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NOTES OF CASES OF RECENT AND CHRONIC INVERSIO UTERI.

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CASE I.—This was my first case of inversio uteri. I was called to see a woman in Oliver St., more winters ago than I can remember. She had come from a distance, and because it was sleighing time, and so she could travel easily. Her symptoms were flowing, emaciation, weakness, pale sallow face, &c. Examination detected inversion. The womb in this case, and the only one of the kind I have met with, was tongue-shaped—rounded at its lower end, and from thence becoming thicker till it reached the os. The flattening or compression was quite striking. Her state was explained to her, and also the operation her safety demanded. She said she would think about it, and I might call again in the morning. I did, but she was gone—cleared out. The talk of an operation had just half frightened her to death; she took to her sleigh with a will, and evacuated.

CASE II.—In this case of inversion I was consulted by letter. No operation was done, and the case was fatal.

CASE III.—This case was communicated to me by the physician, and his history of it was an unusually able one. Mrs. — gave birth to a child after a severe labor, the latest contractions of the womb being the strongest. The afterbirth was suddenly expelled, accompanied by a gushing hæmorrhage, which was at length controlled. Mrs. — was kept in bed, but rising, after the flow had ceased, to pass water, she felt something heavy and large pass the external organs, accompanied with great hæmorrhage and pain. Dr. — was called, and found the womb inverted and out of the pelvis. He reduced it so far as to carry it within and beyond the external organs, but could not restore it to its natural position. Time passed; a professor of midwifery of the University and in the State in which the patient lived, was called in consultation, and various means were agreed upon to relieve, and, if possible,

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to control the alarming symptoms which occasionally occurred. But they only partially succeeded. In the mean time Mrs. ——— was getting more and more exhausted, and her case more hopeless. I now received a letter from the patient's husband. His letter was a remarkable one. It gave a history of the case from the beginning, and described the symptoms in the order of their occurrence, and with a minuteness which could hardly have been better done by the best educated and experienced physician. He is a professional man, and an eminent one, which may account for the character of his communications to me.

I was in this correspondence called upon to give an opinion concerning future measures, in this exceedingly interesting case. In answer, the difficulties were referred to of giving an opinion before seeing and examining the case; but my impression was, that an operation for removing the womb was the only one which offered any chance of saving life, it being distinctly stated that there was great danger in the operation itself, but that it had been done with entire success. Then came other letters containing other questions, and, among them, one touching the expense, if I were called on to do the operation. This amount could not be stated—the distance was great, and the detention might be long, for I could not leave such a patient until it was either clear she was safe, or her case was entirely hopeless. I had learned that the whole position and circumstances of the family were such as to make the expense one of minor or no consideration. I heard no more of Mrs. ——— until some months after, when I received a letter from her attending physician, saying that she was dead, and that the professor above alluded to had seen her more than once with him. No operation, as far as I understood his letter, had been done.

Such cases as this are the most embarrassing which can be referred to us. Suppose we recommend an operation, and death happen; responsibility will attach to us. If we do not advise it, though we may have done it successfully, we are again in difficulty. If we go and do the operation, we may leave the patient in unpractised hands, and take the chances of being chargeable with the result. From its history, the above case seemed a very suitable one for the operation; but I should have been inexcusable had its dangers not been fairly stated—and who can “count the cost” before knowing what demands may be made upon him?

CASE IV.—Mrs. ——— had natural labor. The placenta not being soon separated, or expelled, was taken away by force, being torn in three pieces. Flooding followed, severe pain attended, and the womb was inverted. Dr. ——— pressed it into the vagina, or rather pelvis, believing he had reduced it. Hæmorrhage continued, and Mrs. ——— being in the greatest suffering, Dr. ——— sent for me. She was found lying on her back in the middle of the bed—the bedding in infinite confusion, and blood everywhere. She was exhausted, pulse hardly to be felt; complaining of no

pain, and answering questions with difficulty. I was told what had preceded this state, and made a movement towards an examination. This she resisted—come what would, she had suffered terribly, and would suffer no more. At length she allowed me to feel the abdomen. Above the symphysis was a bowl-like cavity—the vacancy here was very striking. It was surrounded immediately not by the brim of the pelvis, but by a firm, fleshy ring, exquisitely tender. Here were signs of inversion not to be mistaken. Mrs. ——— positively still forbid and resisted the attempt to examine the state of the vagina. She was now seriously told that unless she would submit, she must die. She was then examined, and the womb found filling the vagina, the os uteri, at the farther extremity of the tumor, surrounding it, and this firmly. Firm pressure was made upon the womb, by grasping it forcibly in the hand, thus directing the pressure to the circumference and protruding fundus. The tumor receded, at first slowly, and as it passed the os, suddenly, by a bound. Mrs. ——— had a good convalescence.

