

not one instance of perfect recovery after a liberal application either of the lancet or of (this) medicine!"

The death of Byron is one among numerous proofs of the insufficiency of the lancet as a means of cure in fever. His lordship, throughout his whole life, had a repugnance to be bled. In his last illness, at Missoloughi, he held out long against the wishes of his surgeons; but at last, worn out by repeated importunity, he cast at them both "the fiercest glance of vexation, and, throwing out his arm, said, in the angriest tone, 'There; you are, I see, a damned set of butchers; take away as much blood as you like, and have done with it.' 'We seized the moment (adds Mr. Millingen), and drew about twenty ounces. On coagulating, the blood presented a strong buffy coat; yet the relief obtained did not correspond to the hopes we had formed,' and during the night the fever became stronger than it had been hitherto, the restlessness and agitation increased, and the patient spoke several times in an incoherent manner, and expired."—*Moore's Life of Byron.*

It is now some years since I first repudiated the lancet as a therapeutic agent—an instrument invented in an age of barbarism, the first and only resource of ignorant pretension in almost every case and country. Dr. James Johnson has not further remarked on this heresy of mine, than to make a passing note in which I allude to the number of cases treated by me in a given time, without depletion, the subject of his sneer, quoting it, moreover, as an instance of my tendency to quackery:—"What! not deplete your patients' purses?" he asks.—No! Dr. James Johnson, I answer; never did I take a fee from either a medical practitioner or a servant—classes from whom *I am in a condition to prove*, that, you not only take but demand it! Your charge of quackery, Sir, I repel, and while I smile at the ineffable meanness and vulgarity of your insinuation, I must remind you of Mr. Jerden's exposure of *your note*, begging for a puff of one of your productions in the "Literary Gazette," of which he is the editor. Sir, I never asked mortal to puff myself or my writings. A proper bribe, I have no doubt, would have secured your advocacy of both. When I first read your review my intention was to have passed it by in silent contempt. A better resolution succeeded; I felt it my duty to the public at large to expose it, that they too, like myself, might pity and despise you.

Before concluding, let me here warn the youthful student against those pernicious farragos, termed, "Medical Quarterlies," publications which, for the most part, are almost exclusively dedicated to the interests of some little professional coterie, who make their pages the vehicle of the puffs by which the most ignorant and illiterate may readily

obtain notoriety either [as teachers or practitioners. Whatever praises these bestow out of their own immediate clique, are rarely accorded to other than a German mysticism or a French folly—an artificial nosology or Lænnec's bauble. Every thing that clogs the approach to the gates of knowledge, every thing that leads to endless contest and controversy, affords the editors of these bulky tomes ample materials for the vagueness and verbiage which they dishonestly palm upon the inexperienced student in place of true learning and philosophy. For the lovers of truth, and the cultivators of science for its own sake, they reserve their ribbald language and scurrility,—a scurrility which, instead of prejudicing the reader against an author's writings, ought, in almost every instance, to be a *prima facie* evidence of their excellence.

I have the honour to be, Sir, your obedient humble servant,

S. DICKSON.

15, Imperial-square,  
Cheltenham, Aug. 16, 1837.

#### CASES OF

### INVERSION OF THE UTERUS,\*

By THOMAS RADFORD, Esq., Surgeon to the  
*Lying-in Hospital, Manchester.*

INVERSION of the uterus is, happily, one of those misfortunes which does not very often take place, although the writer is inclined to think that it does so much more than is usually admitted. Dr. King is of the same opinion. Mr. Mackenzie found two or three instances in subjects brought into the dissecting-room. The reason of the concealment is clear, if it be considered what opinion is entertained of the practitioner who has been so unfortunate as to meet with such an event. There is no occurrence which throws more odium upon him, although generally very undeserved.

From the number of cases detailed, inferences may be drawn of the causes which have produced it. But notwithstanding the great advantages arising from this knowledge we find practitioners resting satisfied by merely repassing the tumour through the os externum into the vagina; by which the greatest miseries are entailed upon the unhappy patient, or else her life is the forfeiture.

