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A case of Complete inversion and prolapsus of the uterus.

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A CASE OF COMPLETE INVERSION AND PROLAPSUS OF THE UTERUS.

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On June 13, 1893, I was called at 8.30 A. M. to see Mrs. R. in labor. She was a German, stout of build, married five years. She had had two miscarriages and one stillbirth; last child is living, healthy, aged nineteen months. Patient has suffered for the last few years with prolapsus uteri. Digital examination showed the os well dilated; presentation V. R. O. A. Pains were irregular, infrequent, and inefficient. At 9 A. M. I gave eight grains of quinine. This was all the medicine she had until after the child was born. In half an hour the pains were stronger and more frequent. The child was born at 12.15 P. M. As the head was passing through the vulva there came a powerful expulsive pain which sent the child swiftly through my hands, and it lay in bed as far away as the cord would let it go. The child was of medium size and well developed.

Pains to expel placenta began promptly. With my hand placed gently across the abdomen I noticed that the fundus uteri was uncommonly broad and at each contraction it became smaller unusually fast, but I still suspected nothing uncommon. The placenta could now be felt in the vagina and, as I made a gentle traction on the cord to lift it out, there came a strong expulsive contraction and the uterus inside of the placenta lay fully six inches outside of the vulva. I rapidly stripped off the placenta and membranes and attempted to replace the womb; but as the patient's suffering was so terrible, having no help but the husband, I wrapped the uterus in a clean towel and gave a hypodermic of morphine. By this time the inverted uterus was too large to pass back through the vulva, but with firm and continued

pressure with my hands the size was reduced so that it went back easily into the vagina. It being too tender for further manipulation, I had to send three miles and a half for an assistant.

The loss of blood was small, the suffering intense, but the shock not great; pulse 96, breathing rapid, swimming in the head.

The assistant arrived about 2 P. M. Chloroform anæsthesia. A hand was introduced into the vagina, the uterus firmly grasped and pushed with counter-pressure by the other hand against the cervix, which could be felt through the abdominal wall as a hard ring about one inch and a half in diameter. This accomplished nothing. Then lateral taxis was made. This also did no good. I then folded my fingers into a cone and made steady pressure on the inverted fundus, at the same time using the other hand in the same manner; thus pushing the abdominal wall into the os and dilating it. The right hand in this way readily carried the fundus through the cervix, and the entire uterus to its normal position. My hand was left in the uterus until a hypodermic of normal liquid ergot was given and firm contraction obtained. An intra-uterine douche of boiled water and bichloride 1 to 4,000, as warm as could be borne, was given with the Jamison irrigator. These douches were repeated daily for the three following days.

Patient made an excellent recovery and suffered less, she said, than during her previous confinements. Her temperature rose to 101° F. on the third day with some delirium, which readily gave way to purgatives and quinine. Since her confinement the prolapsed uterus has been kept up and she has been quite comfortable with a Hodge pessary.

It may seem that this trouble should have been discovered and prevented but, as I had never met with such an accident in over five hundred confinements, and as it is said to occur only once in a hundred and forty thousand deliveries, coming on so suddenly it caught me off my guard.

Here the cause of inversion was plainly the sudden jerk on the cord given by the rapid expulsion of the child. It will also be noticed that stripping off the placenta and membranes did not cause hæmorrhage. The three methods usually recommended to restore the inverted uterus were tried, with results in favor of replacing the fundus first.