

4th, and allowed to remain for forty-eight hours in its position. On the 5th, the patient complained of a good deal of pain in the abdomen, though not of more than she had experienced on some former occasions; and it was with a feeling of glad surprise that, on the 6th, it was discovered that the organ had resumed its natural position.

The os uteri was widely open so as readily to admit two fingers, and its lips were much swollen, the uterine sound passed nearly three and a half inches, and the womb was now felt in its natural position by the hand placed over the pubes. The patient was kept quiet in bed, and, for the next twenty-four hours, the urine was drawn off by the catheter. On the 7th, the sound ascertained that the womb still retained its proper position. Menstruation came on the evening of that day, and continued scantily until the 11th; and on the 13th, the sound discovered the uterus to have somewhat contracted, and now to measure scarcely three inches; and on the 18th, the patient left the hospital apparently in perfect health, and having walked about for some days without inconvenience.

Dr. West makes the following remarks on the best mode of employing the air-pessary, which may be of use to those who hereafter meet with a similar case:—

"1st. Neither in this case nor in another which came under my care, some ten years ago, did any benefit appear to result from manipulation of the womb, or from any attempts with the hand to replace the organ, or to reduce its bulk. The utility of such endeavours will, I apprehend, be limited to instances of recent inversion, or to those exceptional cases in which the womb remains comparatively yielding and flaccid some weeks after the occurrence of the accident, as it appears to have done in those reported by Dr. Belcombe, and Dr. Miller.

"2d. Many inconveniences attend the employment of the common air-pessary, partly from the want of some fixed support to retain it in its place, and partly from the circumstance that the pressure it exerts being equal in all directions, a most painful distension of the vagina is inseparable from any attempt to exert efficient counter-pressure against the inverted womb.

"3d. This disadvantage may be easily overcome by means of a belt to fasten round the waist, the anterior half of which, made of steel, serves as a fixed point for a metallic wire, which is attached to a small wooden disk or cup that bears the pessary. The pessary itself, made of vulcanized India-rubber, and in this instance four inches long by five in circumference at its middle, was rendered comparatively inelastic at its lower half by the introduction of several layers of linen between the folds of the India-rubber, while no such material intervened to prevent the full expansion of its upper half when it was filled with air by means of the syringe through the elastic tube that was connected with it. By this means continued pressure was exercised against the fundus of the inverted uterus, without painful distension of the vagina.

"4th. I am uncertain as to the exact mode in which the replacement of the uterus is effected, and doubt whether it is due to the direct pressure of the pessary against the fundus of the uterus, so much as to the unfolding of the uterine wall by the instrument when introduced into the shallow *cul-de-sac* within the os uteri, formed by the still uninverted portion of the cervix. If this supposition be correct, one's endeavour in any future case would be, first, to introduce a small pessary within the os, in order to dilate the aperture, and to follow this up by the employment of one somewhat larger, with the view of thus unfolding the wall of the organ, rather than to force the fundus upwards by direct pressure against it."

THE RISK TO LIFE OF FIRST AND SUBSEQUENT PREGNANCIES.

Dr. R. Barnes at the December meeting of the Obstetrical Society of London wished to draw the attention of the Society to the determination of the question as to whether first pregnancies were to be considered as more hazardous to life