FOUR CASES OF INVERSION OF THE UTERUS : WITH REMARKS.

By J. BRAXTON HICKS, M.D.Lond., F.R.C.P., F.R.S.,
Lecturer on Midwifery and Diseases of Women, and Physician-Accoucheur, at
Guy's Hospital, etc.

THE interest and anxiety attending the occurrence of inversion of the uterus after labour makes the record of cases always clinically useful, and this is my reason for occupying these pages with a narration of four, coupled with remarks.

CASE I.—This has already been reported in *Guy's Hospital Reports*, but without remarks. It is briefly as follows. A multiparous patient had been delivered of the child before the attendant arrived. He found the placenta also expelled, and therefore he did not pass his fingers into the vagina. There was some slight flooding during the night. About twenty-four hours after delivery, the patient sat up in bed to pass urine. Suddenly, a severe flooding occurred, attended by immediate collapse; and something came down from the vagina externally. In less than an hour she was dead. I arrived shortly afterwards. On examining, I found the inverted uterus protruding from the vulva almost entirely. I attempted to reduce it; but, although it passed within the vagina, I could not reduce it to its natural condition, notwithstanding I employed considerable force. I consequently did not act farther in the matter.

REMARKS.—This case gives conclusive evidence that this accident can occur independently of any interference on the part of the attendant. The gradual inversion of a relaxed uterus after delivery has been explained by Dr. Tyler Smith in his *Manual of Midwifery*, and, as far as my experience extends, in a most satisfactory manner. Let us suppose that in this case the fundus at least remained flabby, of which the free loss all night was the result; that this hæmorrhage relaxed the parts still more; that, either at the birth or during the night, by the traction of the placenta by a short cord, there was a depression of the relaxed fundus into the cavity of the uterus; and then that the assumption of the erect posture and the straining at micturition still further drove the fundus into the cavity; then that the uterus, slightly contracting in the middle part (the lower part, after labour, being generally patent and relaxed some days in ordinary cases), instead of being able to squeeze the inclosed fundus back to its natural condition, drove it downwards so far that it brought down with it the whole of the remaining part, thus completing the inversion. That it was not completely inverted from the first, seems highly probable, both from the absence of serious symptoms after labour (although they are not always present), and from the sudden appearance of fatal ones upon the descent of the uterus externally. In this case, it seems difficult to see how anything different could be advised in the way of treatment up to the time just preceding the collapse. But the assumption of the vertical position so soon after labour is never to be commended, not even for what might by some be considered a sufficient reason—namely, for the evacuation of a clot; because a vaginal douche could always be employed for that purpose.

CASE II.—This case occurred immediately after the birth of the child, before the detachment of the placenta, under the following circumstances. Mrs. —, aged about 35, in labour with her fifth child, had been in labour for some time; and her attendant called in a friend to see the case. As there was no progress, in consequence of the feebleness of the pains, they decided on delivering by the forceps. This was accordingly done; but, as soon as the child was delivered, the uterus appeared externally inverted, the placenta still adhering. A most severe collapse came on immediately, and death seemed imminent, so much so that, as there was no hæmorrhage, the medical attendants did not touch her, but endeavoured by stimulants to recover her. She slowly improved; and after a quarter of an hour they detached the placenta, but, owing to her even then intense depression, they felt it unsafe to attempt reduction. Slowly she improved, and I was asked to see her a week afterwards. She had in the meantime recovered fairly, and had had no hæmorrhage nor feverish symptoms. I found the uterus inverted, of about the size it should be at the period after labour, soft and pliable. There was not much bleeding after examination. The patient was put under chloroform. I passed my hand within the vagina, and grasped the uterus with firmness, so as to expel the blood in the sinuses. This caused a reduction of the size of the organ. I then pressed it upwards whilst under grasp, and slowly the body receded within the cervix, till at last it was completely restored to its natural form. A dose of ergot was then given. She recovered excellently.

