

in the year 1872.³ The case was under the care of Dr. Greenhalgh at St. Bartholomew's Hospital, the form of elastic pressure which he used being an air-bag. Another case is related, in a later volume of the same series of Reports, by Dr. Matthews Duncan,⁴ who employed a straight cup-and-stem repositor, attached to a T-bandage by elastic straps. Dr. T. G. Thomas of New York effected reposition in a case that came under his care by means of a Byrne's repositor;⁵ while Herman, in a case reported to the Obstetrical Society of London,⁶ in which, unfortunately, the treatment was interrupted by the patient's death owing to progressive gangrene of the inverted uterus, employed the sigmoid repositor of Dr. Aveling. In fact, since Tyler Smith in this country, and Jas. P. White in America, first suggested and carried out the principle of treatment by sustained pressure, many different methods have been employed, each being in some respects an improvement on its predecessors. The instrument of Dr. Aveling is, in my opinion, the best and most efficient that has yet been devised.⁷ Dr. C. C. Lee of New York has described two cases in which, after the tumour had been wholly or in part removed, sustained *solid* pressure was kept up for three or four weeks by astringent tampons introduced into the vagina and changed day by day, the result being in each instance successful.⁸

It is only fair to say that Dr. Lee himself does not appear to attribute the reduction to the pressure exercised by the tampons; he speaks of it as having occurred spontaneously. Whether this was so or not in the two instances in question, it seems certain that spontaneous reduction of an inverted uterus *may* take place. Several apparently well-authenticated examples of this fortunate occurrence are cited by Dr. R. Barnes,⁹ and by Dr. R. P. Harris of Philadelphia.¹⁰

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

ACUTE OVARITIS, FOLLOWED BY SUPPURATIVE PERITONITIS;
DEATH; REMARKS.

(Under the care of Dr. CLAY.)

ACUTE OVARITIS running on to suppuration is fortunately not a disease which often presents itself for treatment in the wards of our hospitals, and our literature on the subject is not extensive. This case is an example, in which, after a chill, suppuration in the right ovary followed, and the patient died from acute peritonitis. The chief points in the clinical history are indicated in the remarks. For the following report we are indebted to Mr. W. Gifford Nash, house surgeon.

G. B—, aged twenty-three, unmarried, began to feel ill on Saturday, March 15th, and on the evening of the 16th her temperature was 102°. She complained of nausea and headache, but denied the presence of any other pain. She was given bismuth, sal volatile, and bromide of potassium, which gave great relief. On the 17th she insisted on getting up, as she felt quite well. During that night she felt cold and shivered. On Tuesday morning, March 18th, she got up, but, feeling sick, returned to bed. In the evening she said that she had felt sick all day, but had only vomited once; she had a headache, but no other pain. It was about the proper time for her period, but this had not appeared. She said that lately she had not been very regular. The pulse was 120; temperature 104.2°. Tongue furred. A systolic bruit was heard at the cardiac apex and pulmonary base. She passed a very bad night, was constantly sick, and her bowels acted three times. The vomit was bilious, and the motions loose and dark. On Wednesday, the 19th, at 10 A.M., her temperature was 101.6°; pulse 132. Her features were pinched and blanched, and eyes very much sunken; abdomen natural; spleen not enlarged; no spots. At 3 P.M. she complained of a shooting pain on the right side of the abdomen, and a distinct, tender, rounded

swelling was felt in the right iliac region. The bowels had acted six times since 10 A.M. Ten minims of laudanum, with half an ounce of brandy, were ordered every four hours, and linseed poultices to the abdomen. At 9 P.M. the temperature was 104.4°. Five grains of quinine, with three ounces of beef-tea and ten minims of laudanum, were given as an enema, and repeated twice in the night.

On Thursday, March 20th, she was worse, having passed a bad night. Her tongue was red at the tip. Abdomen slightly distended, so that the swelling in the right iliac region could not be felt. Temperature 103°; pulse 132; urine was acid, sp. gr. 1025, and contained one-third of albumen. Under the microscope were seen hyaline and granular casts and epithelial cells. Half an ounce of brandy was ordered to be given every two hours, an ounce of milk with an equal quantity of hot water every hour, and a sixth of a grain morphia suppository every four hours, and a soft rectal tube to be passed occasionally.

