

ACUTE PUERPERAL INVERSION OF THE UTERUS.

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The following is the history of a case of this rare accident:

Mrs. E.—, twenty-three years of age, primipara, said she had uterine disease before pregnancy. She had at this time, ten per cent. of albumen by bulk in the urine. Labor lasted six hours. Just at the final moment of delivery, there was a very severe pain, and the placenta which was said to be firmly attached, was found along with the uterus inverted into the vagina. The hæmorrhage was very profuse, and the patient became exsanguinated. I believe no special efforts were made to replace the uterus, as her condition did not seem to be recognized by those present.

I saw her about fourteen hours after the accident occurred. She was then in a condition which forbade the employment of anæsthetics. The catheter was used, and, after antiseptic precautions, with my right hand in the vagina, I indented the fundus with my fingers brought together into the shape of a cone. The constriction at the cervix was however, too strong to be overcome in this way. I used all the force that could be deemed justifiable, but could not cause the os to relax, and the patient was in no condition for abdominal section. With the tips of my fingers close together, they were slightly and continuously forced through the cervical ring from below upwards, but the contraction was so tetanic, without the slightest attempt at relaxation, that after a time I had to give it up. I do not know but that the inversion might have been reduced if the attempt had been made earlier, but the delay of fourteen hours was probably the cause of the reduction becoming impossible. In another case if I should see it early, and if reduction by indentation through the vagina did not succeed, I would try abdominal section or immediate amputation.

This patient was in a condition of shock, and only gentle manipulation could be tolerated. She died within twenty-four hours after the accident.

I have seen two cases of chronic inversion of the uterus. My preceptor, Dr. Alonzo Garcelon, many years ago amputated the uterus

with an ecraseur in a case of chronic inversion. It was of puerperal origin, of six months standing, and was in a state of chronic inflammation. The patient recovered.

Dr Isaac Taylor was of the opinion that all cases of spontaneous inversion began at the cervix. I am quite sure that there must be many cases of partial inversion or indentation at the fundus which rectify themselves, but which under favoring circumstances would have become cases of complete inversion.

In the Rotunda Hospital, it has occurred but once in 190,000 deliveries. In private practice it is of course more frequent. In the case above reported the cord was wound around the child's neck, wrist and body, and may have been the cause of the accident by the traction on the placenta, due to its shortening.

Traction on the umbilical cord is said to be the most common cause of this accident. It is also said that any one can invert a healthy uterus by pulling on the cord, but the combination of traction with localized improper pressure upon the uterus externally when it is in a relaxed condition, together with an adherent placenta is the usual cause. Precipitate labor has also been credited with producing it. It is also said that irregular contractions and relaxations of the uterus result in inversion, but this is doubtful.

Every accoucheur always has the possibility of this accident in mind while performing the manipulations necessary in the third stage of labor. He is, therefore, always careful to guard against it. It generally occurs in the practice of midwives and unskilled nurses; for physicians, as a rule, would readily recognize the condition and return the uterus to its normal position. The uterus inverted into the vagina has been frequently mistaken by physicians for a large bleeding polypus. If the physician is present when the accident occurs, reduction should be comparatively easy.

In these cases there is always sudden severe pain, followed by hæmorrhage. The difficulty of relieving the uterus is from the contraction of the constricting ring at the internal os. Dilatation has been tried after abdominal section, but it has been successful in but one case.

The following history of a case of inversion of uterus was given to me by Dr. G. R. Peckinpaugh.

Mrs. G.—; twenty-seven years of age, phthisical. When seen by him one hour after labor, the patient was lying in a pool of blood, almost exsanguinated. Nothing had been done to relieve her. The

uterus, with the placenta firmly attached, was found protruding from the vulva four or five inches. The placenta was stripped off, and the uterus replaced. There had been no manual traction on the cord, and the inversion occurred at the final moment of delivery; after a quick labor. The patient made a rapid recovery without fever..

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