REMARKS.—It is difficult to say how far it was advisable to abstain from immediate restoration of the uterus to its natural state after sepa-

rating the placenta. Each case can only be judged of by itself. The collapse was thought so formidable by the medical attendants, who were well accustomed to midwifery, that I have little doubt they exercised good judgment in deferring the manipulation required, which is always attended by a tendency to collapse. Otherwise, as a rule, it is always better to reduce the inversion at once, as lessening the chance of hæmorrhage.

The employment of chloroform is always of much advantage in lessening not only the pain, but the contraction of the tissues; but, if collapse be threatening, it is not without danger; and, if present, I should not employ it. Some cases to be hereafter narrated, will show that we should be cautious. From this and other cases on record, it will be seen that the difficulty of restoration within a week or two after the accident is not very great. It is when involution and contraction have gone on to some extent, that the difficulty is felt, increasing as the time elapses.

CASE III.—The following case was mentioned to me by a medical man who had seen a large amount of midwifery. The patient had been delivered by forceps. The uterus appeared externally inverted immediately afterwards, the placenta still adhering. Seeing at once its true nature, he peeled off the placenta, and endeavoured to restore the uterus, without success. He called in a friend to his assistance; but to neither would the organ yield properly. They, however, had succeeded so far as to push the fundus up to the level of the os. I should add that chloroform had been given. They gave up the attempt, to consider the next plan. After a short time, they found that the uterus itself had completed the cure. The patient recovered well.

REMARKS.—This is an instructive case, showing the peculiar action of the contractions of the uterine tissues. No doubt, if the lower part of the uterus be relaxed after a certain cupping in of the fundus has occurred, the peristaltic movement, coupled with pressure of the abdominal walls, would tend to drive the fundus downwards. If the lower portion were to contract fairly under the same circumstances, there would be a tendency to push up again the inverted fundus; thus a natural cure would occur. Probably such cases take place more frequently than has been hitherto noticed. But possibly the attempts of the medical men in this case were inefficacious, because they attempted too much force in too short a time. Endeavour to force the uterus, and you find it oppose you; gently persuade it, and slowly it will yield. This is manifest in all one's handlings of the organ. Slow pressure will succeed without chloroform where force with anæsthesia may not. In turning, in dilating with the bags, in traction, the same thing is constantly observed; and so it is most probable that here a sustained gentle pressure with compression would have succeeded. An interesting case was once mentioned by Dr. Marion Sims as having occurred to a friend. A vaginal stem-pessary had found its way into the uterus, leaving the lower portion protruding from the os. He endeavoured to draw it out, but found it impossible. He then considered that, as it had slowly passed in, it might come out by similar means. He tied to the part protruding an elastic tape, the other end of which he fastened, after tightening it, to the bedpost. Next morning, it was found to have been withdrawn from the uterus.

CASE IV.—This case was mentioned to me by the gentleman who had seen it; and as this, with the former, has not been published, I have endeavoured to rescue them both from oblivion. After delivery, the uterus came down inverted, the placenta being attached to it. The placenta was at once detached, and the uterus promptly compressed and pushed upwards. It very quickly was restored to its natural state, and the patient did well.

REMARKS.—This case has no particular feature in it; but it, with the others, proves conclusively that it is the best and the far simpler plan to remove the placenta before attempting to restore the uterus. This *à priori* seems the best plan, for many reasons; and one wonders how it is that any doubt or discussion has ever arisen upon it.

SEVERE CHRONIC RHEUMATISM MISTAKEN FOR DISEASE OF THE SPINAL CORD.

By J. LOCKHART CLARKE, M.D., F.R.S.

