

put upon the stretch, no effect whatever will be produced upon the inversion; indeed, it is expressly stated by those practically cognizant with similar cases, that they did not feel the reduction properly commence until the vagina was stretched to its full extent; and, as it is also very judiciously remarked by Dr. Churchill, the hand, while in the cavity of the uterus, should not be withdrawn, but rather expelled by the uterine contraction—this will ensure the patient against the repetition of the accident. We should also assure ourselves, before the removal of the hand, that the restoration has been complete.

It may be remarked, that although the bladder had been emptied (a precaution of the highest importance), I was particularly anxious to prevent any inconvenience, which, from its probable incapacity to void the urine, might follow without the aid of catheterism; but being at the time called to another urgent case, which required all my attendance, I sent, with that view, an intelligent woman of much experience, and for many years in the habit of drawing off the water of female patients, by means of the simple, and easily-introduced, elastic gum catheter. This very reasonable transfer of duty, however, gave offence, and the attendance of another medical gentleman, of long standing and reputation, soon followed, and she perfectly recovered. Having since been consulted by the mother of the patient, I learned that she had not quite recovered her natural strength, but believes that she is again pregnant.

REMARKS.—The above case of *inversion* appears to be one of those which may occur spontaneously, after the labour has been completed in the natural way, and may, as Dr. Radford observes, be attributed to atony of the uterus, or to active contraction of one part, with an atonic condition of another. In the above case no violence or force whatever was employed in the delivery of the placenta; it followed the child at the interval of about four minutes. I have no doubt, however, that violence in extracting the placenta, may produce either of the degrees into which some authors have divided inversions of the womb, viz:—*depression*, *partial*, and *complete* inversion.

The uterus, during pregnancy, is chiefly enlarged towards the *fundus*, so that the broad ligaments are left much below its principal bulk; consequently, from pulling violently at the cord to deliver the *placenta*, the *fundus* may be drawn down through the *os uteri*.*

* Dr. Hamilton says: "of five instances, where this happened from the ignorance of the practitioner in hurrying the extraction of the *placenta*, one lady only survived the dreadful accident. Her recovery is the most extraordinary, as the womb could not be restored to its natural state, and though replaced within the *vagina*, it still continues *inverted*."