Obstetrics: The Science and the Art - Part III. The Therapeutics and Surgery of Midwifery; Chapter XVIII. Inversion of the Womb

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CHAPTER XVIII.

INVERSION OF THE WOMB.

Inversion of the womb is an accident in which the uterus becomes turned inside out. Inversion is incomplete or complete: when it is incomplete, the vault or concave of the fundus has fallen down into the cavity of the body, in that of the neck, or that of the vagina. When inversion is complete, the vault of the fundus has come quite out through the os uteri, followed by the corpus and the cervix. The womb, soon after delivery, is too large to remain wholly inside of the pelvis when it has become completely inverted. Therefore, I say that, when the recent inversion is complete, it comes entirely outside of the genitals. In this case the womb is inside out, as a stocking is that has been turned inside out in drawing it off the foot.

The accident is a rare one. Yet the consequences of it are so terrible, that no accoucheur ought in his practice to lose sight of the possibility of its occurrence, nor fail to guard his patient against it.

When a womb remains relaxed or uncontracted after delivery, no attempt ought to be made to take away the after-birth by pulling at the navel-string. Should the placenta be still adherent to the fundus uteri, tractions exerted on the cord would tend to draw forth the after-birth, which might, perhaps, drag the fundus uteri along with it, and thus turn the organ inside out, or invert it.

A patient who has just been delivered, is sometimes still affected with tenesmus that provokes her to bear down. This is not safe; since, if the vault or fundus of the womb should happen to be relaxed, the straining of the parts above it, might turn the vault inwards into the womb—like the bottom of a junk-bottle—and, when once thus partially inverted, such straining would turn it quite inside out. The Student ought to read Article IV. of M. Leroux's work on Uterine Hemorrhages, to learn how clearly the eminent Dijon accoucheur has expressed sound opinions on this subject, and become aware of the risks to which patients in labor are exposed, when conducted by those who do not fully understand the subject of inversion.
Inversion of the womb is one of the most dangerous accidents that can happen to a lying-in woman; it is always attended with severe pain, and violent hemorrhage; and, if not early remedied, becomes irremediable, since it would be as easy to turn a non-gravid womb inside out as forcibly to restore an inverted one, when many days or hours have elapsed after the occurrence of the accident.

Those who have had the hand in utero in turning, can well appreciate the exceeding laxity of the womb when not affected with the pains; and they can conceive that the mere weight of the after-birth, still attached to the fundus, might, were the woman standing on her feet, cause a commencement of inversion, which could be completed by means of the woman's strong voluntary efforts to bear down her pains. It is not to be doubted that instances of inversion have occurred in which the practitioner deserved no further blame than that of not taking proper precautions against its occurrence, by commanding the patient to preserve the horizontal posture and abstain from all bearing-down efforts. Levret gave very special directions to keep the patient in labor in a horizontal posture; and where a woman is supposed liable to hemorrhage connected with too sudden a delivery, he charges us to rupture the ovum early, so that the expulsion of the child may take place slowly and safely.

Notwithstanding the occurrence might take place spontaneously, and immediately after the birth of the child, yet, in a major part of the examples, it has been produced by improper haste and impatience to get away the after-birth.

I have seen but four persons who had inversio uteri, and they are recovered; one of these persons, Mrs. S., was already the mother of two children when she again became pregnant of the child born in June, 1831. It seems that, having, on both the preceding occasions, suffered severely from the method adopted by the physician in removing the after-birth, and supposing a midwife would deal more gently with her, she engaged an old woman, much accustomed, as it was said, to the care of women in labor, to attend her upon this occasion. The child was born by a very easy labor, but the after-birth not coming away so promptly as was desirable, tractions were made upon the cord, which caused the after-birth to come into the vagina. This gave the patient exquisite pain. The midwife, who could not understand why the woman should suffer so severely, made haste to draw the placenta forth by the cord, which made her cry out so loud that it was said her screams were heard in the street. After the mass had come away, the good woman found it still adhering to something, so that she could not take it up, and put it into a basin. She therefore
continued to pull it with great force, not knowing that she held in her hands the after-birth still adhering to the womb, the whole of which was now completely drawn forth and turned inside out. The hemorrhage was enormous, and the patient soon sunk into the extremest weakness and exhaustion. Half an hour elapsed before the midwife thought proper to confess her incompetency to manage the case. I was sent for, after she had acknowledged her ignorance of the method of proceeding, and, when I arrived, the patient was without pulse, algid, suffering the extremest distress, with constant jactitation, and a thirst that was unappeasable. To all appearance the woman was in the agonies of death. I found the globe of the womb hanging down full half way to the knees, and still invested with the placenta and membranes, except where they had been torn and broken by the attempts of the midwife to pull the entire mass, womb and all, away.