JOHN BOWLES, aged 33, after serving in the police force for eight years and a half, was compelled to leave in consequence of protracted illness. Eleven years ago he had chancre, but no secondary symptoms. During his service in the police, he frequently got severe colds, sometimes in consequence of rain dripping from the edge of his cape on to his loins and the back of his knees. About two years ago, he began to feel very severe pain across the loins and along the spine, accompanied at first by severe and obstinate vomiting. The pain in his back was constant, night and day, and for some time he was quite unable to bend

forward. On getting better, he continued on duty for about three months, during which he was under the care of the divisional surgeon, who cupped him on the back and prescribed for him, but without relief. Some time afterwards, he went into one of the metropolitan hospitals, where he had blisters and actual cautery to the spine, hypodermic injection of morphia, warm baths, and medicine. After a month of this treatment he left the hospital unrelieved, with severe pain, weakness, and numbness and trembling of the legs. During the next three months he was under the care, first of the divisional surgeon, and then of another practitioner, who used the hypodermic very freely, but with only temporary relief.

When I saw him a few months later, he was pallid and emaciated, complained of pains along the legs, with trembling on standing, some numbness of the feet, and severe lumbar pain with stiffness, which prevented him from standing erect. The pains were incessant night and day. I prescribed for him the following draught, to be taken every four hours. $\text{R Potassii iodidi gr. x}$; $\text{aquæ camphor. \text{ʒ}ss}$; $\text{spir. chloroformi \text{ʒ}ss}$. He had no applications to the back. On seeing him two days afterwards, he told me that for the first time during the last two years he was almost entirely free from pain, and felt himself nearly well, with the exception of weakness. He continued the same medicine at longer intervals, and before the end of a week not a vestige of pain remained. He then took nitrohydrochloric acid with some bitters, and entirely recovered his health and strength. For more than two years he has kept a public-house in Rochester Row, Westminster, and has never had any return of his complaint, except on catching cold, or indulging too freely in drink, when he has always resorted to the same medicine with unfailing relief.

Although his case, as the patient told me, had been considered as an affection of the spinal cord, there can be no doubt that it was one of protracted and deep seated rheumatism, affecting the ligaments of the spinal column, and involving the sheaths of the spinal nerve-roots, complicated perhaps with syphilitic taint, as the early history of the case and the very remarkable success of the treatment might lead us to infer.

HYDROPHOBIA NINE MONTHS AFTER THE BITE OF A DOG.

By AUGUSTUS NEWMAN, M.B., Alrewas, Staffordshire.

J. W., aged 24, a fireman in the employ of the North Western Railway, was going to his work about 5.30 A.M. on June 20th, 1871; when, about a mile from his home, a large dog sprang on him and bit him, inflicting a lacerated wound on the lower part of his cheek, as high as about a third part of the extent of the nose upwards, and extending to the mouth through the upper lip on the right side. The lip was almost torn through. He ran home as soon as he could, and applied to me just before 6 A.M. The wound was freely cauterised, the edges joined by three sutures, and dressed with carbolic acid lotion. It healed well; and in a fortnight he resumed his work, and continued to do so till Sunday, March 17th, 1872, without feeling any inconvenience. That day, he complained that the right side of the face was painful; he thought the cold had struck it while he was riding on the engine. On Monday, he was uncomfortable all day, but managed to do his proper amount of work. He did not sleep through the night; he got up at 6 A.M., but felt too nervous to go to work. He sent for me at 8 A.M. I found him sitting at a table with the remains of breakfast on it. He had eaten part of a boiled egg, and tried some bread and butter, but evidently had only eaten with great effort, and had snapped pieces in a hurried manner. His manner was excited, and almost hysterical; he complained of pain in his nostrils, which prevented his swallowing his tea. His bowels had acted freely that morning, and he had passed urine. His tongue was moist and furred, and protruded with some tremor; his skin was quite natural. I gave him two grains of calomel and a grain of opium in a pill at once, and ordered a mixture containing ammonia, spirit of chloroform, and Batley's solution, every three hours. He vomited the pill, but retained two doses of the mixture; after that, he said he could swallow no more. At 4 P.M., all symptoms were aggravated. He had then a pill containing a grain and a half of opium, which he took in some jam. This was repeated at 9.30 P.M. He was quite sensible then, and reclining on his back in bed.