CASE 1.—Mrs. Capper, midwife, requested me to visit Mary Wilson, who had been delivered forty-eight hours. I was informed that her labour was propitious, the placenta naturally expelled, and that no symptom required further assistance. She sent for me at this time, because the patient had

\* Abridged from the "Dublin Jour." Sept.

discovered something protruding from the os externum, and which she, at first, considered to be a coagulum within the membranes. A slight pull gave her great pain, and not succeeding in bringing it away, she abstained from further violence. When I made a vaginal examination, I found a tumour of considerable size passing partly through the os externum; it was hard and resistant; externally it felt flaky; it was broader below than above. With great difficulty I reached the os uteri, which tightly embraced the upper part of the tumour. The lochial discharge was greater than usual, and more sanguineous.

Although the case was obscured by nothing having occurred immediately after the labour, yet I was convinced that it was one of partial inversion; I therefore determined to make every effort to replace it. My exertions, continued for two hours, were only given up on account of the pain produced, and the exhausted state of the poor woman. From this time her health declined. Her first symptoms were those of peritoneal inflammation, retention of urine, &c. The anti-phlogistic plan was adopted. When the inflammatory excitement was subdued, I again attempted to reduce the tumour, but in vain. Her health declined for six months, during which period I had in view extirpation as soon as circumstances would warrant. I found the uterus gradually lessen, until it acquired the size of a large pear. During the whole progress of the case the os uteri very tightly girted the neck of the tumour. She now left town for a month. On her return her general health was improved; I made a vaginal examination, but could detect no tumour. I felt the remains of the os uteri, but no regular aperture; the upper part of the vagina formed a complete cul de sac. I inquired if she had discovered any substance passing from the vagina; she said she had felt something pass away, but thought it was "a lump of blood." Her general health gradually improved, and she lived several years. She died of cholera, but I was not apprised of her death until some months afterwards. The case shows what resources nature has in her own power. It justifies extirpation when the period has passed in which reduction can be effected. It may be thought that a spontaneous reinversion took place, as happened in the cases related by M. Delabarre and the justly celebrated Baudelocque, but the writer does not think it possible for this spontaneous change to occur. The os uteri acted here as a ligature, and induced the process of ulcerative absorption by which the part was separated. Would the tobacco enema aid us in our attempt at reduction?

CASE 2.—I was requested by the late Mr. Dick to visit a patient who was in labour of

her first child. The pains commenced at bed time the night before. The liq. amui was discharged twelve hours before my visit, and I learned that the os uteri was then dilated to nearly the diameter of a crown piece. After the discharge the pains became more feeble, especially when the patient was recumbent, but when she changed her position, to walk or sit, they increased in power; on this account the patient was placed upon the lap of a female friend, and was delivered in this posture. The funis was divided, and the patient put in bed. I placed my hand on the abdomen, and found the uterus hard, and rather larger than is usual. The placenta was soon found to be rapidly advancing, and in a moment it passed through the os externum,—not the placenta alone, but adherent to the uterus, constituting an extreme degree of partial inversion. The protrusion was sudden and forcible, and was attended by a bearing down effort. The tumour was of about the size of a child's head, hard and firm, but smooth, being covered by the membranes. The placenta adhered to the fundus; little discharge took place, but the patient complained of being faint. I now detached the placenta, and easily accomplished it. I then compressed the uterus between the hands, and felt it to diminish in bulk. It was now passed through the os externum, and easily carried up, until the vagina was made tense. Resistance was now found to its further progress, but keeping a steady bearing upon it for some time, it gradually gave way, and, persevering, it was passed through the os uteri. The hand was carried into the uterine cavity, and retained until contraction took place. The os uteri grasped the wrist, assuring me that regular action was in operation. The patient recovered without any interruption. She was desired to keep the recumbent position longer than is usual, and to pay great attention to the bowels.

In an attempt to reduce an extreme degree of partial inversion, the chief compression should be effected whilst it lies externally. And as the upper part of the vagina descends along with the uterus, no real effect can be produced until it is made tense by carrying that organ upwards. When it arrives at this point, resistance is met with, but by keeping a steady pressure upwards, the inflected portion of the cervix yields, and gradually recedes, followed by the hand of the operator, until the reduction is completed. If, instead of the plan now recommended, a forcible and quick attempt be made, the vagina may be separated from the uterus, and a fatal injury inflicted.