Having endeavored to push the whole womb and placenta back into their natural position, and finding I could not succeed, I sent for my venerable friend Prof. James, who speedily arrived. Dr. James now made an attempt to reposit the womb, but he also failed. By his advice, I removed the placenta, but could not force the uterus up into the pelvis.

In making the attempt to restore it to its place, I followed the method recommended in the books; that is, I compressed the organ in both hands to reduce its size. At last, I observed that the more I handled it, the firmer and harder it became; in short, that I excited after-pains, just as we excite them by frictions on the hypogastrium after the child's birth. I therefore inferred that the proper way of proceeding would be to let it rest, and as soon as the relaxation of the organ should be complete, as it is in intervals between ordinary after-pains, to endeavor to indent its fundus like the bottom of a bottle, and then carry it upwards. I found, on observing it, that the womb repeatedly expanded or relaxed, and became hardened or contracted again. Taking, therefore, the moment of the completest relaxation, I indented the fundus with one finger, and, as it became more and more concave, I applied each of the fingers in succession, until I found that the progress of the fundus inwards was impeded by the os uteri, which, although completely inverted, yet resisted for some time the attempt at reposition. By perseverance, I finally had the pleasure to overcome the resistance of the os, and the peritoneal surface of the fundus was pushed upwards until at last the womb was completely restored to its natural position, but still containing my hand, which was now up as high as a little above the umbilicus. As no contraction came on immediately, I retained possession of the cavity of the womb, which
I gently excited by moving my fingers within it, until a contraction began which I suffered to push my hand out into the vagina. While I was withdrawing the right hand, I felt with the other the womb firmly contracted in the lower belly, and enjoyed the satisfaction of complete success in this distressing case.

I have said nothing of the brandy and volatile alkali that were given to the woman to keep her from dying. She took a very large quantity of those articles, besides laudanum, before I left her, which I was obliged to do in order to attend to another patient; and I feel under great obligations to my friend Dr. George Fox, who came at my request, and took charge of Mrs. S. for the remainder of the time that she continued ill. Her situation when I gave her up to his care was nearly desperate, from anemia; nevertheless, by the administration of proper restoratives, and the judicious exhibition of stimulants during several hours, she rallied, and, in no very long time, recovered a good share of health.

From that period she was, for a long time, not quite regular as to the catamenia, which appeared at uncertain periods, and less abundantly than before her dreadful accident.

Since the occurrence of the above-recited events, Mrs. S. has been twice safely delivered of healthy children by my friend Professor Bache. It is worthy of remark that the placenta was adherent in these cases also; and Dr. B. was not able to effect the delivery of the after-birth, until he had separated it from the womb by the hand introduced into its cavity.

I cannot refrain from mentioning here the case related by Mr. Charles White, of Manchester, in which he succeeded in restoring an inverted womb to its natural state by compressing it and then pushing it up. In his case, the inversion could not have been complete, since, although he represents the inverted uterus to have been as large as a child’s head, it was never expelled through the external organs, and it is impossible that, if fully inverted, it could be retained in the excavation. Mr. W. regards his method as of the very highest importance, and thinks he should never have succeeded but for the compression of the womb in the hand.

I am ready to admit that it might happen that a tonic contraction of an inverted uterus should come on at once, and last so long as to prevent, for some time, the employment of the plan that I suggest, but think it probable it would always be practicable to return it, in any case where it had not been inverted more than four or five hours, by waiting for the moment of its greatest relaxation,—such a moment must surely arrive, and then, first indenting the fundus, and after-
wards pushing it steadily upwards through the os uteri, carry it at last into the abdomen again.

