Case of loss of the uterus, and its appendages, soon after delivery : together with remarks on the propriety of removing that organ, in cases of inversion or schirrus / By John Charles Cooke.

CASE

OF

LOSS OF THE UTERUS,

AND ITS APPENDAGES,

SOON AFTER DELIVERY,

TOGETHER WITH

REMARKS

ON THE

PROPRIETY OF REMOVING THAT ORGAN,

IN CASES OF INVERSION OR SCHIRRUS,

BY

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1836.

TO

SIR CHARLES MANSFIELD CLARKE,

BART. M.D.: F.R.S.:

Physician in Ordinary to the Queen, &c. &c.

THIS PAMPHLET

Is, by permission, most respectfully

DEDICATED,

By his obliged and obedient Servant,

THE AUTHOR.

PREFACE.

THE extraordinary nature of the case recorded in the following pages, appeared to some of the friends of the Author, to be worthy of more than a transient notice in one of the medical periodicals of the day.

This opinion, coupled with the rarity of instances bearing any resemblance to the present, has induced the Author to give it to the Profession, in its present shape; conscious, however, that any interest it may possess, must be attributed to the case itself, rather than to the manner in which it is related.

To his friend, Mr. W. S. Cox, of Birmingham, the Author has to express his acknowledgments, for the valuable suggestions with which he has favoured him in preparing these pages for the press.

Inverted Uterus.

