and two of tincture of iodine into the womb in cases of chronic internal metritis. It has occasionally caused severe uterine tormina, which subsided in a day or two. My friend Dr. Emmet of New York, after operating on the interior of the womb, injects it or soaks it with tincture of iodine; and, since he has adopted this plan, he has not had a case of septicæmia. Dr. Fordyce Barker, to check severe hæmorrhage following abortion, lately injected an ounce of the undiluted tincture of iodine (and the American tincture has double the strength of ours) with perfect success and no ill-effects; so it is not likely that any would follow the injection of a very strong solution of iodine into the womb soon after labour. I have then injected four drachms of the tincture in half a pint of tepid water, Dr. Wynn Williams has been in the habit of using three drachms to the same quantity of water; but Dr. Dupierri's practice has been to inject into the womb, immediately after the removal of the placenta, four drachms of tincture of iodine (double the strength ordered in the *British Pharmacopœia*), ten grains of iodide of potassium, and one ounce of distilled water.

It remains to be seen which is the best plan, either to inject the tincture of iodine little diluted, so as to act strongly on the womb, or to largely dilute the tincture, so that it may wash away fragments of putrid tissue.

Had I been aware that Dr. Braxton Hicks had already treated this subject, I should have contented myself by referring to his trustworthy teaching,* which shows that he has been long aware that puerperal fever is likely to arise from the retention of foetid uterine fluids. These remarks of mine may not be, however, altogether useless; and most acceptable were those made by Dr. Wynn Williams, in the JOURNAL for August 7th, on the washing out of the puerperal womb.

CASE OF INVERSION OF THE UTERUS, OF THREE MONTHS' STANDING.†

By J. H. EWART, L.R.C.P.,
Surgeon to St. Mary's Hospital, Manchester.

ELIZABETH V., aged 22, married, was attended by a midwife in her first confinement on March 27th, 1874. She was at full term, and the labour went on well to the end of the second stage; there was then, according to her account, some difficulty with the afterbirth, which the midwife endeavoured to overcome by pulling at the cord. Eventually a surgeon was called in, and he and his assistant attended the patient up to the time of her admission to St. Mary's Hospital, Manchester on the 6th July, 1874, *i.e.*, for upwards of three months. She stated that she lost an alarming quantity of blood at the time of her confinement, and that she had had more or less hæmorrhage ever since. Sometimes she had lost a very considerable amount of blood; the last occasion on which this occurred was about a fortnight before her admission. Various injections had been given to her for the purpose of controlling the loss; no vaginal examination, however, was made after the confinement.

On admission to the hospital, the patient presented a most blanched appearance. She complained of no pain; the appetite was pretty good; the pulse 100, feeble. A small pear-shaped tumour, bleeding readily when touched, was found in the vagina.

On the following day (8th July), the patient was placed under the influence of chloroform, for the purpose of further examination. The tumour was smaller than I should have expected an inverted uterus to be; it bled very readily; on passing a finger into the rectum and pressing the fingers of the other hand at the same time deeply above the pubes, no intervening substance could be felt. The absence of the uterus from its normal position was further demonstrated by passing a sound into the bladder, and again by the impossibility of introducing the uterine sound by the side of the tumour, the neck of which was tightly constricted. Being now satisfied that the case was one of inversion of the uterus, I tried digital pressure, and persisted in it for some length of time. (I regret I did not notice the time accurately.) Considerable force was used; as much, indeed, as I deemed justifiable. I therefore desisted, with the intention of employing the elastic stem-pessary described by Dr. Barnes in the first volume of the *Obstetrical Transactions*, and in the event of that failing, of incising the neck, as recommended in the same communication. Some of those present, however, thought that further efforts should be made with the hand, and I reluctantly gave my consent. Pressure was accordingly resumed; and

after some time the operator announced that he had succeeded in reducing the inversion. It was obvious to the onlookers that the success was due to the exertion of extreme force; and, on examination, two fingers could be passed into a rent in the anterior vaginal wall just where it formed the cervix uteri. There was also some laceration of the perinæum, but at what stage of the proceedings this happened is uncertain. After the operation, the patient's pulse was pretty good, and her general condition was not alarming.

