus is removed, the os uteri seems to be soon restored to its contracted state, which will assist in preventing any prolapsus of the abdominal viscera through this part.

Before practising excision, it would probably be best first to secure the uterus above by a ligature, in order that any hemorrhage might be more easily commanded; in a day or two the adhesive inflammation might be powerful enough to prevent any further danger of hemorrhage, and the ligature might then be safely removed.

If, however, the ligature should be preferred to the operation by excision, the process of separation might be considerably accelerated by passing a needle through the uterus, and using two canulæ instead of one, each ligature comprehending half

of the uterus, nearly in the same way as the tonsils are tied ; a process suggested by Dr. Hull.

After the uterus is separated, the truncated cervix seems to recede a little, the os uteri contracts, and the vagina is restored to its natural state.

P. S. *Nov.* 15th, 1819.—Harriet Barwick has now, for a considerable time, enjoyed a very excellent state of health.