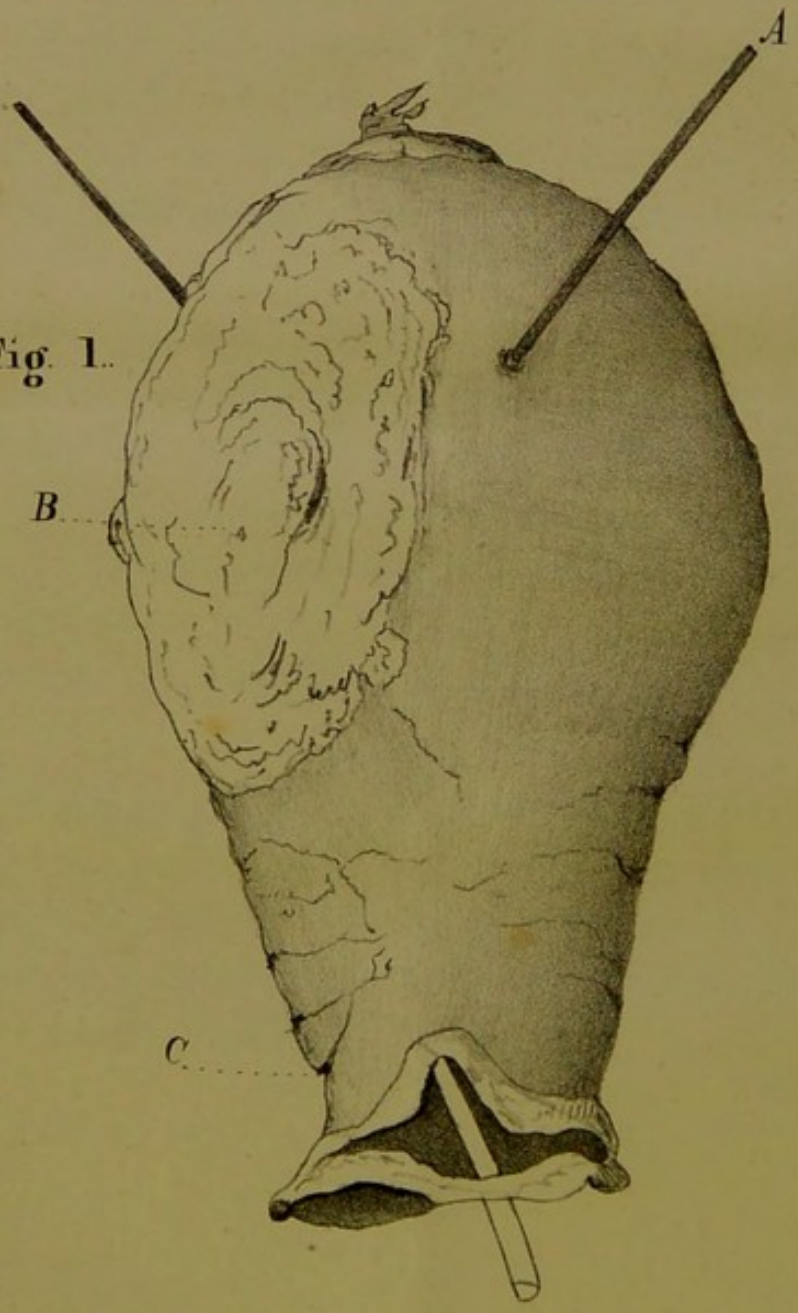
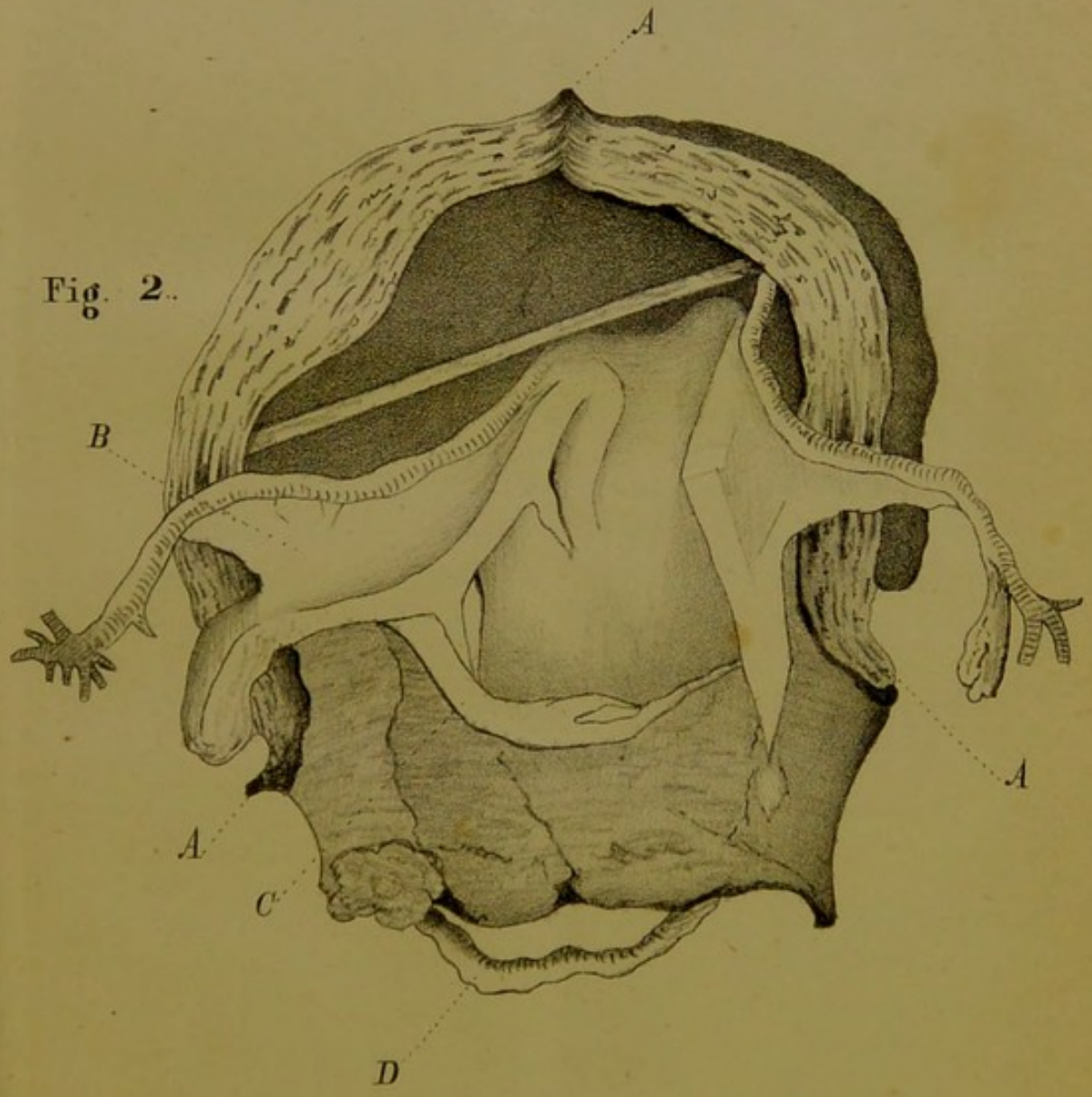


