no inconvenience nor danger, would very much facilitate the business, and obviate the inconvenience of having to bisect the tumour before its complete removal.—*Bulletino delle Scienze Mediche di Bologna.*

CASE OF INVERSION OF THE UTERUS, IN WHICH REPOSITION WAS EFFECTED ON THE TENTH DAY.

By JOSEPH P. GAZZAM, M.D.

Mrs. N., of Allegheny, was delivered on November 3rd, 1843, of her sixth child, after an easy and rather rapid labour. The attending accoucheur made moderate traction by the funis soon after the birth of the child, and supposed the placenta had been cast off, as it descended readily. To his great surprise, however, he found that the placenta had come down, not out of, but with, the uterus; and that this organ was completely inverted, with the placenta still attached to its fundus. The doctor immediately peeled off the placenta, and attempted the replacement of the uterus, but failing in this, he passed it up into the vagina, and there left it. Next day the uterus again protruded beyond the os externum, and again it was tucked up. Meanwhile, symptoms of mental disturbance were gradually developed, and by the fourth day the patient was decidedly maniacal.

On the 10th of November I was requested to visit the case, and found the patient with a pulse of 120; hot dry skin; sleepless since delivery; taciturn, and unwilling to show her tongue, or reply to any question. Owing to some misapprehension on my part of the attending physician's report of the case, I did not make an examination per vaginam, for I understood the doctor as having said that he had replaced the uterus. A prescription was therefore made with reference to the general symptoms.

Next day (the 11th) I found the patient in no respect improved, and in addition to the symptoms of the preceding day there was now an occasional tenesmus, which induced me to examine the regio pubis, where I could find nothing like a contracted uterus. I then examined per vaginam, and ascertained that the uterus was still inverted, and lying just within the os externum.

Without delay I had the patient placed in a position for turning, and made regular persevering efforts to replace the inverted organ. The woman became suddenly noisy and ungovernable, and having used as much force as I deemed safe, without effecting my object, I ceased my manipulation, and directed nauseating doses of tartarised antimony, for the twofold purpose of quieting mental disturbance and producing relaxation of the uterus.

November 12th. The patient has been using the antimony for twenty-four hours; has vomited a little, and seems thoroughly under the influence of the medicine. She was placed as before in position for turning, and I renewed my attempts to effect reposition.

Grasping the uterus in my right hand, I made at first gentle, and after a little while, more forcible compression, increasing the force gradually. Having persevered thus for more than half an hour, and materially diminished the bulk of the organ, which was

felt contracting in the hand, I applied the tips of the fingers, placed together conically, to the fundus uteri, and made gradual and steady pressure in the direction of the os tincæ, and the upper axis of the pelvis. At first the whole uterus was carried up, but after the vagina was put fully on the stretch, the fundus uteri began to dimple, and in a few minutes after it started up suddenly, and I found that the fundus, and nearly the whole of my hand, had passed through the os tincæ. To satisfy myself that the reposition was complete, I retained my hand in the uterus (while an assistant pressed above the pubis to steady it, long enough to enable me to traverse with the tips of my fingers the whole of the inner surface of the fundus. I then gradually withdrew my hand, introduced into the vagina a sponge tent, placed a compress over the valve, and secured all by a T bandage. The pillows were taken from beneath the head, and one of them placed under the hips; an anodyne administered, and perfect rest enjoined.

The whole manipulation was finished in less than an hour, more than half of which time had been consumed in making compression of the uterus preparatory to attempting its reposition. The patient was perfectly passive, uttered not a word, and made not the slightest movement.

13th. Slept a little last night, the first since delivery. Removed the tent, used the catheter, and then introduced a fresh tent. From this time the improvement was rapid and uninterrupted. Catheterism was practised but three times, a fresh tent was introduced daily, and appropriate treatment directed for the mental disturbance, which ceased on the 20th of the month, and on the 23rd I made my last call. As the patient had formerly suffered much from prolapsus uteri, I applied Banning's abdominal supporter before she left her bed, and she is now better able to take exercise than at any time during the last five years.

The points of most interest in the case are the length of time which elapsed before reposition was effected, and the agency which I suppose the antimonial medicine to have had in facilitating that object.

The inversion occurred on the morning of the third, and reposition was not accomplished till the evening of the twelfth of the month. Usually the lapse of a few days renders reposition impracticable, although Dr. Smart, of Maine, reports a case in vol. 16 of this Journal, in which reposition was effected at the end of three weeks, and in Dr. Belcome's case (quoted by Churchill,) twelve weeks had elapsed. Such cases, however, are rare.

I think I am not mistaken in attaching great importance to the beneficial agency of the tartarized antimony in this case. Blood-letting and tobacco were both inapplicable, owing to the enfeebled state of the patient, and yet the rigidity of the os tincæ presented a serious obstacle to replacement. This difficulty was very completely overcome by the antimony with but little distress, and no hazard to the patient.—*American Journal of Medical Sciences.*