Since the last edition of this work I have had an opportunity to confirm my views of the propriety of waiting for an interval of relaxation, before we attempt to reposit the inverted womb. In the autumn of 1855 I was called on by a gentleman, who seemed much agitated, to hasten to his residence, and carry with me an instrument for the ligation of a uterine polypus. He was sent, he said, by the physician in attendance, who had just delivered the lady of a child, and who found that she had a large polypus requiring instant attention. On hearing this statement, I at once concluded there must be a serious mistake, and that the supposed polypus was an inverted womb. Nevertheless, as the medical gentleman had sent for me and my instrument, I concluded to take Gooch's double canula, and drove to the rendezvous.

The woman was algid, pulseless, voiceless, and to all appearance moribund. The physician told me that she had a polypus uteri, which he wished me to examine. After touching it with my hand, I informed him that it was not polypus, but inverted uterus. So complete had been his misinterpretation of the case, that he had put a strong ligature on the neck of the supposed tumor, which was tied as hard as the nurse, who tied the knot, could draw the ligature. As soon as I explained the case, he cut away the ligature, and then asked me to try to return the womb into the abdomen, which I was so fortunate as to do; but I tried first Dr. White's method, above mentioned, and found the same impossibility of succeeding as in Mrs. S.'s case. Indeed, I should have never returned the womb to its proper position, if I had not watched for and seized the favorable moment of relaxation to indent the then flaccid fundus, and so, thrust it upward through the corpus, the os uteri and the vagina, into the belly, after which I withdrew my hand. Many hours elapsed before the pulse at the wrist returned—but I am happy to say that the lady recovered her health in the course of a few weeks.

It has been stated that, when the womb is only half inverted, the woman is liable to greater pain and danger than where it is turned completely inside out, in consequence of the strangulation of the part that is gripped by the os and cervix uteri, and it is thought by some persons good practice, in such cases, to make the inversion complete. I am unable to speak of this point from any experimental knowledge that I possess, nor do I know that the probabilities of recovery would be greater with a complete than with an incomplete inversion. Inasmuch as the muscular action of the womb is always found to alternate
with periods of relaxation, it would probably be in the power of the accoucheur to succeed in curing this partial inversion, by getting his hand within the cervix, and keeping it there until he should find the womb relaxing. As soon as the relaxation should be considerable, he might thrust the inverted vault back to its place, as was done by both Levret and Leroux, according to the relation of the latter named author. Such an attempt, if cautiously and wisely made, could be productive of no harm. If unsuccessful, the woman must be committed to the chances of a spontaneous reposition.

But, if there be any ground to hope for a spontaneous replacement, as I shall hereafter contend, it seems to me that it would be wiser to let the incomplete inversion alone, trusting it to the power of nature, rather than incur the hazard of wholly inverting it, which would greatly lessen the prospect of a future spontaneous cure.

Of course, I am understood as recommending this confidence, or rather hope in nature, only for those in whom every reasonable attempt to restore by the hand has utterly failed and been quite abandoned.

A careful and attentive practitioner of midwifery will never fail, after the delivery of the placenta, to examine by palpation of the hypogaster, the state of the uterine globe; and there can exist but few individuals in whom such an examination would not disclose the absence of that proper degree of convexity of the fundus uteri, should it exist, which is the sure demonstration of the truth that inversion, either incipient or complete, has taken place. As inversion can only take place by the falling in of the dome of the uterus, such fall is sure to show the upper part of the organ concave instead of convex, upon palpation of the hypogastric region.

I delivered a woman some time since who was moribund with hemorrhage from placenta praevia; when I turned the child and brought it away by the feet, the womb, which was as flaccid as a wet bladder, sank inwards, allowing the placenta to come forward to the os uteri. I took the placenta away, and the dome of the uterus came into the vagina. I pushed it back; it made no resistance; and when I withdrew my hand, it followed it again. The patient expired in a few minutes.

I considered her to be dying when I reached her bedside.

