direction of the upper axis of the pelvis, upwards and forwards towards the præcordia." Nothing more of a practical nature relating to the line in which force should be used can be added to these words. In inventing my repositor, I have endeavoured to construct it in such a form as to make it possible to carry out Gooch's instructions. The rod which supports the cup has been doubly bent, and has a pelvic and a perineal curve. With this instrument, the fundus of the inverted uterus may be pressed "*upwards and forwards*" in a direct line with the axis of the uterus and the pelvic inlet. Dr. Matthews Duncan, when detailing his case, has referred to my instrument. He says: "It has been thought advisable by Aveling to give the stem of the repositor a perineal curve, such as is observed in Tarnier's midwifery-forceps, and for reasons analogous, if not identical. But such modification of the simple straight repositor seems to me unnecessary." I take this opportunity of explaining that the curve in Tarnier's forceps, from which I am supposed to have derived my idea, was invented by myself and applied to my forceps and published ten years before Tarnier made his forceps known. When I published the first notice of my repositor, I said the straight repositor must have a tendency to slip past the fundus; and in the next paragraph to this, in which Dr. Matthews Duncan expresses his satisfaction with the straight instrument, he records the occurrence of the very accident I predicted.

My repositor has been used three times during the past year—twice by myself and once by Dr. John Williams. The cases are briefly as follows.

CASE III.—Mrs. W. came under my care suffering from chronic inversion of the uterus. She had been treated by several eminent gynecologists with a variety of repositors and by taxis, and had been sent to Mr. Spencer Wells to have the uterus removed. The patient, however, thought she would have one more attempt at being cured without mutilation, and fell into my hands. It was for this case my repositor was made, and it was applied without causing much pain on May 7th, 1878, at 3 P.M. The cup was fitted to the fundus, and by means of four elastic rings, two in front and two behind—all being fastened to a belt kept up by braces—pressure was exerted in a line with the axis of the pelvic inlet to an extent never exceeding two and a half pounds.—May 8th, 10 A.M. The uterus was found reinverted as far as the internal os. At 9.30 P.M., in consequence of pain, all pressure was removed for thirteen hours.—May 9th, 10.30 A.M. The repositor was again made active.—May 10th, 10.35 A.M. The uterus was found completely reinverted. (*Transactions of the Obstetrical Society of London*, vol. xx.) This most obstinate case, therefore, was cured in sixty-seven hours and a half, or in fifty-four and a half hours of active treatment. The patient had no constitutional disturbance, and spent the day after in writing and knitting.

CASE IV.—Mrs. H., aged 26, was admitted into University College Hospital on August 30th, 1878, with chronic inversion of the uterus, under the care of Dr. John Williams.—September 3rd. My repositor was applied.—September 4th, 10 A.M. The uterus was found partly reinverted. At 11 P.M., the uterus was found completely reinverted. An offensive discharge continued for some days; but the patient was soon discharged cured. Reposition in this case was effected in thirty-three hours.

CASE V (not before published).—Mrs. L., aged 26, was admitted into the Chelsea Hospital for Women, under my care, on June 4th, 1879. She had chronic complete inversion of the uterus. Previously to her admission, attempts at reduction by taxis had been made.—June 5th, 4.30 P.M. I applied my repositor.—June 6th, 3.15 P.M. The uterus was found partly reinverted.—June 7th, 1 A.M. The patient felt the elastic rings "suddenly go loose", and all pain ceased. Dr. Chambers, paying an early visit to the hospital, found that the cup had passed into the uterus. At 4 P.M., the cup was tilted and easily removed. I passed my finger into the uterus to the fundus. The cavity measured three inches and three-quarters. An offensive discharge continued for some days; but the patient left the hospital for the seaside on June 25th, three weeks from the date of her admission.

An analysis of these cases shows the following results.

Dr. Barnes's *single-curved repositor* was actively employed five hundred and twenty-eight hours without success; and the treatment, from the first application of the instrument to its removal, was eight hundred and forty hours.

