derstood that the greatest attention must, for some days, be bestowed upon this little wound; that the first symptoms of inflammation must be met with cold applications of lead water, or snow, ice, &c., &c., and that, altogether, the patient must be carefully watched in every particular. *The North American Medical Reporter.*

RETROVERSION OF THE UTERUS IN PREGNANCY.

By R. Barnes, M. D., &c.

Retroversion of the gravid womb is a displacement by which the organ is dislocated from its normal erect, or slightly forward inclining attitude, and thrown back, revolving on its transverse axis, so that the fundus becomes impacted under the projecting promontory of the sacrum. In most cases the *cervix* and *os* are carried upward and forward behind the symphysis. There is more or less of retroflexion accompanying this affection. There are two distinct forms; in one it is produced gradually, in the other suddenly. Retroversion is exceedingly rare in women pregnant for the first time. In the gradual forms there exists some degree of prolapsus at the time of conception and afterwards. The uterus being thus low in the pelvis, grows in that situation, and on reaching a certain size, instead of rising out of the cavity, it projects itself against the promontory. Continuing to enlarge, it is gradually turned upon its transverse axis. When it fills the pelvis, the symptoms of pressure are developed. The obstruction of the bladder, formerly slight, is now constant. In the sudden form it is produced in a different manner, although here too there must exist a predisposing condition. Under powerful straining efforts, the pressure of the abdominal muscles is thrown upon the *fundus uteri*, which is thus driven back under the promontory. Or a woman encounters a violent concussion, and it has been found that the womb has been thrown down with the pelvis.

The prominent symptoms are the great desire to empty the bladder; hence arise straining, tenesmus, and pains simulating those of labour. To these may be added uræmia, if the bladder is not relieved. The diagnosis may be made by examination, externally, of the abdomen, per vaginam, per rectum, and per vesicam. When the tip of the finger enter the vagina, it is arrested by a solid globular body, only permittrng the finger to pass up with difficulty between it and the symphysis, where the *os uteri* will be found close behind, and above the level of the *crista pubis*. Per rectum, a large, solid, globular tumor will be found in the hollow of the sacrum, compressing the rectum. The examination per vesicam must be made with a male flexIble catheter, directed well forward. When the bladder is empty, the abdominal tumor, which may at first have been mistaken for a gravid uterus or dropsy, has disappeared. The abdominal walls become flaccid, admit of free examination, and on feeling above the pubes for the womb, that organ is not found. Hence the conclusion is that the tnmor found per vaginam, filling the pelvis, is the gravid uterus.

The treatment must vary according to the state of the case. The bladder must be emptied three or four times in the twenty-four hours. Unload the rectum by warm water enemata. Then by making the woman lie in the prone position, with the pelvis raised, frequently spontaneous reposition will occur, and the cure be effected.

If more serious, manipulation must be employed. Never attempt to hook down the *cervix* by pressing the finger on the *os*. Introduce the whole hand into the vagina, doubling the fist, and apply the flat surface made by the first phalanges to the fundus, and thus make pressure. The fingers alone, thus applied, would be extremely liable to cause detachment of the placenta, should it lie upon that wall of the womb thus pressed and indented. At the same time, the patient should be placed on her elbows and knees to obtain the aid of gavitation. Reasonable force *only* must be employed. If the attempt fails, give an opiate, and let her rest. Next time employ chloroform, and place