which produced the fatal strangulation in the intestine. That the fatal issue should have been so long deferred, can only be explained by adverting to the fact, that strangulation of the intercepted bowel had either at first been incomplete, or was partially obviated by the effect of purgative medicines and injections.

The bursting of the tumour was also probably caused during parturition, (in its second stage,) from strong pressure on its coats between the abdominal parietes and those of the uterus.

Fourthly. The case illustrates most forcibly the value and necessity of *post-mortem* examinations. Had we been refused one in this instance, though our own minds were fully made up as to the cause of death, and that this was irrespective of the labour as its foundation, yet the public at large could have had no knowledge of the true bearings of the case, but would have held fast by the prejudice, that because the patient died in the parturient state, so did she truly and necessarily die from parturition.

Nov. 1844.

CASE OF SPONTANEOUS INVERSION OF THE UTERUS.

By S. EDWARDS, Esq. M.D., Bath.

THE following case created some interest at the time of its occurrence:—

Nov. 14th, 1841, I was requested to attend Jane C—, aged 24 years, residing in the Horse Wynd, Edinburgh, in labour of her first child. She was of a weak, leuco-phlegmatic temperament, and had been for some time before in bad health. Labour had commenced eight hours previously. On instituting an examination per vaginam, the “os” was found about an inch and a half in diameter, thin, and extremely tense. The membranes were ruptured; passages well relaxed and lubricated; and the fetus presented naturally in the third position, (*Naegle*.) The pains were of a feeble character, occurring every quarter of an hour, and had but slight effect upon the os uteri. A second examination was made two hours afterwards, when the “os” had become relaxed and dilated, with the exception of the anterior segment, which still remained firm and prominent. The pains were stronger and more frequent, and the patient, against my repeated requests, made use of the most powerful voluntary efforts in conjunction with them. The labour went on satisfactorily, to the birth of the child. It having been separated, I placed my hand upon the abdomen of the patient, and the uterus was found firmly contracted. The insertion of the cord into the placenta could not be felt; and from the distended state of the vessels of it, I felt convinced the placenta was still attached. I consequently sat down by the bed-side, awaiting the return of uterine action, and about seventeen minutes after the birth of the child, a violent expulsive effort was made. Deeming the after-birth was being thrown off, I proceeded to examine, but was surprised to find, on approaching the genitals, a large tumour, of a pyriform shape, the base downwards, of the size of a child’s head of six months old, lying between the thighs of the mother, of a soft, compressible, and yielding nature, and covered with a slimy, grumous matter. The sensation it communicated to the finger was vastly different to that of a placenta; and on rapidly tracing my fingers around it, and arriving at the left side, and somewhat posteriorly, came to the placenta, still partially attached, whilst that part of the womb from which the placenta was detached was pouring out blood in great violence. The case could not be mistaken. To return the uterus immediately appeared of vital importance; and the first thought that presented was,—shall I reduce the organ with the placenta adhering? Now the partial manner in which it was adhering, and the conviction, from its large size, that its removal would greatly facilitate the reduction of the uterus, I at once determined upon the prior detachment. This being readily accomplished, I grasped the uterus, with the intention of reducing it by causing the reversion to commence at the “os,” and terminate at the “fundus;” but this, owing to its soft and flabby state, I could not perform, and consequently employed my bearing on the latter, (paying attention to the axes of the pelvis,) carrying it up before my hand. On arriving at the brim of the pelvis, the fundus shot up, as it were, from my hold to its proper situation, the neck, mouth, and superior part of the vagina following. I carried my hand, however, forward, to make sure of its complete reduction, when its irritation produced a smart contraction, and expelled the hand from its cavity. The uterus remained contracted perfectly a few minutes, when I applied a firm bandage and compress.