CASE V.—I was called one morning to a case, Mrs. ———, who had been recently delivered, but was very ill. I reached the address in a few minutes, and learned from Dr. ——— that the labor had been regular till the last uterine effort. This was violent, expelling the child at once, then the afterbirth, and then the womb itself turned inside out. All this was by a continuous effort. Dr. ——— at once discovered that the womb was inverted, and sent for me. He had returned the womb into the vagina. Reduction was at once attempted, and accomplished with scarce any difficulty or pain. I explained this by regarding the shock, from the extreme violence of the last uterine effort, as a cause of suspending its farther action, and thus allowed of easy and complete reduction.

CASE VI.—Mrs. ———, 24, had a child in February, 18—. The afterbirth was forcibly removed, in pieces, with great pain, and much flow. Dr. ——— having another case on hand, wrote for some pills, and left. Called again. Same symptoms. After a while, imperfect recovery succeeded. Mrs. ——— nursed her child. Menstruation was absent. Occasional losses, which rest would suspend. She weaned her child because she became too exhausted to nurse it longer. Excessive hæmorrhages at periods. I was called to her a year after her child was born, in February. All the signs present of protracted and severe loss. I examined her, and found *inversio uteri*. She wished to know what was her trouble, and I told her, and that an operation was the only thing that would save her. Might she not die of the operation? She was told she might. The hazard was distinctly stated. She would not incur the danger for the possible benefit. I was called again in midsummer, after my February visit. Things had now come to a pass which showed to her that she could not last much longer,

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and she was ready for anything. Arrangements were made, and her physician was called on and her case described, and a request made that he would attend the operation. He refused, adding that the suspected dislocation did not exist. The operation was done successfully. Mrs. — has not menstruated since, now several years, and is, and has been, perfectly well. Amenorrhœa produced no trouble. May not this be thus explained: there being no womb, there was no periodical determination of the blood to the ovaries? The circulation was not disturbed in its course, and so no cause existed for such diseases as sudden or accidental amenorrhœa ordinarily produces.

CASE VII.—Mrs. —, aged 22, had a child a year before I saw her. The afterbirth was removed by force, and with great accompanying and succeeding pain and flow. These symptoms having existed a year and without any relief, another physician was called in. He examined her, and said the womb was inverted, and advised that I should be called in, and next day I saw the patient. She was perfectly anæmic, and her symptoms showed how desperate was her condition. This was stated to her, and also the only means which gave any promise of recovery. The dangers of an operation were pointed out fully. Mrs. — was certain she could live but little longer in her then situation, and said she would take the chances of any means which offered any, however remote the probability or possibility of success. The operation proposed was by ligature. This was applied, but the first movement produced so much pain that very little pressure was made upon the womb. This was gradually increased, or as far as it could be borne. But it was not until the thirtieth day from the application of the ligature that it came away. The diameter of the uterine mass to which the ligature was applied, was $2\frac{1}{2}$ inches, and the mass was densely solid. Mrs. — had a good recovery. Her flesh and color returned, and she was said by her family to have regained the aspect, manner and spirits of girlhood. The same remark was made concerning Mrs. —, who was a little older than the seventh patient, in whom it was said chronic amenorrhœa produced no disease.

CASE VIII.—Mrs. —, between 30 and 40, was seen by Dr. —, who asked me to consult with him in the case. He had examined it, and found *invertio uteri*. Dr. —, who had attended her labor in which this happened, had never suspected its existence, though visiting Mrs. — constantly on account of its symptoms, or effects. These were flooding, exhaustion, emaciation, pain, &c. &c. It was about a year after her labor that I saw her with Dr. —. She was in a miserable condition—confined to her bed, and flowing excessively at her periods, and, upon exertion, in their intervals. Dr. — applied a ligature. It was tightened daily, without any embarrassing accident. Mrs. — was kept perfectly still, and the friends were directed not to move her. At about the

tenth day, they thought she could be moved with safety, and her dress and bedding changed. This was done. She fainted and became cold. Reaction could not be produced, and on the third day after she died. Examination showed the ligature held by a mere thread of fibre. Separation of the womb was perfect, and not the smallest existing disease, or evidence that the ligature had produced any, was discovered.

