

Her sufferings during the past twelve hours were distressing, she felt as if her abdomen would burst, and earnestly entreated to be relieved. Her pulse was quick, with high fever, flushed countenance and hurried respiration. On examining the abdomen there was a large tumor extending to the umbilicus, and reaching almost from one ilium to the other, very painful on the slightest pressure. Suspecting the nature of the case, I requested to make a vaginal examination, and on introducing my finger, I found a tumor occupying the cavity of the pelvis. I could not reach the mouth of the uterus, and the fundus of this organ was firmly wedged low down in the cavity of the Sacrum. Not having a gum elastic catheter with me, I tried the ordinary female silver one, but the canal of the urethra was so elongated by being carried upwards behind the Symphysis Pubis, that it would not, as I almost anticipated, reach the bladder. I therefore sent for an elastic one, which necessitated some further delay, and having obtained it, I introduced it with some difficulty, and drew off (by measurements) eight pints of fetid ammoniacal urine. Having accomplished this, and after giving a stimulating Clyster, which brought away a considerable quantity of feculent matter, I determined, if possible, on immediately reducing the retroverted womb. Placing her in the usual obstetric posture, I passed the fingers of my right hand into the vagina, against the body and fundus of the womb, and with my thumb inserted into the rectum which placed the retroverted organ favorable for reduction, I made an increasing amount of pressure for about fifteen minutes, but failed to remove it in the slightest degree, so tightly was it impacted. The patient being somewhat discouraged at the attempt to dislodge it being unsuccessful, I allowed her an interval of rest, as she was very much exhausted, and gave her some stimulant. I resolved, if possible, to reduce it, believing that delay would only increase the difficulty, and that there was no likelihood that the womb would right itself by drawing off the water regularly as recommended by Denman, Hunter, and others. In my second attempt, therefore, I determined to use as much force as was compatible with safety. Placing her upon her knees and elbows, with the Pelvis higher than the abdomen, in order to remove the pressure of the viscera, and having oiled my right hand, I now passed it, with as little severe pressure as possible, entirely into the rectum, which was gradually accomplished, and with