Fig. 1.

Inverted Uterus
laid open.

Fig. 2.



CASE OF

LOSS OF THE UTERUS,

SOON AFTER DELIVERY.

AT about 4 o'clock on the morning of Friday, May 22, 1835, Mrs. Aston, midwife, of this City, was requested to attend the wife of —— Cunningham, in her labour. Mrs. A. went immediately, and upon her arrival, found the woman, who had already been in labour 48 hours, upon her knees, and insisting upon being delivered in that position, as being the custom of her country (Ireland).

With some difficulty she induced her to lie upon the bed, in order by an examination of the parts, to ascertain how far the labour had advanced. Upon this being done, the Os Tincæ was found dilated to about the size of half-a-crown; the child's head presenting as usual. Every thing went on well, and the woman was delivered at Seven o'clock the same evening of a living child. The Placenta followed whole in a quarter of an hour, being expelled by a pain.

No hœmorrhage whatever ensued at the time, although a considerable quantity of blood was lost during the night. The after pains were trifling, and when Mrs. A. visited her the next morning, she appeared in a very satisfactory state. So well, indeed, did she feel, that notwithstanding

the strict injunctions of the midwife to the contrary, she partook plentifully of animal food, immediately after her departure.

About four o'clock on Sunday morning, May 24th, the attendance of Mrs. A. was hastily requested, in consequence, as the messenger stated, of the appearance of another child. Mrs. A. upon arriving at the house, gathered the following particulars;—That the woman had risen during the night, and had gone into an adjoining room to make water; that, whilst there she had, by her screams alarmed her husband, who called in some of the neighbours, and upon entering the apartment, they found the woman seated on a stool, before the fire, with a vessel of warm water in front of her, and a large substance, which they compared to a child's head and neck, lying between her thighs, supported by her hands. They then sent for the midwife, believing it to be a case of twins, and being greatly alarmed at the quantity of blood she had lost, the hœmorrhage having been profuse.

The midwife, upon her arrival, found the woman lying upon the bed, pale from loss of blood, and in considerable pain. The bed, sheets, blankets, &c., were saturated with blood, which had even run on to the floor. Upon proceeding to ascertain what had caused all this, she discovered a hard substance, lying on the bed, loosely connected to the vagina by a shred of membrane only. This substance she immediately recognized as the Uterus, and lifting it gently, removed it without difficulty or effort, and placed it in a wooden bowl.

The hœmorrhage then ceased, and, considering her at-

tendance no longer necessary, she returned home, carrying with her the contents of the bowl. The whole time she had remained with the woman was about half an hour. At 9 o'clock the same morning she brought the substance to my father's house, giving him, at the same time the foregoing history of the case. Upon examining the mass he discovered, to his astonishment, that it was an Uterus inverted. At 11 o'clock, he visited the woman and found her completely exhausted from the bœmorrhage, (which by this time had ceased) she was extremely restless and agitated, constantly throwing her arms about: pulse scarcely perceptible. Upon enquiry he found she had passed some urine shortly after loss of the Uterus, as also between 9 and 10 the following morning (Saturday.) He was also informed that her bowels had not been relieved for a period of at least 9 days before delivery, except a mass of hardened fœcal matter which was discharged, with the last pain in the labour.