Four other cases of inverted womb have occurred in my neighborhood, two of which I heard of, which were treated by ligature by other physicians, and successfully. In one of these I was partially consulted. They present one fact, in which they were related to many of the cases which have come under my notice; they were not diagnosticated at the time when inversion happened, and their symptoms were of course ascribed to something else. In two of the four cases above referred to, inversion was taken for polypus. The ligature was applied, the pain of tightening it in both cases far exceeding that which is ever felt in polypus treatment (some slight and temporary pain being now and then felt in the latter). The tumors in both cases were regarded as polypus, until being presented by the operators at meetings of medical societies, they were found to be *inverted uteri*. The patients recovered.

Here are notes of twelve cases of inverted womb, in nine of which the ligature was successful. The eighth died, her death being wholly owing to accident. Of the twelve cases, two died in which no operation was done. Of the result of Case I, I have heard nothing.

The above are reported as *facts*. Sidney Smith says, "Oh, don't tell me of facts. I never believe facts; you know Canning said nothing was so fallacious as facts, except figures."

I am more than half inclined to agree with these two respected men in their opinion of facts and figures. "Figures will and do lie," says a distinguished teacher. My twelve cases are not offered for their apparent statistical value. The next twelve recorded may give us nine deaths and three recoveries. My object in recording them is simply to show the result of an operation in a certain number of cases, and the result in two in which no operation was done.

I have used the word fact in its popular signification, as indicating present knowledge. A thousand apparently precisely similar facts may not add a particle of weight to that first observed fact. For it is utterly impossible that the circumstances attending the first observed fact should have concurred in the production of the following. They are of course different facts, the products of different circumstances. The progress of science has every day showed the instability of facts in the only important use that may be made of them, the foundation and establishment of opinions or doctrines. It was a fixed fact with Lavoisier that

oxygen was the only acidifiable agent. To Lavoisier it was the only one, and his doctrine was believed to be established. We now know that it had no foundation, and should that distinguished philosopher appear now, he would doubtless yield cheerfully his doctrine to the discoveries of Davy.

An old legal friend of mine, who was learned in the law, dabbled in chemistry. He did more, he studied and loved it. Lavoisier was his scientific or chemical idol. He worshipped him—scientifically. At length came the chemical revolution. My friend's heart sank within him. To have his idol destroyed!—a perfect idolonoclast breaking it into a thousand pieces! He abandoned chemistry in disgust—would not utter the word. What would he have said, had he lived to this day and seen his favorite, beloved science, and all its old processes and revered subtleties, contracted into wretched algebraical formulas?

How is it with the ligature in *inversio uteri*? Denman and others taught, that unless reduction was attempted very soon (Denman says within four hours after inversion), it would be impossible to reduce it. This saying was founded on existing facts. Cases have since been reported of spontaneous reduction, months, and even years after inversion happened. If my memory of early reading serve, Dobereiner gives a case of such spontaneous reduction. Dewees tells us that a case of partial inversion occurred in his own practice, and which he failed to reduce by the usual method; the os uteri having contracted round the middle part of the womb. The thought occurred to him that were he to seize the inverted portion, and draw it entirely through the os, room enough would be produced in this last to allow of reduction. This he did, and with perfect success. I call this genius.

Very recently, since the cases in this paper occurred, reduction has been safely accomplished months and years after inversion. Professor Peaslee has certainly reported one, if not more cases, in which he has effected reduction long after the occurrence of inversion. His process, like all true methods, is perfectly simple, consisting mainly of two elements—support of the womb from *without*, while he carries it upward upon itself from *within*. How simple, and yet how successful! Has not our Professor discovered the fulcrum upon which, if he could not move a world, he could a womb? I hope, dear Editors, you will soon give us a full account of Prof. Peaslee's case or cases, and other equally successful kindred ones, which have lately been reported. I have never seen a case of chronic inverted womb in which I have not attempted reduction before using the ligature. But failure has always followed these attempts. The true process had not been discovered. Another reason for failure, has been the extreme exhaustion of my patients—they being perfectly anæmic—and another, the profuse hæmorrhages which have come of the attempts at reduction.