

A Case of Complete Inversion of the Uterus in Parturition.

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INVERSION of the uterus is an event of extreme rarity in parturition. In the Vienna Maternity 250,000 labours occurred between 1849 and 1878 without a case. Winckel had 20,000 labours without a case; and in the Rotunda Hospital, out of 100,000 labours there was but one case of *inversio uteri*. Out of 6,302 labours attended by the Cheltenham District Nursing Association the case here described is the only instance in their records. The patient, a well-developed woman of twenty-four was in her second labour. True labour pains came on at two p.m. and at four p.m., the nurse, a certificated and experienced midwife arrived. The os was then fully dilated, the membrane intact and low down. The nurse punctured the membranes, but very little liquor amnii came away. The pains continued but the head made but slow progress. The child was born at five p.m., five minutes elapsing between the birth of the head and that of the rest of the child. The cord was coiled once round the neck, twice round the body and once round a leg. The funis felt quite taut, and by its tension was evidently causing powerful traction on the placenta. The cord was freed by the midwife, and the baby, a strong male child, was delivered. It was now noticed that the uterus was very small and low down; the patient however was apparently all right. After the lapse of half an hour the nurse tried to express the placenta, at the same time directing the patient to bear down. The woman did so, and at once began to retch and show signs of collapse. A small rush of hæmorrhage took place, and a large tumour appeared behind the placenta. No traction had been made on the cord.

One of us now arrived, and found the entire uterus inside out, resting upon the bed, with the placenta adherent and the membranes covering it. No hæmorrhage was taking place now, nor had the patient lost much blood, but the degree of collapse was extreme. The placenta and membranes were removed, and the uterus was placed in a bowl of cyllin 1 in 200 and well washed. After a thorough

cleansing, the uterus was replaced without difficulty, this being done within forty minutes of its expulsion. The uterus and vagina were again douched with cyllin, and the uterus lightly packed with iodoform gauze, wrung out in boric lotion. Coffee, saline injections per rectum, and strychnine $\frac{1}{20}$ th gr. hypodermically were given, but no pulse could be felt for some hours. A second attack of collapse took place at 7-30 p.m., but after the administration of brandy by the mouth, and the application of hot flannels over the heart, the patient again rallied. The foot of the bed was elevated for the first four hours on account of the collapse then present, but when the pulse became stronger the head of the bed was raised in order to promote drainage. Vomiting continued from the time the uterus was replaced, until 10-30 p.m., the same evening, and then ceased altogether. A mixture containing three grains of quinine and three minims of liquor strychninæ was given every four hours for ten days after the labour. The patient had suffered from an untreated, partially prolapsed uterus, since the birth of her first child four years previously, and at the commencement of this her second labour the uterus was down. This, with the extreme tension of the funis owing to the way in which it was coiled round the child predisposed to the accident more immediately caused by a failure to recognise the fact that the placenta was not detached and consequently was not ready to be expressed. According to Rokitansky once partial inversion occurs, the uterus siezes the prolapsed portion and endeavours to thrust it out as it would any foreign body. This being so, I think it is more than probable that inversion would have taken place spontaneously in this subject, where there were so many predisposing factors present. The diagnosis was very simple, the only thing the uterus resembled as it appeared with the membranes over it was the head of a second child. This mistake was made in a case of Dr. Radford's,* and an endeavour made to extract it by the midwife with serious results. The mortality from sepsis in these cases is very high, and that such an accident should occur in a poor, ill-ventilated house, and the patient have an almost normal puerperium, is strong evidence of the high value of cyllin as a disinfectant in midwifery practice.

The temperature never rose above 98°8', and the lochia were never in the least offensive. A bimanual examination a fortnight after the labour showed the uterus to be in its natural position, and involution to be taking place normally.

* The Obstetric Memoirs and Contributions of Sir James Simpson.
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