

remarkable to relate, she had succeeded in the delivery.

Perhaps that wonderful Medical Bill of ours, which so recently escaped practical death at the hands of the homœopathic and eclectic fraternity, may be able to reach such cases; but we shall see.

A case of congenital inversion is reported by Dr. Williams to the French Academy of Medicine, in which the girl regularly menstruated. Baudeloque mentions a case in a girl fifteen years of age, who suffered much from menorrhagia; but the correctness of the great man's diagnosis is doubted in this case. Astruc has declared inversion, unconnected with parturition, as impossible; but this is, surely, a mistake, as cases of the kind have been related by Drs. Oldham, Browne, Higgins, Montgomery, and others. A prominent cause of this accident is relaxation of the os, and contraction of the body longitudinally—first recognized by Saxtorph, and confirmed subsequently by Drs. Radford, Simpson, and others. In the case, not long ago, observed by myself, the cause was not very clear, but I had good reason to suspect that tugging at the cord by an officious woman who was present must have occasioned the inversion. The following is about the history: Mrs. H., aged about 26, was seized with labour of the second child, June 11th. Saw her in the evening, but not being in immediate want of assistance, gave a Dover's powder, and left for the night. Early next morning, was called to see her hastily; found the child born, cord tied and divided, and the placenta lying just external to the soft parts. Alarm pervaded the features of those around, and I soon noticed a globular mass protruding from the vagina of the mother, having a smooth, glassy border—evidently the site of the attachment of the placenta. There was little or no loss of blood, and beyond some depression, with considerable agitation, nothing extraordinary seemed wrong with the patient. I knew that every moment that passed lessened the chances of successful reduction and therefore I at once began to replace it.

It was obvious that the contents of the abdominal cavity had followed the uterus through the os, and if those contents could be induced to assist, its reduction might not take long. The

patient was turned on her face and elbows, with the thighs flexed on the body, and the legs on the thighs, something after the fashion of reducing a prolapsus ani. Standing on the left of the patient, I applied a soft towel, wrung out of cold water, to the tumour. In a moment or two, with a steady application of pressure by the fingers and thumbs in the direction of the axes, I had the satisfaction of seeing the mass recede before the fingers, and when something more than half reduced, it sprang from the points of pressure, and was at once in its proper shape and place. The patient made a happy and favorable recovery.

The advantages I claim for this method of reduction may be understood from the fact, that the abdomen and contents now no longer pressed down on the uterus, as in the ordinary method of placing the patient, but, on the contrary, strongly tended in the opposite direction, thus assisting the operation. In this case the placenta was not adherent after inversion had taken place; but in other cases both of spontaneous inversion and others, it is said, in which the placenta remains partially or wholly attached; and here it is that the great difficulty arises—elaborately discussed in the past, and regarding which there is still much difference of opinion—as to whether it will be prudent to remove the after-birth at once, or return it as found into the uterus. Hæmorrhage, under any of these circumstances, is apt to be alarming. The question appears to be—What relative proportion does the hæmorrhage sustain to the degree of placental separation? Some persons, of excellent repute, have contended that hæmorrhage is greatest when it is entirely separated. I refer here, of course, to inversion of the third degree. Dr. Radford says there is more hæmorrhage when the placenta is only partially separated. Certain authors declare it as their opinion that the placenta ought to be removed entirely, if in any degree adherent, before attempting reduction. In support of this view we have the names of Drs. Radford, Baudeloque, Capuron, and others. Amongst those holding views against entire separation before attempting the operation, are Drs. Blundell, Clark, Carus, Gooch, Nownham, Burns, and Denman. With the opinions of