to Monday (the 27th of October) the eleventh day after the operation, when the *ligature* from around the *pedicle* came away.

The bladder was emptied every four or six hours for ten days, and not over four ounces of urine allowed to accumulate at a time—a care soon found essential to her comfort. The bowels were not moved until the *tenth day*, and then by injection. For *five days* there was almost entire prohibition of food—the patient taking nothing but *toast water* and *pounded ice*—of which latter she consumed large quantities, not so much to allay thirst as to quiet and prevent sickness at the stomach—after which date, milk and chicken jelly were cautiously administered. At the expiration of six weeks she was able to run about town, and by the close of the next *seven months* from the date of the operation, she was entirely restored to health. Her *first menstrual term* came on the third of May, 1865, since which period she has been menstruating every four or six weeks without difficulty. At present, January, 1866, she is in perfect health, very fleshy, and engaged in teaching one of the common schools five miles in the country; and sometimes, when the weather is fine, she ventures to travel this distance on foot. Her abdomen is smooth, and at the point in the mesial line, which was engaged by the pedicle, there is not the least irregularity or contraction.

ART. XV.—*Reduction of an Inverted Uterus of Eight Months' Duration.*

By THOMAS ADDIS EMMET, M. D., Surgeon to the State Woman's Hospital, New York. [Read before the New York Obstetrical Society, March 6, 1866.]

Dr. GOULEY, on the 17th of February last, requested Dr. Noeggerath and myself to see a case of inverted uterus under his charge in St. Vincent's Hospital of this city. With his permission I have reported the case, from the fact that the reduction was effected by the method proposed by myself and described in full with a successful case in the last January number of this journal. The patient was about twenty-four years of age. In June last, at full term and in perfect health, she was delivered of her second child by a very rapid labour, in which she had but one severe expulsive pain, just as the head was expelled. Until within a few moments previous to delivery, she had not found it necessary to lie down. The after-pains came on at once; they were severe, and lasted longer than had been the case after the birth of her previous child. From a short time after delivery until the reduction, there had been a constant show, which frequently amounted to a hemorrhage, and she presented the appearance of one who had been suffering from an excessive loss of blood. Her condition had been attributed to the existence of a polypus, which was supposed to be protruding from the os uteri, and she had been sent to the hospital for the purpose of its removal.

After much difficulty, the patient was gotten under the influence of ether by Dr. Ward, the house surgeon, at half-past two o'clock P. M. An examination was then made by one hand in the vagina, lifting the uterus above the pubes, and the other hand on the abdominal parietes; the two were thus so closely approximated as to leave no doubt in regard to the true condition.

Dr. Gouley, as well as Drs. Wm. H. Van Buren and Moses, who were present, concurred in the opinion of Dr. Noeggerath and myself. At my request, Dr. Noeggerath, after Dr. Gouley, attempted the reduction by his method of depressing one side into the canal and carrying this portion up first, as described in the note appended to the case reported in the last number of the journal. After an attempt of some fifteen minutes, he found it impossible to indent the body sufficiently, and desisted. I passed my hand into the vagina, and, for a while, endeavoured to put into practice his method, but found it impossible to do so to any extent. In fact, the organ was so dense, and was contracted to so nearly its natural size, that the case was not a fair one for testing his mode, nor was it one which could have been reduced by pressure at the fundus, as proposed by Prof. White, while it was in every respect favourable to the method I resorted to. With the left hand in the vagina, the four fingers were passed as far up as possible between the inverted portion and the neck, with the thumb in front, so that the body was encircled by the fingers, and the fundus rested in the palm. Then, with an upward and outward pressure at the same time, the neck was gradually dilated until the seat of inversion was reached by the frequent extension of the fingers. This manœuvre was persevered in, while during the whole time the organ had been lifted above the pubes, so that the other hand could assist in the rolling out of the parts by sliding upwards the abdominal walls, with a steady pressure over the posterior portion of the ring formed by the inversion. In less than half an hour the mass, as felt through the abdominal parietes, had doubled in size, the depression in the centre had become larger, and the shape changed from a circle to an oval. The fundus gradually passed entirely within the cervix, but, after this, the progress as appreciated from the fingers within the uterus was almost imperceptible, but the rapidly increased size of the mass and the diameter of the depression at the seat of inversion was recognized by all present. At the end of an hour, my hand in the vagina became so powerless, that without the aid of the hand over the abdomen, I was unable to feel the body of the uterus within its grasp. I finally requested Dr. Noeggerath to relieve me, and, by his continued manipulation, in about ten minutes the reduction was completed, after a conjoined effort of an hour and twenty minutes. The patient has continued to do well up to the present time, and has not had a bad symptom.

In consequence of the continued action of the fingers necessary, I am satisfied that it is beyond the power of endurance for one person to complete the reduction unaided in a case of long standing. I fully recognized the necessity insisted on by Dr. Elliot, as reported in the history of the previous case, that a change of hands should be frequently made, and I believe that the progress of any case would be materially increased by fresh aid every fifteen minutes.

This mode of reduction is of great interest, for it is applicable to all conditions of inversion of the uterus, while it has been successful after the other methods had failed, and the principle is certainly correct in returning first the portion last inverted. The aid of the other hand in steadying the uterus, and to assist in rolling out the inversion, is a most important feature. It is calculated, also, to lessen the risk of inflammation of the vagina if not of the uterus, for I have seen the vaginal wall lacerated and the attempt abandoned where the pressure was made at the fundus and the vagina put on the stretch, with no counter-resistance beyond the strength of its own walls.