

the vagina, but protruding beyond it, resembling in its form that of the uterus after recent delivery, only that its mouth is turned towards the abdomen. The os uteri may be felt at the superior extremity of the tumour, forming a circular thickening at its apex, and the uterus is wholly wanting in the hypogastric region. This state is usually accompanied with inversion of the vagina."

It sometimes happens that the *placenta* remains attached to the uterus at the time of inversion, and a question of great practical importance has arisen, as to the propriety of removing it before attempting the reduction. Several French and other continental writers, who have devoted their whole professional life to the practice of midwifery, recommend its removal before reduction; but others, also of great eminence and experience in that branch, and principally practitioners in England, Ireland, and Scotland, are decidedly opposed to it. Newnham observes: "it has been recommended by several respectable authorities, to remove first the placenta, in order to diminish the bulk of the inverted fundus, and thus facilitate the reduction. But it is surely impossible that this proceeding can be attended with any beneficial consequences, whilst the irritation of the uterus would necessarily tend to bring on those bearing down efforts, which would present a material obstacle to its reduction, and would increase the hæmorrhage at a period when every ounce of blood is of infinite importance. Besides, returning the placenta while it remains attached to the uterus, and its subsequent *judicious* treatment as a simply retained placenta, will have a good effect in bringing on that regular and natural uterine contraction, which is the hope of the practitioner and the safety of the patient."

Dr. Churchill, however, remarks:—"It may be doubted, I think, whether the removal of the placenta is attended with so much danger; for, in many instances, it has been found impossible to reduce the uterus in consequence of the great addition to its bulk, which the adhesion of the placenta occasions, and in such cases there is no hesitation about the propriety of removing the placenta, nor have I met with any evil effects recorded as the result of so doing."

Another very important question may arise, whether, when the inversion is found to be *irreducible*, we should be satisfied with returning the tumour into the vagina to protect it from injury, and of maintaining it there by means of bandage and compress, or by pressary, as recommended by Dr. Hamilton in *prolapsus uteri*, or by extirpation; cases are not wanting in which the uterus has sloughed off, or has been removed, without being followed by loss of life.* It is, moreover, recorded

* On reference to my medical note book, I find the following extract of a letter from a medical friend, dated as far back as 15th June, 1831:—"On the 8th instant,