

short time, constriction took place, and the uterus returned to its proper state and condition. Of course I waited and watched. I gave her an opiate, and, at the end of 6 hours, left my patient safe for the present. The loss of blood had been frightful: I ordered broths and nourishment, and on leaving gave the strictest injunctions to maintain the horizontal position. The next day she was very much improved, and in good spirits. I introduced the catheter twice in the 24 hours; kept her perfectly still; nourished her well with broths, &c., and forbade her on any account to rise in bed. On the third day, I was suddenly sent for, when I had the inexpressible mortification to find she had just died. It appears that her nurse did not think her clothes clean enough, so a change of night-dress was resolved on. She sat up in bed to make the requisite change. After complaining "of giddiness and singing in the head," she fell back on her pillow and expired.

REMARKS.

Let any one turn to his books and read the directions for the treatment of "Inversion," and he will be struck by their simplicity and terseness, and would little imagine that the author was describing one of the most formidable operations in midwifery, so very simple and easy seem the directions; and yet most of us have to trust to these directions as our guide in this fearful accident, and the reason is an obvious one,—this misfortune is of so rare occurrence, that a man may attend his two or three years' practice in the hospital, and the chances are very much against his seeing a case of inversion. His knowledge is thence derived from lectures and books only; he here lacks clinical experience; and if in his early career, he has the misfortune to meet this difficulty, he finds himself perplexed and in doubt at every stage of the operation; and as these cases are too often fatal, under the most advantageous treatment, he loses his patient, and his reputation and bread also. Now as to the operation itself in this case, I beg to offer a few sentences by way of explanation. It will be seen that I violated two rules of fundamental importance, and that I was (by good luck if you will) successful. 1st. I removed the placenta before the reduction, thereby exposing the woman's life to the danger of increased hæmorrhage. And 2ndly. My mode of re-introducing and re-inverting the uterus violated the golden rule of lecturers and books, "of first thrusting up the superior part of the uterus, and subsequently the most dependent position."

Now, my answer is this, that I tried both these rules fairly and in good faith, and that *in the hour of my need they failed me*, and that then, and then only, I abandoned them, and sought another mode of ac-