The utter flaccidity of this uterus has convinced me that the cases reported, of spontaneous inversion, may have been really so, and independent of any rash manoeuvres; for the weakness of the muscular apparatus may be so complete, that the rest of the component tissues of the womb cannot prevent it from becoming inverted under
the slightest efforts of breathing, of tenesmus, or even of change of position.

I met with a case in which the womb had been inverted about two years. The woman had a profuse hemorrhage, and was thought to be in extreme danger at the time of her confinement. She gradually got better, however, but remained subject to frequent attacks of hemorrhage, by which her strength became much reduced. At length a physician whom she called in made an examination, and found the womb inverted. In this case the uterus hung down into the vagina, and was, I think, turned completely inside out; it was not much larger than the healthy non-gravid womb, and did not appear to be very sensible to pressure, but bled easily. By careful regulation of the diet, strict attention to her bowels, and the use of astringent injections, under the care of her physician, Dr. Möhring, the hemorrhagic tendencies had of late been happily counteracted, and she was acquiring a more decided state of health. She now went freely about the house, and even about the city. This I regard as a very consolatory case, as it furnishes additional ground to hope for the escape of our patients with life, even where the inversion is incurable.

Without considerably altering the above paragraph, I shall now state that, subsequently to my visits and examinations, this patient was seen and examined by Dr. Hodge, Professor of Midwifery in the University of Pennsylvania. Dr. Hodge has assured me that he had no doubt of the diagnosis, which was inversio uteri. Dr. J. Warrington, a practitioner and lecturer on Midwifery, had charge of her afterwards, and made the same diagnosis, of the correctness of which he entertains no doubt. After her health had greatly improved, she manifested symptoms of pregnancy, and proved to be pregnant by miscarrying of a foetus of near five months. Here, then, was a case of spontaneous replacement of an inverted womb. Of the third case that I met with, the following is the recital:—

May 5, 1841. I this day saw Mrs. S., aged twenty-seven, residing in Marshall Street. This lady is the mother of two children, the youngest of which was born five weeks ago. My friend Dr. Levis, who was in attendance, and who invited me to the consultation, informed me that the infant was born some time before he reached the house, so rapid was the parturient process. He found the lady lying on her back near the edge of the bed—the feet resting upon chairs; as if she had scarcely found time to get upon the bed before the eruption of the child, which a woman was holding in her hands to keep it out of the great pool of blood in which she was bathed. The child's head, she said, was quite born before she got off the pot-de-chambre.
Upon seeing how great was the hemorrhage, the Doctor pressed his hand upon the hypogastrium, and finding the womb strongly contracted, he removed the placenta, which he found already in the vagina.

After the delivery, she flooded a good deal, and was very weak; but in a fortnight had recovered considerably. After this she was seized with flooding of a severe character, since which time she has not been free from bloody discharges, which are at times quite copious.

Two days ago the doctor examined the patient, and found a tumor projecting from the os uteri, which he suspected to depend on an inversion of the organ.

The woman is very feeble, and frequently has fits of hysterical delirium.

Upon making the taxis, and also upon examining by the speculum, the tumor so closely resembled the appearance presented by the common uterine polypus, that it was difficult, considering its size, resistance, color, and surface, not to believe that it must be a polypus of the womb which had existed throughout the pregnancy, a circumstance hardly possible, however, to believe. In order to test the nature of the tumor in such a way as to have no shadow of doubt, I introduced half the right hand into the vagina, so as to enable me to carry two fingers quite far up into the cul-de-sac behind the cervix; having done this I moved the fingers forwards so near to the upper margin of the pubis, that my left hand, laid on the hypogaster, was a very small distance from the fingers of the right. They approached so near to each other as to render me perfectly sure that no womb was interposed betwixt them, and therefore that the tumor below was the womb, and nothing else.

She was informed of the nature of the accident that had befallen her, assured of the utter impossibility of any reposition of the organ, and comforted with the expectation of a gradual diminution of the hemorrhagic tendency, and its final cessation and the recovery of health.

Directions were given as to rest, diet, topicals, &c., and then, after some ten days, she dismissed her medical attendants, to call in homeopathic skill and doses, and, post hoc, sed non propter hoc, she gradually got rid of her discharges, as the womb condensed itself more and more, and at last became pretty well again.