On March 20th, he was seen at 7 A.M. He had had some sleep during the night, but was afraid of lying back, as he said the pillows were cold. A warming-pan was applied to his pillow, when he laid himself back. He could not take any tea; he swallowed with great difficulty a little spirit (rum) and water. His state was only an ex-

aggeration of that of the previous day. His pulse never rose to 100. His pupils were much dilated. He could not touch fluids: he said he was hungry, but could not even take a thing in his hand to carry to his mouth. His horror at being touched was intense. Mr. Palmer and Dr. Webb of Barton both saw him with me. The simple examination of his pulse was followed by a most fearful convulsion; there was first opisthotonos, then he threw himself forward, and was violently sick. About 2 P.M., he was more delirious, and would walk down stairs, but was induced to go up again without force. No food or drink could be given; the very thought produced tetanic spasms. At 5 P.M., no pulse could be felt at the wrist; his heart was beating feebly; he talked in a rambling way for some hours. At 10 P.M., he asked the clergyman to call on him, but did not seem able to join in any prayers. At 12 P.M., he died quietly.

This case appears a genuine one of hydrophobia. The animal that bit him was said, on good authority, to have bitten another man on the same day, who died with the same symptoms about two months afterwards. I am told that he was a weak, debilitated person. This man (J. W.) was a stout, strongly built young man, peculiarly temperate. Can anything more be done in these cases? Chloroform, and, I suppose, hydrate of chloral, have been suggested. I did think of hypodermic injection of morphia; but I believe to have attempted to give chloroform or to inject morphia, would have been simply impossible without extreme violence.

There was one peculiar feature. The last day, about 10 A.M., the clergyman kindly came to see him, and a little dog followed him into the house and partly up stairs. The patient heard this, and sat up in bed in the most violent alarm.

I can tell little about the aspect of the cicatrix on the lip, for he had a very thick moustache. It certainly had not discharged at all before the attack came on.

CLINICAL MEMORANDA.

EXTRACTION OF ARTIFICIAL TEETH FROM THE CESOPHAGUS.

EARLY on the morning of April 25th, I was aroused by the housemaid, who said she had something in her throat, and that she feared she had swallowed her artificial teeth during her sleep. She was much distressed, and made constant efforts at deglutition. I passed my finger down the throat; but, although I could reach below the cricoid cartilage, there was nothing abnormal to be felt. I then passed a long cesophagus-forcipis, guided by my finger, down the throat, and, about four inches beyond the point where my finger reached, the forcipis struck against a foreign substance, which I seized and gently withdrew. This proved to be a metal plate holding two teeth, and from which projected two ugly-looking hooks for its attachment to the adjoining teeth. The young woman complained of soreness while swallowing for a day or two afterwards, but is now quite well.

ARTHUR BRACEY, Surgeon to the Birmingham Eye Hospital.

A SINGULAR CASE OF POISONING.

A CHILD a fortnight old was ordered dill-water. This, when obtained, was put into a bottle which had previously contained nepenthe. A label was on the bottle with that name. The bottle was empty—whatever nepenthe there had been in it having dried up, and left a deposit of opium on the sides and bottom. The dill-water dissolved the opium; and, upon analysis by Dr. Campbell Brown, was found to contain morphia and meconic acid, in a proportion equal to about two per cent. of opium, a teaspoonful being equal to about twenty-four drops of laudanum. A teaspoonful was given to the infant about 11 P.M.; he died about 4 P.M. the next day. He fell asleep immediately upon the dose being given. His breathing was noticed to change about one hour afterwards. Convulsions and narcotism came on. When he was seen two or three hours after having had the dose, he was not breathing more than about once in a minute. The pupils were not contracted, but insensible to light; the muscles were relaxed; the skin became blue. The treatment consisted of artificial respiration, cold to the head, warmth to the body, enemata (which were returned), and galvanism. The child passed urine. The pulse was small, thready, and feeble. Before death, the pupils were a little larger, and the inspirations became more frequent. The back parts of the lungs were much congested. There had been no action of the bowels.

F. J. BAILEY, L.R.C.P., Liverpool.