The shock to the nervous system had been great, Mrs. C— during the whole time having been in a complete state of syncope; pulse imperceptible; clammy perspiration and vomiting every few minutes; but on the reduction, and from the administration of stimuli, she somewhat rallied. In about fifteen minutes, symptoms of internal hæmorrhage came on, the pros-

tration of the vital powers as great as before. I removed the bandage, and the cold effusion being employed, the hand introduced into the cavity of the uterus, and the coagula removed, it again contracted. Ergot of rye with ammonia was then administered, and repeated twice or thrice with decided advantage. For about an hour the uterus continued alternately contracting and dilating, but was controlled by the firm and constant pressure of the hand through the parietes of the abdomen, which, in such cases, experience has taught me, is more to be trusted than the bandage and compress. For upwards of five hours the poor creature continued in a state of fearful lipothymia, notwithstanding the copious use of stimuli of various kinds, after which time she rapidly rallied, and was only disturbed by a hacking cough of that peculiar kind not unfrequently seen after severe hæmorrhage.

In the after progress of this case nothing occurred of note, with the exception of slight pain and tenderness over the uterine region, which, however, disappeared on the third day from confinement, and those numerous little symptoms usual in severe cases of flooding, and which it is deemed unnecessary to detail here.

Remarks.—The above case is one which must be considered in the light of a spontaneous inversion of the uterus; and however rare these may be, yet it is an undeniable fact, that occasionally they do take place. Dr. Radford mentions a case in which “the descent was so rapid and forcible through the os externum, that it would have been quite impossible to have resisted the unnatural action by which the organ was carried down. It has occurred when the patient was delivered of a dead child, the funis so putrid as to break with a slight effort.” It is very usual to attribute such cases to causes which operate from within—e. g., improper attempts to extract the placenta; preternatural shortness of the cord, or this twisted round the neck of the child—but the majority of cases on record, I think, go to prove that they have occurred when no such force had been employed; nevertheless, the utmost caution should ever be observed in this respect in the extraction. The only cause to which I can trace the accident in the accompanying case, is the violent straining exerted by the patient previous to the birth, thereby making an impression on the fundus uteri by the bowels and abdominal muscles.

The hæmorrhage occurring in complete inversion is an unusual circumstance, but which may be accounted for from the entire want of power of contraction in the uterus: from the same cause may be attributed the inability to reduce the organ in the way first mentioned, which, when practicable, should be adopted.

The next point to be considered is one where much discrepancy of opinion exists—viz., as to the management of the placenta when adhering. In the above case only about a fourth of the mass remained attached, and therefore I judge its prior removal was clearly indicated. In all cases of complete inversion, it is a desideratum to diminish the bulk of the uterus as much as practicable; and this is chiefly to be accomplished by the removal of the placenta, which will be found to very greatly facilitate the reduction. Should such reduction be found impossible, (which I believe will scarcely ever be the case if attempted immediately,) the danger, which some have conceived, from hæmorrhage will generally not occur, as the uterus is almost as capable of contraction in this situation as in its natural position. In incomplete inversion, the matter is different; we have here invariably more or less of hæmorrhage to contend with, and it behoves us to think well before we expose our patient to an increase of it from stripping the uterus of the placenta. From these circumstances, and from the opportunity I had of seeing two cases, whilst resident medical officer at the General Lying-in Hospital, Edinburgh, under Professor Simpson, I am convinced the most reasonable proceeding is to endeavour to reduce at once without waiting and meddling with the placenta.

January 30th, 1845.

FUMES OF NITRATE OF POTASS IN SPASMODIC ASTHMA.

By JAMES BOWER HARRISON, M.R.C.S., &c. &c.

WHEN attention was first directed to the nature of the atmosphere, and the influence of the different gases on the respiratory organs, much advantage was expected from the application of the discoveries which were made, but in this, as in many other departments of knowledge, the immediate results were not so brilliant as was anticipated. It is probable, however, that medicated pneumatic mixtures will eventually make a considerable accession to our remedial measures.

A friend of mine, who is the subject of spasmodic asthma, having accidentally seen, in a Staffordshire paper, a paragraph recommending the inhalation of the fumes of nitrate of potass as a remedy for that complaint, was induced to make trial of it. He had previously employed various remedies, but with only