The woman did not much complain of any sensation like bearing down, nor of any substance lying in the vagina. She did not appear to suffer much from pain: neither was there much distension of the Abdomen, nor was there then or at any time during the progress of the case any thing amounting to more than a slight degree of tenderness, which, however, was hardly noticed except upon pressure. It was apparent in the left lumbar region only. It is worthy of remark that the only part of the Uterus and its appendages not found in the wooden bowl was the left Ovary. I merely mention this circumstance as a coincidence, without drawing from it the conclusion that the greater degree of tenderness observed on the left

side, was referable to the continuance of the left ovarium in its situation.

Upon inspecting the Uterus, &c., after having simply removed it from the vessel containing it, and placing it on a napkin, the appearance shown in Figure I was presented. That is to say that of a heavy, hollow, but firm pyriform body.

In size it nearly equalled an ordinary child's head at term. No laceration of any kind was visible except a slight rent in the posterior lip of the Os Uteri, Fig. 1, C. The attachment of the Placenta was distinctly marked, being of a deeper brown red, than the remainder of the mass: its site was also rendered further evident, by a quantity of flocculent matter which still adhered to the walls of the Uterine cavity. It was inserted over, and concealed the opening of, the left Fallopian tube. This orifice was easily discovered by detaching with the nail a small portion of the loose flocculent substance already mentioned.

The vessels were large and tortuous, and their patent state sufficiently accounted for the great hœmorrhage which had occurred, both after the removal of the Uterus and during the night succeeding her delivery.

Upon making a section along its anterior aspect, the broad ligaments, with both Fallopian tubes, and the right ovary were discovered. The fimbriated extremities of the tubes were particularly clear and distinct, the left ovary appeared to have been detached, and to have re-remained in situ.

Fig. 2 shews the parts after the Section.

My father considering that there was no protrusion of the pelvic or abdominal viscera, and that no urgent symytoms were present to call for active treatment, judged it prudent not to incur the risk of inducing fresh hœmorrhage by instituting any examination per vaginam. In addition to this consideration he conceived that by causing any irritation, the chance of Peritoneal inflammation supervening would be materially enhanced, and that any salutary union of the sides of the vagina which might be hoped for would be retarded, and, consequently, the risk of an ulterior prolapsus of the viscera be greatly augmented.

In accordance with these views, he contented himself with enjoining perfect quietude and absolute restriction to the horizontal position; abstaining from exhibiting any active medicine. The patient was ordered a light farinaceous diet to be given in small quantities, and at intervals.

He visited her again at about half-past two, when he found her considerably revived: the pulse being fuller and more perceptible, and beating 140 in a minute. Her mind was placid and composed, having, apparently, no apprehension of danger. In the evening she appeared to be in the same state, with the exception of the pulse having acquired more fullness. No hœmorrhage, and little discharge had taken place.

May 25—Monday morning. The patient had risen from her bed during the night, had helped herself to the chamber utensil, and had passed her urine freely. She had had some sleep, and appeared in all respects to be as well as on the previous evening. The whole of the day she continued in the same state, no increase of pain or tender-

ness in the abdomen. Towards evening she passed several small scybalœ.

May 26—Slept at intervals during the night. In the forenoon of this day, she had a copious evacuation from the bowels, and passed her urine without difficulty. In the course of the day, the tenderness of the side was augmented, and some degree of flushing was perceived in her countenance. The skin hot and dry. This was probably produced by her having been permitted to take two or three ounces of weak beer, at her own earnest and repeated request. It was, of course, ordered to be discontinued; and a saline, diaphoretic medicine prescribed

May 27—Wednesday. The skin during the night had become moist, and febrile symptoms had abated. Early this morning she had an alvine evacuation, and her bowels were again relieved in the afternoon. Pulse still the same; tongue clean and moist.

Towards the evening of this day Diarrhœa supervened which continued for three or four days, producing some degree of debility, for this Mistura Cretæ was prescribed, which had the desired effect of checking the profuse discharge from the bowels, and was together with the saline diaphoretic mixture already mentioned the whole of the medicine exhibited during the progress of this remarkable case.

From this time she gradually regained her health and strength, her appetite became good and she expressed a wish to partake of animal food:—this was at first refused, unless in the form of broth, which she took frequently; occasionally eating a boiled egg.