Dr. Duncan's *straight repositor* was in active use more than ninety-one hours; and the treatment, from the first application to the time of reinversion, was four hundred and thirty-two hours.

Dr. Aveling's *double-curved repositor* (taking an average of three cases) reinverted the uterus in forty hours, and the treatment lasted forty-four hours.

These figures show, I think, incontestably that, in treating chronic

complete inversion of the uterus, the direct method is the best; and that the success of a repositor is in exact proportion with the directness of its action.

INVERSIO UTERI.*

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THE two following cases are remarkable in this respect, that in the one symptoms of an alarming nature showed themselves, while in the other little or no inconvenience was experienced.

CASE I.—Mrs. A., aged 25, primipara, of good health previous to pregnancy, married, and was taken in labour at full term. She had been depressed and debilitated by news of the loss of her husband at sea. She had a tedious labour, and was delivered by her medical attendant with forceps; ergot having been previously given on several occasions. She made a slow recovery. The urine had to be extracted. She noticed that the after-discharges were profuse; and three weeks after delivery a profuse vaginal hæmorrhage set in which did not yield to astringents. Dysuria and dribbling were constant. The bowels were constipated. She gradually lost strength, became hysterical and delirious, and was at length seized with epileptiform convulsions. It was thus (October 20th, 1872), twelve weeks after the confinement, I was asked to see her in consultation.

She was lying in dorsal decubitus, drowsy, with low muttering delirium; pulse 120 to 135, weak; skin hot and dry; pallor of face. The teeth were covered with sordes; the tongue was furred, covered with aphthous spots, which extended over the tonsils and pharynx, and interfered with deglutition. The abdomen was flaccid, not tympanitic. She had occasional vaginal hæmorrhage.

On examination, I found in the vagina a pyriform tumour like a polypus. There was no uterine cavity; no uterus in the normal position, as determined by combined bladder and rectal examination, and by rectal and suprapubic examination, the patient being under chloroform.

Treatment.—I dilated the vagina with the hand, and applied the taxis after the combined methods of Viardel and Noeggerath, that is, fixing the uterus with one hand pressed against the ring of the cervix above the pubes, and grasping it *per vaginam* with the other, and bringing pressure to bear on one cornu. After forty minutes, it was reduced suddenly. On passing the sound, it measured two inches and a half. She was put under full doses of opium for two days. The bad symptoms disappeared, and she recovered.

CASE II.—Mrs. B., aged 46, married a second time, came under my observation for influenza and somewhat obscure abdominal symptoms, with the supposition of pregnancy. She objected to give me any history until after I had examined the case carefully and completely; the result of which was that I stated she had inversion of the uterus. She at once confessed it was so, and she knew it, and that this was the history. Twenty-eight years ago, when eighteen years old, she was confined with her first and only child, after a labour of three days' duration. She recovered so far as to be up and about in the course of three weeks, but the after-discharge continued more or less for twelve months. She had loss of power over the sphincter ani, dysuria, and dribbling of urine; and also partial loss of motor power over the lower limbs, especially after exertion. These conditions continued with varying severity for about ten years, after which they gradually abated and almost entirely disappeared. Menstruation became regular and normal, and continued so until about a year ago, when it ceased, and never returned. I advised her to let well alone. She continues well.

REMARKS.—The curious feature in the last case is this, that we find an intelligent lady who knew her condition resolute enough to marry a second time. It has medico-legal aspects, probably. But so well did she feel, that on the cessation of menstruation she imagined there was just a possibility of her being pregnant; and, under the *ruse* of a feigned illness, she attempted to get what she thought was an independent opinion. The first case, on the other hand, presented conditions of the most extreme danger. She was entirely unconscious, presented symptoms which indicated the grave nature of the so-called typhoid state, and had periodic convulsions of an epileptic character, each one of which threatened to extinguish her life. Reduction of the inversion was followed by an immediate abatement of all these grave indications, and she regained her health.

* Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Cork, August 1879.