CASE OF COMPLETE INVERSION OF THE UTERUS.

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THE patient, a primipara, aged twenty, was delivered by a midwife of a male child. Labour up to the end of second stage apparently proceeded normally, pains commencing at 7 P.M., and the child being born at 11.30 P.M. Shortly before midnight, I, as honorary surgeon to the Wallasey Ladies' Charity, was sent for. On reaching the patient's house I found her completely collapsed, the radial pulse being scarcely perceptible. On further examination, there was seen protruding from the vulva a fleshy mass, consisting of placenta partially adherent to a pyriform tumour, rather larger than a Florence flask, and quite as hard and as solid to the touch as a dense fibroid; this projected somewhat forward, the upper surface of its neck being pressed up closely against the pubes; per vaginam uninterrupted continuity between its surface and the vaginal wall was made out, the finger being inserted about two inches and a half from the labia majora; no ridge corresponding to the os could be detected; there had been no abnormal amount of hæmorrhage. Meanwhile the patient was continually moaning, "Oh, my back!" "Oh, I'm dying!" There being no brandy in the house, and my ether bottle having upset, I, without further delay, proceeded to reduce the evident inversion. First, the placenta was stripped off; this was adherent over nearly the whole of the frontal zone. No hæmorrhage resulted, the uterus being too firmly contracted. Having swabbed the inversion with carbolic water, I grasped it with my left hand and pushed steadily upwards, the fingers of the right, applied just beneath the pubes, giving it also a direction backwards, while the body of the organ was squeezed between the two palms. Soon the inversion was found to be retreating into the vulva, through which and into the vagina it was followed by the left hand, until reposition was effected, no hæmorrhage ensuing; and the interior of the replaced uterus feeling fairly firm and resistant, we turned our attention to the other extremity of the patient, who, after a few feeble struggles and faint cries about the pain in her back as the hand was entering the vagina, had now become quite still. Brandy and ether having been fetched, a drachm of the latter was injected, and teaspoonful doses of the former, with hot water, given by the mouth; hot bricks were also applied. The first few doses of the brandy had to be coaxed into her œsophagus, but soon she swallowed naturally; some colour returned to her lips, and her pulse became more perceptible; she no longer complained of pain in her back, but still persisted in the statement that she was dying. After administering about two ounces of the brandy, fearing to excite vomiting, I directed the midwife to prepare some in an enema; just then the patient began to retch, and finally vomited twice, both times there being a sound as of a lower evacuation. On examination, however, it proved not to be feces, but blood; having by palpation ascertained that the uterus was normal, I injected three grains of ergotin, and applied a firm binder. Almost immediately the patient exclaimed that she now felt better, and in a short time I was able to leave her. Four-hourly enemata containing brandy were ordered, and an ammonia and morphia mixture prescribed.

The patient made a rapid and continuous recovery; her temperature was on only two occasions above normal, and she had no bladder trouble whatever. By the seventh day she had so far improved that she was allowed to suckle her child, and on the seventeenth she could no longer be kept in bed. She was directed, however, to continue for a month a mixture of perchloride of iron and nux vomica, which she had already been taking for ten days. She was not again seen until a month after her labour, when she came to consult me about a sore on her forearm at the seat of the ether injection. At this spot was a thin, hard slough about the size of a five-shilling piece. This separated after ten days' poulticing, but the resulting ulcer did not heal until ten weeks after her confinement.

Remarks.—The cause of the inversion is not very clear, the midwife stated—and her statement was independently corroborated by the patient's mother—that the cord was twice round the child's neck, but not so tightly as she had

seen it in some cases; she released the loops, and, the child being born, was surprised to see the placenta and inversion follow it, before she had time to tie the cord. From the account of the patient herself, it appeared that directly after the nurse had told her of the birth of her child she felt "something come down"; this caused little or no vaginal pain, but was accompanied by excruciating pain in the lumbar region and left breast, together with a terrible feeling of faintness. Reviewing this evidence, it seems probable that the midwife, in pulling on the slack of the cord to release it from the child's neck, may have started an intro-ception of the uterine wall, this passing on into inversion in the usual manner. It should be added that no vomiting occurred during labour, also that the patient was in bed for some time before delivery. The prolapse (inversion) of the vagina, which also to a certain extent was present, may have been due partly to its own contractility, partly to the pyriform shape of the inversion, which caused it to be squeezed out, as it were, through the vaginal orifice, bringing down the upper end with it. The existence of such firm contraction of the uterus, notwithstanding the extreme collapse of the patient, was not altogether to be expected; nor the ease with which, although so rigid, it yielded and was replaced. Again, one rather anticipated retention of urine; none, however, occurred; on the other hand, the disastrous local effect of the ether injection was quite unlooked for. Finally, with regard to the treatment immediately after reduction, it seemed evident that too much stress was laid on the value of the ether and brandy; a firm binder applied at once would have been much more to the purpose—by emptying the abdominal veins—in bringing the patient out of her stage of collapse; the retching and vomiting probably acted in the like direction.

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TREATMENT OF ASCITES AND GENERAL DROPSY WITH MILK DIET.

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THAT ascites and general dropsy very often yield to the milk diet treatment is a fact which had been recognised by the native physicians of India from a very remote age. Even in modern times many of the native physicians and quacks treat their dropsy cases in the same way, with at least partial success. They prohibit solid food of every kind, and all articles containing salt. They also prohibit the drinking of water, and make their patients take milk or curd in abundance. But there are a few particulars in connexion with this treatment which they do not carefully attend to, and it is for this reason that they do not succeed in many cases. This plan of treating cases of ascites and general dropsy has not, so far as I am aware, received much attention from European physicians. The ordinary textbooks say nothing on the subject. The treatment generally recommended is that by *watery* purgatives, diuretics, and diaphoretics. Paracentesis abdominis is recommended as a last resource in cases of enormous distension, interfering with breathing &c. The introduction of Dr. Southey's small trocar and cannula through the skin into the subcutaneous cellular tissue is advised in cases of general anasarca with much tension in the extremities. As for *purgatives*, we find them injurious in most cases in India. They seem to irritate the stomach and intestines of the patients, and to very much interfere with their digestion. Though an occasional purgative, by removing the accumulated feces from the intestines and by inducing secretions from the intestinal glands, gives great relief to the general system during the course of treatment, we are inclined to think that a systematic use of purgative medicines, with a view to remove the dropsical effusions, does more harm than good. In most cases thus treated, we find that dysentery supervenes; this, in India, we look upon as a fatal symptom in connexion with ascites or general dropsy.

The idea of treating ascites and general dropsy by the exclusive use of *milk diet* was first suggested to my mind by perusing an article on this subject, with illustrative