

## VI.

*The History of a Case, in which, after a complete Inversion of the Uterus, a favourable termination took place. By Mr Thomas Brown, Surgeon in Musselburgh.*

**A** LADY aged twenty-seven, the mother of five children, naturally of a good constitution, became pregnant. She was considerably debilitated and relaxed from anxiety and fatigue, which operated during the most part of her succeeding pregnancy, and which, previous to her labour, was considerably increased. She was very easy, and not tedious in her labour; but some uncommon appearance, after the delivery of the child, made the midwife call for further assistance.

I found her pulse not to be reckoned, both from frequency and feebleness; her countenance ghastly; her strength exhausted; and she was unable to articulate, from a state of approaching deliquium; presenting, altogether, a very alarming situation.

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Upon examination, I found the uterus completely inverted; the fundus being removed from the os externum more than fourteen or fifteen inches, and nearly allowed to hang over the bed. To it there still adhered a very small portion of the placenta; the rest having been torn away, without much ceremony.

The uterus had some resemblance of its natural figure, and seemed about ten inches in length, together with about four or five inches of inverted vagina. The inverted parts felt cold and flaccid.

The hæmorrhagy had now ceased, but seemed to have been considerable; by no means, however, excessive.

In short, my patient presented altogether a most shocking and distressing spectacle.

There was not a moment to be lost. I allowed that part of the placenta to remain for the present, and immediately introduced the whole within the vagina, without much difficulty. I then separated that portion of the cake, and, upon applying the points of the whole of my fingers to the fundus, and gently pushing forwards, I succeeded

ceeded in reducing the inversion most completely. I now withdrew my hand, and dipped it in cold water, and again introduced it into the uterus.

When the operation was thus happily completed, I found my patient quite exhausted, requiring the constant application of stimuli, to keep her from sinking. Upon the application of these, with free air and cordials, I procured some amendment, and left her.

I shall here only add, that for some days my patient continued very weak, but at the end of three weeks was as well as usual. No prolapsus uteri ever followed. And, in a few months, she again became pregnant; during which, and in delivery, she experienced no uncommon symptom.

Before I make any observations on this case, I may remark, that from the time it was judged necessary to apply for assistance to the period of reduction, it exceeded half an hour; and before the midwife thought proper to apply for help, it must have been ten minutes more. Being ignorant of the



nature of the case, she was sometime busy exerting herself to bring away the whole.

It is evident from what has been related, that no case could be more distressing, more immediately dangerous, or afford less prospect of success. The instances of such a favourable termination, under such deplorable circumstances of ignorance or rashness, I believe to be rare.

The ease and expedition with which the reduction was accomplished, naturally led me to suppose, that there must have been some circumstances attending this case, not common in others, which led to so favourable an issue. What I take to be the principal cause, was a very relaxed, pliant, and almost totally unirritable state of the uterus; whether produced from the length of time for which the inversion had existed, or from the general relaxed state of muscular fibre, or very probably from both conjoined; in consequence of which, it readily received any impression, and made no resistance to any when gained.

It has been supposed, that a complete inversion of the uterus cannot possibly happen

pen, without rupturing, and doing material injury to the ligaments, and thus being productive of much inconvenience afterwards. But certainly the changes which they undergo in gestation, in common with the rest of the uterine system, may make them capable of readily admitting any change of position which the uterus can possibly take, without suffering any injury. And as no bad consequences followed in this case, it certainly strongly points out, that such rupture does not necessarily follow.

Could the cold water in which I dipped my hand, and applied for some time to the uterus, have any share in the prevention of bad consequences, by producing an immediately increased tone of parts?

## VII.