Inversion of the Uterus, and Cystirrhœa. By JOHN H. Burland, M.D., C.M., Hatley, P. Q.

CASE I.

Inversion of the Uterus.—On the morning of March 30th, 1868, I was called to attend Mrs. V——in her first labour. The patient was about 26 years of age, and of rather a delicate constitution. The labour, though natural, was protracted, the pains being unusually severe and frequent. About three hours after my arrival the child was born. The mother being thoroughly exhausted I advised her to remain perfectly quiet, and at the same time administered a small quantity of brandy and water. My attention having been requested by the nurse to witness some supposed deformity in the child, I left the bedside for a moment, but was speedily recalled by the sudden and unexpected outcry of the patient, who declared she was being "torn to pieces." It was evident that violent reaction of the uterus had taken place, and something unusual had occurred. On making examination I found profuse hæmorrhage, and that the fundus of the uterus had been forced through the neck, which, with the larger portion of the placenta adherent, occupied the vagina. Seeing the great peril in which the woman was placed, more particularly from the excessive hæmorrhage, I did not hesitate a moment to detach the placenta, although in so doing the inversion became complete, and now projected some inches beyond the labia. Grasping the uterus firmly with my right hand I returned it within the vagina, and then changing the position of the hand, so as to form a wedge with my fingers, I succeeded in gradually passing it through a now somewhat contracted neck, to its original position. Notwithstanding the immediate detachment of the placenta, and the pressure exercised upon the uterus by my hand, the hæmorrhage was persistently frightful, my anxiety on this account only being allayed when the womb was *in situ*—and some contraction had taken place. Cold applications were resorted to, stimulants were freely administered, and after a lapse of perhaps an hour the pulse indicated a better state of affairs. Convalescence in this case was remarkably slow, and very unsatisfactory. I apprehend a recurrence of trouble for the poor woman at her now approaching accouchement.

CASE II.

Cystirrhœa.—Mrs. D——, a native of the United States, aged 32 years, has had two children, and is now evidently in very delicate health. This patient presented herself to me for treatment on the 16th of August, 1868. History—Has suffered from the present disease for over 4 years, and has applied to a number of medical men without obtaining the slight-