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COMPLETE INVERSION OF THE UTERUS, AND SUCCESSFUL REDUC-  
TION UNDER ETHER.

[Read before the Suffolk District Medical Society, by JAMES AYER, M.D., Boston.—Communi-  
cated for the Boston Medical and Surgical Journal.]

A FEW weeks since I was called to Mrs. C., No. 2 W. Place, about 2 o'clock in the morning; and before I could leave my house, a second messenger came to urge the greatest haste. On my arrival I found the labor pains strong, and the patient walking around the room, and at times leaning on a chair. Supposing there was no time to lose, I immediately had her placed in proper position on the bed; and, on examination, found the head presenting naturally, and pressing on the perineum. With a few strong pains delivery was effected in fifteen minutes. The feet, however, were delivered with difficulty on account of the tension of the umbilical cord. After its birth the child was supported, with its abdomen in close contact with the vulva. The cord was tied and divided. In five minutes after the division, uterine contractions came on, and the placenta and membranes were expelled. I am not aware that the slightest force was applied to the cord; as I usually wait a longer period before employing traction. Neither was the hand introduced within the uterus, before the expulsion of the placenta. The cord was not above eight inches in length. The placenta was of medium size. The waters had broken before my arrival. On the completion of delivery, the finger was passed within the uterus, and nothing abnormal was detected. The patient had been troubled with cough for a week or two previous to confinement; and it was noticed as particularly hard and dry at this period. Hemorrhage after delivery was moderate. The patient was raised from the bed, her clothes changed in part, then placed in bed and a broad swathe applied to the abdomen, over the hips. As I was about taking my leave, the patient complained of "a painful swelling in the privates." On examination I found a hard tumor, larger than a hen's egg, pressing on the perineum, and feeling like the internal surface of the uterus. Moderate pressure was employed, but the patient made such great complaint, the uterine contractions were so strong, and the resistance of the tumor so firm, I concluded to defer further attempts for the present. Prescribed syr. morphine, to allay pain and procure sleep; the hips to be elevated, and to have perfect rest.

The same morning, six hours from delivery, I found the swelling increased and protruding beyond the vulva; it was as large as the fist. On inspection it was found to be of a deep purple color, covered with mucous membrane, with moderate secretion, and tender to the touch. Taxis, though productive of great pain, was freely employed, but without success—and was repeated at each succeeding visit. In the intervals the patient was kept quiet on the back, with a pillow under the hips, and cloths saturated with iced water applied to the vulva.

Next morning, thirty hours from delivery, the protruding mass was larger than the double fist, dark colored, strangulated and very tender. I had been able, at every visit, to circumscribe the tumor, feel the neck distinctly, and pass the finger up between the neck and the os tincæ, and thus pass it around the entire circumference. At this visit I could not circumscribe it, on account of its size, but could pass the point of the finger up as far as the cervix—but could press it no further. A hard ring or cord appeared to prevent any further progress. The whole body of the organ had evidently become inverted. The hæmorrhage on delivery had been moderate, but had constantly increased up to this time. The pulse, also, had been constantly increasing in frequency, and had taken on an inflammatory character; it now numbered 105 per minute. There was a white fur on the tongue, skin dry and hot, and considerable thirst. Some degree of tenderness over the bladder was noticed, and a swollen and tender condition of the labia pudendi. Since delivery, urine had been voided only once, and then pretty freely. An expectorant mixture had been prescribed, also spt. æther nitras. occasionally, and linseed tea as a common drink.

Here there was a train of symptoms presented far from agreeable. Reduction evidently was the only remedy; and thus far my efforts had proved abortive. Whilst reflecting on the probabilities of the case, and on the character of the obstacle, namely, the contraction of the os tincæ operating as a sphincter on the neck of the uterus—it occurred to me that the difficulty of hernia was similar to this. If, then, thought I, the stricture of the abdominal rings can be so far relaxed by the exhibition of ether as to admit of the speedy restoration of the strangulated intestine, why might not the resistance in this case be overcome by the same agency? If the uterus could be once restored to its position, the application of cold and other adjuvants might retain it *in situ*, till sufficient contractions would come on to keep it permanently in its proper place.