Previous to her confinement, milk was secreted in considerable quantity, but immediately after the loss of the Uterus this secretion, together with that of the Lochia was arrested. Notwithstanding this, and in spite of the remonstrances which were made to her on the subject, she persisted in applying the child to the breast, which induced considerable pain and hardness of the right mamma, attended with a good deal of febrile excitement. These symptoms subsided upon the exciting cause being removed. When her health had been in some degree reestablished, she again gave the child the breast, and persevered in doing so during several weeks, until finding that she had no milk she finally desisted.

It may not be deemed irrelavent to state, that during the febrile attack, although accompanied by considerable thirst, the tongue still remained clean and moist at no time exhibiting any approach to a furred state. At the present time she is in tolerable, although not robust health, ; her complexion is pale and sallow, and she complains of a good deal of debility. The sallow tint of the countenance, however, is habitual with her, and existed before her confinement; and the debility still remaining is not to such an amount as to preclude her from following her usual occupation.

The child was for a long time in good health, and looked ruddy and well. About a month since it was attacked by diarrhœa, which in the course of a day or two carried it off.

The principal physiological phenomena which present themselves upon reviewing the history of this case are, the sudden and immediate suppression of the secretion of milk

and the absence of any flow of the Lochia. So trifling indeed, was the quantity of the latter, that the napkins were but slightly soiled, the hœmorrhage too was completely arrested, as she did not lose a drop of blood after the morning of the 24th (Sunday). There is this additional peculiarity connected with the former fact, viz. that the milk had already appeared in considerable quantity before the loss of the uterus, but was entirely and permanently suppressed within two days after the separation of that organ. It was with a view of restoring the supply of this fluid that the woman persisted in applying the child to the breast, and impressed with the same idea, continued to do so until within a short period of the child's death, when finding her efforts vain, and that not a drop ever exuded, she finally desisted.

She was repeatedly remonstrated with upon the subject, as it was feared that the frequent and prolonged state of excitement into which the gland was thrown, by the efforts of the child at suction, would tend to induce some morbid developement in its structure, which hereafter might seriously inconvenience her.

The absence of all Peritoneal inflammation, also, is a circumstance particularly worthy of remark, no means being taken to prevent this coming on, and none actually supervening. The only symptom which appeared to bear any analogy to Peritonitis, the only one, indeed, which ever caused any anxiety as to its attack, was the slight degree of pain before noticed to have been present in the left lumbar region.

Might it not be a question whether the great quantity of blood lost at the time the uterus was separated from

its attachments would not, in some measure, serve to explain this singular fact?* With regard to the degree of violence which must have been used, in order to effect so complete and entire a removal of an organ so voluminous as the Uterus, at a period of thirty-six hours after delivery, it is almost impossible to conceive it to have been offered by the woman herself, and yet such, there is every reason to believe, was the fact, if, indeed, we find ourselves compelled to suppose that violence alone can suffice to account for such an event.

The midwife most positively asserts that she did no more than remove the tumor which she found lying between the thighs of the woman, attached to the vagina by a small piece of membrane only. In this statement she is strongly corroborated by the neighbour who first saw the woman after having been called up by the husband, on the morning of Sunday; this woman distinctly states that she saw a large lump like a child's head and neck, lying between her thighs and supported in her hands.—She also bears out the midwife as to the fact that no effort was required to remove it, from its being so loosely connected to the vagina.

It is equally difficult to account for the inversion of the uterus, or to state when it occurred, as, from the appearance it presented on examination, it must have happened spontaneously, the supposition of force having been employed not being tenable, no traces of any violence existing, and no portion of the Placenta or other body remaining, by which sufficient traction could have been

* I am aware that a contrary opinion is maintained by many of the most eminent obstetrical writers, who consider hæmorrhage as rendering the patient peculiarly obnoxious to Peritonitis.

made.—Previous to its descent on the morning of Sunday, none of the symptoms ordinarily attendant on this accident had manifested themselves, and nothing, which could have led to any suspicion of such an event, had happened.

