the circumscribed character of the tumour entirely lost. There was a general fluctuation of the whole abdomen, and the peritoneum seemed the receptacle of a fluid escaped from the ruptured sac. The injury was followed by severe peritonitis, which yielded to bleeding, general and topical, with the usual adjuvants. The patient passed more than the usual quantity of high-coloured urine, and vomited frequently throughout her illness. After a gradual convalescence she seems now entirely restored, and in better health than she has enjoyed for several years. The strictest examination did not enable Dr. White to detect the least vestige of the old tumour in the ovarian region. The menses have been, and are now regularly secreted, the respiration is full and complete, and she can lay upon either side without difficulty, which she has been unable to do until recently.

Inversion of the Uterus—replacement. By E. FISHER, M.D., of Waynesville, Ohio.—On the 26th Sept. 1835, at ten o'clock, A.M., I was called to Mrs. D—— in labour. She was about thirty-five years of age, and had given birth to several children—said that two weeks previously, in attending the funeral of a relative, she rode several miles in a farm-wagon over rough roads, which excited pain in the loins and hips, and weakness of the inferior extremities, attended with difficulty of locomotion; all of which continued up to the morning of the 26th.

From the day of the funeral she had felt no motion of the fœtus, and to use her language, was "eight months gone in pregnancy." The pains were slight, irregular, and transient. Upon examination I found the pelvis unusually large, the os uteri well dilated, and the membranes protruding. The temperature of the skin was natural, pulse regular, and bowels open.

As I conceived there was but little to fear, I deemed it prudent to give nature time to effect her purpose. Ten grains of pulvis Doveri were administered, which procured an hour's repose. The pains then returned, but continued feeble an hour longer, without any appreciable change, when suddenly a violent throe, thrust fœtus, placenta, and body of the uterus beyond the labia externa.

The fœtus was very small and putrid; the funis umbilicalis, as nearly as I could estimate it, (not having any means of measurement,) was eight inches in length. The placenta was detached, and a complete inversion of the uterus had taken place. I was shocked for a moment with the condition of my patient, but knowing there was no time to be lost, I immediately commenced an attempt to return the uterus. I passed the index of the right hand into the vagina, then carried it round the tumour, till I became fully satisfied as to the condition of the parts. The os uteri looked into the pelvic cavity, and the finger could not be brought into contact with it.

The uterus was as flaccid as a wet bladder; a circumstance which inspired a ray of hope that something might be done to relieve the patient from a situation but little more desirable than death. I placed the fingers of my right hand against the fundus of the uterus, pressing it gently upwards in the direction of the axis of the inferior strait, while the left hand was placed over the hypogastric region to prevent the uterus from rising into the abdomen. I carried my right hand up the vagina a sufficient extent to enable me to return the uterus, which was done with less difficulty than could have been anticipated. Not the slightest contraction of either the fundus, body, or neck of the organ took place during the operation. I made an attempt to withdraw my hand, and the fundus followed it. And notwithstanding frictions were made over the hypogastrium with the left hand, while the knuckles of the right were caused to press against the fundus of the organ within, the uterus still remained flaccid, and during some minutes manifested no disposition to contract. I ordered ʒj of secale cornutum infused in six ounces of water, two ounces of which were to be given every ten minutes; the third portion produced contractions, and by grasping the fundus between the thumb and fingers of the left hand, through the walls of the abdomen, in less than fifteen minutes the contractions became so violent that my hand was forced out into the vagina. No further difficulty ensued. The hemorrhage was less than in an ordinary case of labour at the full period of utero-gestation, and neither pain nor syncope occurred prior to or during the reversion of the organ.—*The Illinois Med. and Surg. Journ.*, Dec. 1845.