REPORT OF TWO CASES.

1.- ACUTE INVERSION OF UTERUS.

IMMEDIATE REPOSITION; RECOVERY.

2.—STRANGULATED HERNIA, GANGRENE, RUPTURE, SUTURE, RECOVERY.

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Read before the Maritime Medical Association at Halifax.

Mr. President and Gentlemen:

The two cases which I have the pleasure of reporting to this Society are of sufficient rarity in the ordinary run of country practice at least to perhaps prove of interest

CASE I.—On the morning of April, 1895, I was called to see Mrs. L., aged 26 years, mother of four children. On entering the room I was hastily informed that she had been delivered half an hour previously of a healthy child at term, and that the placenta had not come away. The blanched appearance of the patient and the almost equally colourless faces of the attendants seemed to warrant a hasty diagnosis of considerable hemorrhage as well as retention of placenta. Quickly washing and disinfecting my hands, I made an examination and found the first surmise correct. The bed was filled with loose blood and clots. and the patient lay in a state of profound weakness. Placing one hand over the fundus uteria well marked cup shaped depression could be felt. Per vaginam the placenta was found to be partially extruded from the uterus and apparently the part within that organ was not The problem of how to complete the expulsion of the placenta, and yet overcome a somewhat advanced condition of inversion was to be settled. Cautiously passing two fingers within the servix, I attempted to get above the placenta and withdraw it, settling by digital examination the question of its condition as regards attachment. When the fingers had been insinuated within the cervix I was confronted by a new difficulty, in that further progress was impeded by contraction round the placenta. Pains there had been none during manipulation so far, and, as the patient afterwards stated before my arrival, but as my left hand made counter pressure over the fundus through abdominal walls a sharp contraction came on, accompanied by most violent voluntary efforts by the patient, shooting placenta and