The fact of none of the viscera following the uterus and becoming prolapsed, and the total absence of any thing like bearing down, is equally inexplicable, unless, indeed, we can adopt the idea that the Rectum in consequence of being distended with fæcal matter had fallen forward towards the Pubes, and thus, by closing the sides of the vagina, had afforded a mechanical impediment to the descent of any portion of the intestines.—Such compression, however, if existing at all, must have been very small, as the woman never experienced the slightest difficulty in the act of micturition. In fact on the morning of Saturday, she passed a considerable quantity of urine in the presence of the midwife :—I have not been able to ascertain whether she did so on the night of Friday.

This circumstance will, perhaps, bring us nearer the epoch of the inversion of the Uterus, as it is difficult to suppose a body of such magnitude to have been in the vagina without obstructing the flow of urine.

Owing to her constant and obstinate refusal to permit any examination per vaginam to be made, after her recovery, I am not able to give any description of the state of the parts at the present moment : the most probable supposition is that the vagina forms a cul-de-sac in consequence of the adhesion of its opposing surfaces. In this manner we may easily account for the viscera remaining in situ after her return to her ordinary active habits. It will be recollected

that considerations of this nature, induced my father to refrain from instituting an examination when first called in. This idea is further strengthened by the fact, that sexual intercourse has repeatedly been had with her husband, no mechanical obstruction existing.

In connection with the loss of one ovary, it is interesting to be able to state, that, although no impediment to coitus exists, yet the usual feelings and desires are entirely wanting. This might have been anticipated had both ovaria been removed, but from the fact of one of these bodies still remaining in situ, some degree of doubt might have been entertained.

Of course, after the loss of the secreting organ, the menstrual discharge has never re-appeared; even the small quantity occasionally furnished by the vagina has not been observed.

The practical deductions from the history of this case are highly important, as they demonstrate the possibility of removing an organ so voluminous, and so essential to the animal economy, as the uterus, together with the ovaries, fallopian tubes, and ligaments, not only without fatal consequences, but with only a slight impairment of the general health.

In this view of the case we find the propriety of the operation proposed for the removal, entire, or partial, of uterus, in cases of inversion, strongly confirmed.

It is well known that many distinguished accoucheurs and surgeons have zealously advocated the extirpation of this organ, when it has become affected with cancer, or when,

after having been inverted it cannot be reduced, and threatens gangrene. The profession are also familiar with the fact that these ideas have actually been carried into execution in several instances. As the propriety of this operation has been much canvassed, and as it has seldom been performed in this country, a few observations on the prospect of success it holds out may not be misplaced.

Struck by the invariable fatality which accompanies cancer when attacking the uterus, and by the complete failure of all therapeutical means in arresting its progress, various surgeons had proposed extirpating the diseased portion, as being the only means of rescuing the patient from her otherwise inevitable fate.

This suggestion is not altogether of modern date, as we find Themison strongly insisting upon it, and asserting that he himself had removed the uterus with success. There is every reason, however, to doubt the truth of his statement, as well as those of other authors, who do not hesitate to accumulate instances of what, from its very nature, must have been exceedingly rare. I do not assert that they wilfully perverted facts, but that the cases, in which they supposed they had extirpated the uterus, were in fact instances of large polypi; this has been proved to be the case in more modern times. Almost all the older authors content themselves with simply asserting that they had removed the uterus, many merely state that others had done it, and but very few enter into any details. I should feel disposed to consider the case of Ambroise Paré noticed in page 15 as the first case of inverted uterus being extirpated to which any degree of authenticity is attached.

M. M. Recamier and Dupuytren recommended the cancerous portion to be destroyed by means of the Potassa Fusa. This practice was soon abandoned, as it was found to be altogether inadequate to the removal of the disease.

It would appear that the proposition of amputating the Cervix Uteri, is of much more recent date than that of extirpating the uterus itself. It was first practised by Osiander of Gottingen. Dupuytren was the first to perform it in France. It is to M. Lisfanc, however, that the merit of having revived this operation, and of having incontestably proved its applicability peculiarly belongs. In fact it is almost exclusively in consequence of the numerous instances of success which he has published, and the modifications he has introduced in the modus operandi, that the operation has been able to maintain its ground against the great difficulties by which it is accompanied.