This lady, upon recovering in some degree, went on a journey to the Western States, and came back in good health. Some time after her return to Philadelphia, she was found to be pregnant, and was
attended in her accouchement by Dr. Levis, who delivered her of a healthy child.

I have received a letter from Dr. Hatch, of Kent, in the State of Connecticut, which I here present to the reader:—

DEAR SIR: I respectfully submit to you the full history of a case, to which, you may recollect, allusion was made while passing a social evening at your house during the session of the American Medical Association at Philadelphia, in May, 1847.

On the 22d of August, 1845, Mrs. H., aged twenty-four years, was delivered of her first child. The labor was easy and natural; the placenta was expelled, without interference, about twenty minutes after; the flow was rather copious yet not enough to cause any alarming depression of the system. Fourteen or fifteen hours after, she was seized with pains (said her nurse), of unusual severity for after-pains, which continued with great frequency for from two to three hours, when they suddenly ceased, and Dr. Beardsley, an elderly gentleman of the profession living near, was called in, being myself at the moment out of the village, who, on my arrival shortly after, gave the following account: "The patient was very much exhausted, surface cold, pale, and covered with a profuse clammy sweat; constant tendency to faintness, and with a pulse so small and frequent as to render it difficult to count it. I gave diffusible stimulants, and employed, thoroughly, warm stimulating spirituous embrocations to the skin. Slight reaction coming on, I perceived within the vagina a tumor which protruded from the vulva, of a size one-third larger than a goose-egg, having an uneven surface consisting of little eminences at irregular distances from each other, which I judged to be the inverted uterus."

We made an effort to replace the organ. Carrying my hand within the vagina, after inspecting the presenting surface, which I found to be, as I suppose, the womb, the thumb was applied to the fundus, which I was able to carry within the body of the organ at least two inches; when at this point, it met with unconquerable resistance, and produced much uneasiness to our patient. Our efforts at its reduction were suspended, and an opportunity allowed for rest. The fore part of the following day Mrs. H. was comfortable. In the afternoon, she became restless: in part, doubtless, from retained urine. On being raised up, she experienced increased sensation of pressing down, when it was ascertained that the tumor had again, in part, protruded. Being returned to a recumbent posture, the tumor was pressed from its bearing on the urethra, and the bladder was relieved. A messenger was
dispatched to New Haven, a distance of fifty miles, who arrived with Professor Beers, of the medical institution of Yale College, about the commencement of the fifth day of the case.

I continue the story by copying from a letter this day received from Dr. Beers, who, in order to make a connected history of the case, transcribes a portion of a letter I addressed to him, which transcript is given in substance above. Prof. Beers writes as follows: "The foregoing relation of this case was communicated by Dr. Hatch in a letter to me, eight months after its occurring, coming down to the time when my own observation commenced, which was on the fifth day from her accouchement. The tumor was found as above described; its size was that of a healthy, well-contracted uterus, a week after delivery; it manifested the elastic, firm feel of that organ—had feeling, but not highly sensitive. The patient bore continued and forcible pressure with little complaint; the abdomen was soft, not full; the uterus could be felt when firmly pressed up above the pubis, and subsided into the vagina when the pressure was removed. There was no doubt of its being a case of complete inversion of the uterus.

"The comfortable state of the patient—her anxiety, with that of her friends, and her fortitude to bear any operation which was deemed prudent—induced the council, with scarcely any expectation of success, to attempt its restoration by mechanical force, carried as far as it should be found could be borne with safety. For this purpose, two instruments were procured with smooth, turned heads, like that of a common walking cane, the larger about two inches in diameter, and the smaller of half that size. The smaller was most used, as it was found better to retain its place on the tumor; the head of the staff was applied to the centre of the tumor, which was the fundus of the uterus; moderate, continued, and at length firm pressure was made in the direction of the axis of the pelvis. The head of the instrument indented perhaps an inch or more into the tumor, and the whole pressed so high that it might be felt above, or even with the pubis. The inverted fundus and body of the uterus were pressed into its more soft and yielding neck, so that it could be felt as it is in parturition, projecting around the more solid part of the tumor, giving flattering hope of ultimate success. This was continued four or five hours. After its removal, and several hours' rest, it was found that no benefit was derived from the operation, the parts having returned to the same state as before the attempt."

