

*sage femmes*, and based it on truly scientific and rational principles. By his first effort, Mauriceau contributed greatly to diffuse and popularize sound obstetrical doctrines, and would have been considered a benefactor of the race, but for the "Collections and Observations" of a lady—Louisa Bourgois—appearing about the same period. In the transition from the seventeenth to the eighteenth century, following the writings of the above, a goodly number of names appear of persons anxious to extend and improve the science, the most distinguished of whom, it is but just to say, were Paul Portal, Deventer, Peu, Delamotte, and Amand.

FORMS AND DEGREES OF INVERSION WORTHY OF CONSIDERATION.

The first worthy of notice is that of Dr. Crosse, who recognizes four degrees of this accident—1st. Depression or indentation of the fundus short of invagination, recognizable only by pressure on the walls of the abdomen, over the fundus uteri. Several circumstances point to this accident, the chief of which, when the placenta is partially separated, is hæmorrhage, the slightest examination being sufficient to determine the true state of the uterus. Dr. Crosse's 2nd division is termed "introversion," or depression, produced till the fundus is grasped by the body of the womb; the 3rd division, called "perversion," is when the body has passed the os and become lodged in the vagina; the 4th division, called "total inversion," is where the uterus has escaped from the vagina, and is found lodged between the thighs of the patient. The second divisions noticeable are those of Dr. Newnham, three in number—1st, called "depression," consists of various degrees of inversion till the fundus has reached the os, thus comprehending two degrees of Dr. Crosse; 2nd, "partial inversion," where the uterus passes the os and fills the vagina; 3rd, "complete inversion," where the womb has escaped from the vagina and appears external to the soft parts. Dr. Meigs calls the accident "incomplete inversion" when the fundus reaches the os or fills the vagina, and "complete inversion" after it has passed the latter limit. Others have divided it into "acute" and "chronic" inversion, meaning, by the latter, that in which the inversion was slowly produced;

and we find the terms "reducible" and "irreducible" also used.

I venture to disapprove of all these terms and divisions as unnecessarily complicated, tending to confusion and mistaken views as to their causes and treatment. I propose to simplify the consideration of inversion, by designating its extent by the word "degrees," thus—that all those cases in which the fundus has not passed the os be called inversion of the "first degree;" those in which the fundus is found lodged in the vagina, inversion of the "second degree;" and those in which the fundus has appeared externally to the vulva, inversion of the "third degree."

It will be observed that this method of dividing the subject is similar somewhat to that of Dr. Newnham, with this advantage in favour of the former, that there is no extent of inversion recognized short of that condition in which the fundus has reached the os, believing firmly that the condition called "depression" has never been recognized up to this hour—simply because the force in operation as the cause is always sufficient to carry the fundus to the os, and invariably does so.

This division of the subject enables the mind more easily to seize and understand the nature of the affection, as well as the requirements for relief. The infrequency of inversion of the uterus, of any degree, has been such as to render our knowledge of it rather imperfect, as may be imagined from the fact that those practitioners with the largest opportunities for observation have met with comparatively few cases; otherwise an unwillingness must exist on the part of many to acknowledge its occurrence in their hands. Thus, Dr. West, of London, never saw a recent case of it; Dr. Thos. R. Mitchell, of the South-Eastern Lying-in Hospital, Dublin, only met one case in a total of 3,500 labors. In the Dublin Lying-in Hospital and London Maternity, it was met with but once in a total of 140,000 labors. Hardy and McClintock never saw a recent case; and Dr. Ebenezer Skæ saw but two cases. Dr. Meigs saw three cases (if any, let it be remarked, in his own practice), while Dr. Bedford is silent on the subject. I feel, therefore, in view of the foregoing facts, that