In the afternoon the respirations were very slow, only four or five in a minute; pulse was 124. At 5.30 P.M. she refused brandy, so champagne was substituted. She vomited at 6.45 and 10.30 P.M. At 7 P.M. the abdomen was smeared with equal parts of belladonna ointment and mercury ointment.

On Friday, March 21st, she was clearer mentally. At 6 A.M. the temperature was 104.6°; pulse 144. Tongue dry and red at the tip. Breathing still slow, deep, and sighing. No pain; no more sickness; no flatus through rectal tube. Urine: 13 oz. in twenty-four hours; acid; sp. gr. 1020; contained one-sixth of albumen and numerous hyaline and a few epithelial casts. She gradually got worse through the day, and died at 1.15 A.M. on March 22nd.

Necropsy, sixteen hours after death.—The abdomen, which was slightly distended, was alone opened. The omentum and intestines were matted together with flakes of recent lymph. The intestines were distended, and contained a large quantity of fluid. There was very little injection of peritoneum in the upper part of the peritoneal cavity. In the flanks, in the right iliac fossa, and in the pelvis was a large quantity of purulent fluid and recent lymph. The peritoneum lining the pelvis was much injected, especially that covering the Fallopian tubes and ovaries. The ovaries lay low down in the pelvis, apparently pushed down by the distended intestine. The bladder was empty and natural, the vagina contained some brownish detritus, the uterus was small and virginal, and the cervical canal contained a little clear mucus. The uterine mucous membrane was pale. The Fallopian tubes were much congested, coated with lymph and surrounded by pus. The right ovary was enlarged to the size of a bantam's egg, coated with lymph, very dark in colour and soft in consistence. On section the surfaces were purple, with scattered yellow spots of commencing suppuration. The left ovary was surrounded by lymph, and was slightly enlarged. The cæcum and vermiform appendix were quite natural. Both kidneys were a little enlarged, pale, and rather soft; capsules were not adherent.

Remarks by Mr. NASH.—This illness at its onset was very indefinite, the only symptoms being nausea, headache, and feverishness, and it was quite uncertain what it was until the fifth day from its commencement, when the patient had a little abdominal pain, and the swelling was felt. Pelvic peritonitis due to a chill was then diagnosed. The cardiac murmur and albuminuria, with presence of renal casts, were unfavourable symptoms. This illness occurred during an epidemic of influenza and scarlet fever, and when numerous cases of tonsillitis were occurring in the hospital, and it was suggested whether any septic mischief was at the bottom of it. There appears, however, to be sufficient cause to account for it otherwise—viz., the fatigue of her first three weeks' hard work, and a serious chill when her menstrual period was due. It afterwards transpired that at the menstrual period, a month before this illness, she fainted, and suffered great pelvic pain. It was unfortunate that there was no pain pointing to the onset of ovaritis, so that local applications might have been applied earlier. It is also, perhaps, to be regretted that laparotomy was not performed, the inflamed ovary removed, and the peritoneal cavity washed out. There was nothing to indicate the presence of the inflamed ovary until sixty hours before death, and for the last forty-eight hours she was so extremely collapsed that it is doubtful whether she would have stood the shock of any operation.

³ St. Bartholomew's Hospital Reports, vol. viii., 1872, p. 133.

⁴ Ibid., vol. xiv., 1878, p. 97.

⁵ Trans. New York Obstetr. Soc., vol. i., 1879, p. 458.

⁶ Trans. Obstetric Soc. of Lond., vol. xxx., 1888, p. 226.

⁷ Ibid., vol. xx., 1878, p. 126; also, Lecture on Inversion of the Uterus, Brit. Med. Journ., vol. i., 1886, p. 475.

⁸ American Journal of Obstetrics, vol. xxi., 1888, p. 616.

⁹ Clinical History of the Diseases of Women, second edition, p. 723. London: 1878.

¹⁰ Amer. Journ. Med. Sciences, Jan. 1880, p. 141.