July 9th. She complained of soreness, and a little abdominal pain. Temperature normal; pulse 110.

July 10th. She felt chilly; had no pain. Temperature 98; pulse 104.

July 11th. She felt better. Temperature normal; pulse 100.

July 12th. There was a good deal of whitish discharge. Temperature normal; pulse 100.

August 8th. Since the last note, the patient had not had a single bad symptom; the vaginal rent had healed, a very slight thickening marking its site; the uterine sound passed two inches in the normal direction. The woman then became an out-patient, and preparations of iron were prescribed for her on account of her extreme anæmia. She subsequently went to Southport for six weeks; and on October 21st, she again presented herself at the out-patient room, looking much improved in colour and general appearance. She had menstruated twice since leaving the hospital. The uterus was normal in position; the sound passed rather more than two inches; the os was somewhat flabby, and presented the appearance of a little superficial ulceration, which soon yielded to the application of nitrate of silver; the situation of the vaginal rent could not be discovered.

I saw my patient after some time, when there were signs of commencing phthisis; after this, I lost sight of her, and am now unable to obtain any trace of her.

Inversion of the uterus is not a very common occurrence, only fifteen cases having been reported in the English journals since the year 1871. It does not seem necessary to enter into the details of these cases; suffice it to say, that nearly all of them are said to have been due to traction on the cord.

In the BRITISH MEDICAL JOURNAL for January 28th, 1871, Dr. Tylecote reports a case of spontaneous inversion twenty-four hours after labour. Dr. Braxton Hicks relates a similar case in the JOURNAL for August 31st, 1872; and also another where the inversion followed delivery by forceps; and in the first volume of the *Obstetrical Journal* (page 319) Mr. J. Prankerd narrates a case where inversion occurred during the effort of straining at stool seven days after labour. With regard to the possibility of spontaneous inversion, and for an explanation of this phenomenon, I beg to refer my hearers to Dr. Hicks' paper in the BRITISH MEDICAL JOURNAL for 1872.

The treatment of these fifteen cases varied; most of them were reduced by pressure of one kind or another; two died before medical aid could be procured; in two, the uterus was removed as a last resource in order to save life; and in two others Dr. Barnes succeeded in reducing the inversion by the method to which I have already alluded, and the value of which cannot be overestimated.

Dr. Barnes has clearly pointed out how an inverted uterus *ought* to be treated; it has fallen to my lot to bring before the profession a case which teaches how it *ought not* to be treated; for the satisfactory termination of the case does not prove that the treatment was one to be recommended.

How many women would have recovered after such severe injuries? and what would have been the result if the rent had occurred posteriorly instead of anteriorly? Now, how are such accidents to be avoided? We are directed to use as much force as is justifiable: what is the measure of justifiable force? What amount of strain will the vaginal walls bear? Speaking from my experience in the case here recorded, I would urge that the utmost care, care even approaching timidity, be used in the application of manual pressure to chronic cases, and that, in the event of failure by this method, recourse be had to the air-pessary, or even incision of the neck, inasmuch as such an operation must be far less serious than rupture of the vaginal wall.

INVERSION OF THE UTERUS.

By WILLIAM KELLY, M.D., Physician to the Taunton and Somerset Hospital.

In the abstract of Mr. Ewart's case of successful reduction of an inverted uterus of three months' standing, as given at page 231 of the JOURNAL of August 21st, the author is stated to have said "that, in any future case, he would firmly discountenance the treatment adopted in the case here recorded".

* On *Post Partum* Douching of the Womb (BRITISH MEDICAL JOURNAL, November 13th, 1869).

† Read before the Obstetric Medicine Section at the Annual Meeting of the British Medical Association in Edinburgh, August 1875.