It has now been so frequently crowned with success as deservedly to have obtained a place amongst the standard operations of surgery. To ensure this desirable termination, the disease must be strictly confined to the Cervix, in order that no part of the cancerous structure may be left behind. It is obvious that the chances of a relapse will be materially increased, if too long a time be suffered to elapse after we have satisfactorily ascertained the existence of carcinoma, before operating. When, however, we are satisfied that the disease is no longer confined to the neck, and that the body of the uterus is implicated, it has been advised to have recourse to the daring step of removing the Uterus altogether.

This measure has also been recommended in cases of inversion of the Uterus attended with an impossibility of returning it, and with threatened gangrene. It has been done successfully in the latter class of cases, by Newnham, Hunter, Clarke, Windsor, Gooch, Baxter, and Chevalier in this country, and by Bartholin, Blasius, Goulard, &c. on the continent. The operation for removing the Uterus when inverted, and out of the Pelvis, however bold, falls infinitely short of that in which it is proposed to complete the prolapsus of the Uterus, by means of steady and powerful traction, and then to amputate it close to its attachment of the vagina. And this, in its turn, yields in hardihood to those cases, in which the operator has removed the Uterus, when no relaxation of the Ligaments was present, and when, to carry his purpose into execution, he has been obliged, either to open the abdomen with Gutberlat, or to incur the risk of wounding the bladder,and rectum, if he prefer the method of Sauter.

This last operation, viz. of extirpating the Uterus without the ligaments being relaxed, and without dragging it outside the vagina, has now been practised twenty times. One patient has been permanently cured, four had relapses, and fourteen died. It is clear from this statistical statement, that this operation has not been supported by a sufficient number of successful cases, to entitle it to rank as one of those to which we may have recourse with a fair and well grounded hope of saving our patient. With respect to the propriety of removing the Uterus in those instances in which it is inverted, and we cannot succeed in our endeavours to reduce it, and when,

from the degree of constriction it suffers, we have reason to dread the supervention of gangrene, I think no doubt can exist, and that the only part of the subject which admits of dispute is the comparative advantages of the ligature and knife.

So many instances are now on record in which this operation has been attended with complete success, as to warrant us attempting to relieve our patient by it, in those deplorable cases where the Uterus has been prolapsed perhaps for years, and in which the patient must otherwise sink. Many, perhaps the majority, of cases in which the operators believed they had removed the Uterus, were undoubtedly instances of Polypus. Others, however, were afterwards verified by post-mortem examinations. Vieussens had a case, in which a difference of opinion existed as to the nature of the tumour, some maintaining it to be a uterine Polypus, others, believing it to be the Uterus itself:—all, however, agreeing as to the propriety of removing it. When this had been done it was discovered to be the Uterus. The woman recovered and lived for some years afterwards. Wrisberg relates a case in which a midwife had inverted the Uterus by pulling at the umbilical cord, and then frightened at what might be the consequence of her ignorance and brutality, she cut off the tumour with a knife close to the vulva. This patient recovered, after a tedious and dangerous illness of some months duration.

Rousset has described a case in which he operated: this woman did well. The Uterus had been inverted six years. Ambroise Paré, Faivre, Deleuyre, &c. had each

a case of this description. Petit of Lyons saw an instance in which the Uterus was included in a ligature, being mistaken for a Polypus. The woman had had an inversion for three years, and perfectly recovered. M. Laumonier tied a tumour which he considered to be an inverted Uterus; the academy of Surgery, to which the preparation was sent, considered it to be a Polypus. The woman had a relapse and died; upon opening the body it was found that only a small portion of the Uterus had been removed. Desault, Baudelocque, Hoin, Midaw and others, have mistaken cases of Polypus for inverted Uterus, and treated them as such.