I am enabled to add that Dr. St. John, of New Melford, was of the council in attendance upon Mrs. H.; a gentleman whose accuracy
in diagnosis commands of his professional brethren about him very high respect, and who authorizes the statements here offered.

I have introduced the accounts of the gentleman who saw this interesting case, that, in the mouth of two or three witnesses, its true nature may be established. I follow with its subsequent history, which may be considered to lend an item of some interest in support of the position you maintain, in a recently published work, regarding the possible spontaneous reposition of the inverted uterus.

The convalescence of Mrs. H. was slow, but in four or five weeks she was able to walk across her room, and gained strength steadily thereafter; was soon able to ride out; but when in an erect position, suffered a sense of dragging weight in the pelvic region, and often spoke of the tumor as not having sensibly diminished in size, and as continuing to occupy a low position. Between nine and ten months had passed in this way, since her misfortune, when I was informed that the tumor had then lately so changed its location, "that she knew not what had become of it." In the month of February, 1847, she had a profuse menstrual flow, the first considerable evacuation of the kind she had experienced since in this state; and in March a second eruption still more abundant occurred, from which she was somewhat reduced. Nothing of the kind recurred, and she passed the following spring and summer seasons in good health. Early in the winter, I think in December last, I was applied to for my opinion as to the question of her pregnancy, and was led to concur with the patient herself in the belief that such was probably her condition. No examination per vaginam was had. On the 23d of May last, at four o’clock P. M., Mrs. H. was attacked with a hard chill, and a spontaneous rupture of the membranes immediately ensued. Slight pains came on and recurred at very short intervals till six o’clock, when she was delivered of a boy, whose weight was nine pounds and six ounces. Very slight pains followed at intervals of from twenty minutes to two hours. There being no considerable hemorrhage, I patiently, but watchfully, waited; while, as a precaution, perhaps unnecessary, I introduced the staff spoken of by Prof. B. by the side of the cord, within the uterus, till it rested gently on the fundus; nor till six o’clock next morning did the placenta descend—when it lodged low in the vagina, and was removed. The patient and her child are now well.

Yours, with high regard,

JOHNSON C. HATCH.

KENT, Connecticut, July 1, 1848.
I have already announced, in a note to M. Colombat's Diseases of Females, and in my Letters on Woman and her Diseases and Remedies, p. 240, the opinion that there are instances of inversio uteri in which, by means of some power, the processes of which are at present not known or understood, the womb reposes itself. The two cases of such occurrence that I related in my "Letters," and the case now given upon the authority of Drs. Hatch, Beardsley, St. John, and Beers, appear to me to be quite sufficient to establish the facts. I am most happy to have the privilege of laying before my medical brethren the above interesting relation by Dr. Hatch, which appears to me to settle forever the disputed question as to the spontaneous deposition of the inverted womb. I am even convinced that my late esteemed correspondent, Dr. Crosse, of Norwich, who appeared to think such an occurrence quite improbable, must have yielded his full assent to the facts so clearly stated by Dr. Hatch. Mr. Crosse, of Norwich in England, in his valuable work, entitled An Essay, Literary and Practical, on Inversio Uteri, at p. 177, could not agree with me in the opinion that the first two cases here recited are really cases of spontaneous reposition. "It is easier," says he, "to cast a doubt over the reality of these spontaneous recoveries than to remove the obscurity that pervades the subject generally." Dr. C. also hints that I and my friends may have mistaken a polypus for an inversio uteri: his words (note), p. 177, 2d part, are as follows:

