

desirous of having my opinion. I accordingly made a digital examination, and found a gourd shaped hard tumor, twice the size of an egg, lying in the axis of the vagina and which I at first imagined to be a large fibroid tumor that had been expelled from the uterus, at the same time probably as the placenta.

There was yet remaining too much abdominal tenderness to permit feeling for the uterus through the abdominal parietes, therefore, anything approaching to an *ex-cathedra* opinion was out of the question, I therefore tranquilized, as far as possible, the fears of the patient and friends, and agreed to see her again in the course of a few days. After the lapse of that time, I found the swelling and tenderness gone sufficiently to permit exhaustive exploration.

On hard pressure through the abdominal wall, no uterus could be detected in the pelvis, and with the finger of the other hand in the rectum, I failed equally to find it. I then passed two fingers of the left hand into the *cul de sac* behind the tumor, so as to lift it well above the pubes, and with the other hand pressing over the abdomen, I was able satisfactorily to determine the case as one of inverted uterus. After the acute inflammatory attack she had so recently undergone, I deemed it prudent to defer attempts at reduction until all vestige of tenderness and swelling had disappeared, and therefore suggested to Dr. Stewart the interim treatment of pressure on the tumor by means of inflated vulcanized rubber bags, and the daily administration of belladonna by rectum and mouth, in doses sufficient to insure its physiological action. In this view Dr. Stewart concurred, and it was continued until the 8th of November, when in consultation with other medical men, an attempt at reduction was resolved upon. The gentlemen who kindly lent their assistance were Dr. N. O. Walker of Port Dover, Dr. Coldham of Toledo, Ohio, and Dr. Hayes of Simcoe. The bed being removed from the wall, the patient was laid transversely, with the nates well to the edge, and thighs flexed on trunk. Dr. Stewart administered chloroform until complete anaesthesia was induced. On passing the right hand into the vagina and grasping the tumor, I found it almost uniformly hard and firm, conveying to the touch very little sensation of a hollow viscus.

Having the fundus in the hollow of the hand, I made pressure upwards, whilst with my fingers encircling the sides, I endeavoured to dilate the os and displace the sides, the left hand by pressure on the abdomen steadying the organ.

After fifteen minutes manipulation, cramp in the hand compelled