

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, and wishing to relieve her as soon as possible, I tried the ordinary female silver one, but the canal of the urethra was so elongated by being carried upwards and forwards to the Symphysis Pubis, that it would not, as I almost anticipated, reach the bladder. I therefore sent back for an elastic one, which necessitated some further delay, and having obtained it I introduced it with some difficulty and drew off (by measurement) 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, over the body and fundus of the womb, and with my thumb inserted into the rectum, which placed the retroverted organ favourable for reduction, I made an increasing amount of pressure for about fifteen minutes, but failed to move 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 a glass of wine and water. 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 and 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 much less suffering to the patient and difficulty to myself than I could have imagined. I now got a bearing upon the fundus, and after using continued and strong pressure for about twenty minutes, I moved it somewhat. I was then enabled with a finger of my left hand to grasp the cervix and draw the os downwards, whilst at the same time I pushed the fundus upwards, which was managed with a good deal of difficulty. Some delay was experienced in getting it over the promontory of the sacrum, but in about half an hour from the time I commenced it passed out of its tightly impacted position in the hollow of that bone. She was ordered to keep her bed for a fortnight, and recovered without a bad symptom. I attended her in her subsequent confinement when she was safely delivered.

Plattsville, Ontario, October, 1867.