SEQUEL OF A CASE
OF
EXTIRPATION OF THE UTERUS.

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ON the 22d of June, 1819, a paper of mine was communicated by the late Sir Astley Cooper, to the Medical and Chirurgical Society, on the subject of 'Inversion of the Uterus,' with a case of successful extirpation of that organ. It was published in the Tenth volume of the 'Transactions' of the Society, and I now beg leave to offer a brief relation of the sequel of the case, up to the period of the patient's death, which occurred on October 27th, 1854.

As the operation of tying the inverted uterus was performed on the 22d of August, 1818, she appears to have survived it thirty-six years; and probably would have done so for a still longer period, had she not, as I have been informed by a relation of hers, met with an accident in travelling between Leeds and Bradford, by which a severe injury of the brain was produced, proving fatal in two or three days.

As to the history of her case after the removal of the uterus, I have not the means of saying much, owing to her having changed her residence, at no distant period afterwards, from Manchester into Yorkshire.

The published case concludes with the remark, "November 15th, 1819, Harriet Barwick has now for a considerable time enjoyed a very excellent state of health."

After that time I am not aware that I have any note of her progress until she called upon me on the 26th September, 1840. She reported that she was then fifty-three years of age, and that having married again, her name was now Broadbent. She said that for about ten years she had discharge of coagula irregularly, about every two to six months. After that period coagula occasionally, although rarely, were discharged from the vagina, but that for the last three years there had been no discharge at all.

For some account of my old patient after this time, I am totally indebted to the kindness of Mr. Teale, of Leeds, under whose care she afterwards chiefly fell, and by him I have also been favoured with the preparation of the parts interested in the uterine operation. By his permission, I am thus able to continue some notes of her eventful history down to its conclusion, and I gladly embrace the opportunity of doing so, in his own words, in the following letter from him.

"Leeds, Nov. 4th, 1854.

"My dear Sir,—During the last ten years a patient in whose history I think you will feel interested, has frequently been under my observation. I allude to Mrs. Broadbent, *alias* Harriet Barwick, whose inverted womb you removed in 1818.

"I am informed that about the year 1840, when at Bradford, she had a strangulated right femoral hernia, which was allowed to pursue its course without any surgical treatment. In eight days, the hernia and its coverings sloughed, faeces were discharged from the wound, and in six weeks the abnormal anus spontaneously closed.

"In December, 1850, I operated on her for strangulated right femoral hernia, and in six weeks afterwards, during my illness, my friend Mr. Smith, of the Leeds Infirmary, again operated on her for right femoral hernia.

"In 1853, she again became the subject of strangulated hernia in the same part, and being then at Bradford, she telegraphed for me under a feigned name, and I found my old subject, Mrs. Broadbent, again suffering from strangulated right femoral hernia. On this occasion, with some difficulty, I reduced it by the taxis.

"In October, 1854, she was seized with affection of the brain, which proved fatal.

"I have had the pelvic organs removed, and offer them for your acceptance, if you would wish to place them in your museum.

"If, however, you do not desire to preserve them, I will add the preparation to my own collection.

I remain, dear Sir,

Yours very truly,

THOMAS P. TEALE."

The preparation of the remaining portion of the uterus of the late Mrs. Barwick, *alias* Broadbent, so kindly offered to me by Mr. Teale, and sent November 9th, 1854, shows well the os uteri apparently in its normal state, it is about half an inch in width, a probe passed through it into the blind or closed cavity beyond does not penetrate more than three eighths of an inch. This, therefore, is all which remains of the truncated cervix uteri by the operation performed in 1817. (See 'Medico-Chirurgical Transactions,' vol. x, p. 358.)

The communication with the abdomen seems to have closed well, and on the abdominal aspect of the cervix (or opposite to the vaginal one) a sort of extended membranous or fleshy surface is seen, on which a portion apparently of one Fallopian tube with its fimbriated extremity can be traced, and near it is an appearance of an atrophied ovarium.

On the opposite side are somewhat similar appearances of tube and ovarium. Both terminate in the membranous-like expansion, near to the cervix uteri; each being about two inches in length.

I trust that it will be satisfactory to the Society to receive this concluding report of a case, rendered so interesting by the additional remarks of Mr. Teale.