Stepping out for an adviser, I accidentally met near the door Dr. Clark, of Iowa, temporarily residing in my neighborhood, and invited him in. He examined the patient, at my request, and fully coincided in the opinion that there was complete inversion. I mentioned the plan of treatment which had suggested itself to me. He admitted its reasonableness, and was kind enough to approve it. We knew of no precedent—but could see no risk in the trial. Indeed, it appeared to be the only method that offered any prospect of success. The case was urgent, and demanded an immediate remedy. Sulph. ether was employed, and the inhalation conducted by Dr. C. very gradually, whilst I grasped the fundus uteri and made gentle pressure. As the system became relaxed

the tumor gradually diminished. In thirty minutes the vulva became perfectly flabby, and the tumor soft and compressible. I made firmer pressure, and it was reduced to the size of a hen's egg. The finger could circumscribe it. It remained twenty to thirty minutes of this size—uncertain whether further ground could be gained—and then, to my great joy, disappeared *per saltum*, with the peculiar feel of a receding hernial tumor.

The next indication was to retain the restored organ *in situ*, till the contractions should come on. The uterus was kept up by the point of the finger until a large bag of pounded ice was provided, and placed against the vulva; the hips were elevated and the legs slightly flexed on the thighs. Perfect rest, and syr. morphinæ to quiet the cough, were ordered.

The patient was under the influence of ether one hour and a quarter, and nothing unpleasant occurred during the process. Three hours after, I found there had been considerable hæmorrhage and cough; no urine had been passed. On examination a tumor the size of an egg was found protruding in the upper strait; made no effort to restore it, but continued the ice. At 7 o'clock in the evening the tumor had entirely disappeared; hæmorrhage moderate, with some coagula—no urine passed—pulse 90 and soft, and moderate thirst.

The next morning, twenty-four hours after the operation, pulse 80 and soft, less thirst, slept several hours in the night, discharged a pint of urine, and felt very comfortable. The uterus had become firmly contracted, and in the proper place. The external organs were yet swollen. *Liquor plumbi subacet.*, 3ij. to four ounces of iced water was applied on a napkin to the swollen parts, and the ice bag omitted. Afterwards a pint of urine or more was passed every twenty-four hours. The patient convalesced, without further accident, steadily and rapidly; and on the twenty-third day from the confinement was able to sit up two hours during the day, and to take light broth. The babe, a fine girl, weighed about seven pounds at birth, and is now eight weeks old. The mother has attended to her usual duties for three weeks past, and says her health is as good as usual. She is of cachectic diathesis, and of lax muscular fibre; she is 23 years old.

The nursing, I would observe, was very imperfect, and increased the hazard of the case.

I have taken the liberty to give the history of the case, in detail, as it is the first that has occurred under my observation. So rare is the accident, fortunately, that I have been able to learn but little in regard to it from the experience of practitioners around me. Obstetrical authors either deal with the subject briefly, or pass it over in silence. Denman, Dewees, Burns, Mad. Boivin, Gooch and Ashwell discuss the subject at some length. In Braithwaite, Part XIII., a very interesting case of inversion and successful reduction, arising from a short cord six to eight inches long, is given by Robert Smith, of Aberdeen. Part XIV. of the same Journal contains interesting remarks on the same subject, by T. R. Mitchell, M.D., of spontaneous inversion without hæmorrhage—also a case cited by Dr. Lever.

After the history given of my case, it is unnecessary for me to add that the accident was attributed primarily to the shortness of the umbilical cord ; and secondly, the powerful labor pains and the general laxity of the patient's system were considered as auxiliaries.

*June 16, 1852.*