"First Case.—The disease dated from her delivery, two years before, and had existed for that length of time, when Dr. Meigs was consulted. He took the greatest pains to discriminate, and remained under the absolute conviction of its being inversion of the womb; several others concurred in the same opinion. Fruitless attempts were made to reduce the part. Four years afterwards she became pregnant. Second Case.—Nearly five weeks elapsed after delivery before the patient was examined and the vaginal tumor investigated by the speculum, and also by the hand introduced into the vagina, till two fingers passed within the cervix uteri and reached the limit of the cul-de-sac, enabling the investigator to convince himself that the tumor within the vagina was 'the inverted womb and nothing else.' After a temporary absence, this patient returned, became pregnant, and gave birth to a child. Hence Dr. Meigs concludes that the inverted womb 'may reposit itself in some rare instances.' (Colombat de l'Isère, Dis. of Women, translated by C. D. Meigs, pp. 182-4.) The deficient account of the method of diagnosis in the first case is, in some degree, supplied in the second; but there is still an absence of that minute detail of proceedings which, in the present day, is alone calculated to convince the skeptical reader.
It may be asked, if we suppose in either case there was polypus, and not uterine inversion, ‘What became of the polypus?’ Perhaps it may be answered, that it is more easy for a polypus to be separated and thrown off than for chronic inversion of the uterus to reposit itself spontaneously. Whilst the question remains undecided, and further evidence is needed, we have only to take care that the right rule of practice prevails. Velpeau, one of our best authorities on chronic inversion, remarks: ‘Des faits de ce genre ne doivent être considérées que comme d'heureuses exceptions; il n’est pas aucun praticien sensé qui oserait compter sur de pareils résultats.’ (Leçons Orales de Clin. Chir., ii. 427.)

It ought not, perhaps, to expose me to a charge of excessive confidence in my own perceptions and judgment, if I should say that in both the cases referred to by Mr. Crosse, I took the greatest pains to make the discrimination; that I have treated many cases of uterine polypus; and that I have practised as an accoucheur, and been largely engaged in treating the diseases of females, for many years past. Under such circumstances, and supported by the coinciding opinions of Drs. Moehring, Hodge, and Warrington, I aver that no mistake was made. I am now fully confirmed in my belief by Dr. Hatch’s case, which seems to me to preclude all cavil as to the question.

Mr. Crosse cites Velpeau’s words, that “facts of this kind may be perhaps regarded as the happy exceptions to a general rule; but there is no intelligent practitioner who would dare to rely upon such results;” and Mr. C. adds: “If we subtract all errors, and admit only the well-authenticated cases, it may still be remarked that spontaneous replacement is too rare an occurrence to have any influence upon the correct rule of practice, viz., the effectuating by art the reduction of partial inversion of the womb in all its different degrees.”

These remarks are just and sound. Yet as cases do occur in which, from the lateness of the detection of them, or from other causes, the reduction is found to be impossible, it is a most important and consolatory reflection, that there remains the hope of a spontaneous replacement, while we are guarded against the danger of making a discreditable prognosis. There is certainly very little hope for a woman affected with irreducible inversion of the womb, except in this very case of exceptional hope, which I have endeavored to establish, and which, I think, ought not to be gainsaid after the testimony in its favor now given. Moreover, there is very little risk that any person worthy the name of Physician would ever desist from every reasonable attempt at chirurgical reduction, on account of any degree of confidence he might indulge in a possible spontaneous replacement of the inverted
womb. So that I am not liable to any charge of advising my reader to desist from all reasonable attempts at reposing the womb, in order that he may indulge the mere hope of a spontaneous reposing of the inverted organ.

I have given a conclusive case from Dr. Hatch, of Connecticut. The Student who will do me the favor to turn to the case at p. 616, will see not only that the woman recovered spontaneously, but that, like the patient of Dr. Moehring, in this city, she afterwards had a child, as also happened to Dr. Levis’s patient. Mr. Crosse’s doubts as to my correctness affect me the less, since I have acquired (July, 1851) a copy of Daillez’s paper on inversion, a paper in which the spontaneous reposition is clearly made out in several instances. Baudelocque, a careful person, admitted it, and the case of Bourcharlatte (Case 84), p. 107, proves it, as in that instance the womb was suddenly repositioned after a fall, although it had remained inverted from 1782, when it occurred, until 1790, when, as before said, it was instantaneously repositioned, in consequence of a fall. I adhere, therefore, to my opinions, which are, 1st, that we should try to reposit; and 2d, if we cannot, then we may hope for a cure by spontaneous reposition.