We must not however, imagine that this operation is without danger as cases are not wanting of the patients' death being hastened, if not directly induced, by this operation. Thus in one of the cases in which Blasius tied the Uterus, the woman died on the third day. In one also of those in which Goulard operated, his patient died on the eighteenth day. Dr. Symonds applied the ligature--the Uterus came away on the fifteenth day; but the patient died on the twenty-first; on inspection pus was found in the abdomen. In the Receuil des Actes de la Societé de Santé de Lyon, there is a case recorded in which the operator supposed he had to deal with a Polypus, and tied it. The woman died in a few days, although the mistake was discovered, and the ligature immediately withdrawn.

With respect to the removal of the Uterus when not prolapsed or inverted, and when its structure is attacked with cancer, although frequently advised by the older authors, and said to have been carried into execution by

some of them, there is every reason to believe that the first case to which no suspicion can be attached is that of Paletta in 1812; the credit of having been the first to carry it into execution intentionally, does not, however, belong to him, as, when operating he supposed that he was removing the neck alone, and it was not until after examining it that he discovered his error. This woman died —Since 1812 it has been excised twenty times: of these Dr. Blundell has operated 4 times; all the women died from the effects of the operation, with the exception of one, who lived for nearly a year, and was then carried off by a relapse.

Professor Lizars of Edinburgh operated once, with no better success. The other cases are those removed by Recamier, 1 by Sauter, 2 by Liebold, 1 by Hoëlscher, 2 by Langenbeck, and others by Lisfranc, Dupuytren, &c. By far the larger number of these women died from Peritonitis, or from hæmorrhage. This has also been the case with those who have sunk under the removal of the Uterus when inverted.

When speaking of the latter operation, I have said that a difference of opinion exists amongst surgeons, as to the relative merits of the knife and ligature.

The principal advantages of the ligature are, its facility of application, and the security it affords against hæmorrhage, to which the use of the knife exposes us. It possesses, however, the serious inconvenience of producing great pain; the ureters, bladder, or intestines, may also be included in its folds. So acute has been the pain caused by it in some instances, as to compel the surgeon to remove

it and have recourse to the knife. The risk of including the intestines, &c. is not imaginary, as it has actually happened in several instances.

The knife is more prompt, and infinitely less painful, but it does not afford that guarantee from hæmorrhage, which the ligature ensures. In many cases, however, this ought not to deter us from having recourse to it. This is more particularly the case when the pedicle is small, and not very vascular. Perhaps, as a general rule, we should employ the ligature in order to command the flow of blood, and excise the Uterus close to the constriction, as no advantage would be gained by allowing it to slough off.

There are two modes of operating when removing the Uterus entire. The one is usually denominated Gutberlat's, the other Sauter's. Gutberlat performs his by first carrying a ring with a long handle into the vagina, in order to steady the Os Uteri. He then makes an incision along the Linea Alba, taking care to avoid the bladder, which should be emptied previously to the operation. This incision is sufficiently long to admit of the hand being introduced into the cavity of the abdomen This being done, he separates the Uterus from the ligamenta lata, rectum and bladder; and the os tincæ from the vagina. He then lifts out the Uterus, and closes the wound. No difficulty can be encountered in removing the Uterus by this process, but the almost inevitable supervention of Peritonitis, will ever render it one of the most dangerous operations of surgery. It, like Sauter's, has been modified by almost every surgeon who has followed it, but until we possess the means of anticipating Peritonitis, it

is to be feared that every succeeding attempt will serve only to swell the catalogue of failures.

Sauter's method differs from the preceding, in not requiring any incision through the abdominal parietes. The operator introduces hooks into the Uterus, and by steady traction, brings it into the vagina, he then separates the os uteri from its attachment with that canal, next proceeds to detach the bladder, broad ligaments, &c., and lastly, antiverting the Uterus, dissects it away from the rectum.

M. Recamier recommends us to secure the uterine artery some days before operating, in order to prevent hæmorrhage ; this, he maintains, may be done by tying it from the vagina or rectum.

It is impossible to say which of these two operations is the more deserving of confidence, as they have both proved fatal in almost every instance in which they have been tried. That of Sauter's is the more plausible, and has a better primâ facie appearance, as it obviates the necessity for making any incision in the abdominal parietes. It is, however, far more difficult of execution than the other.

The conclusion to which we are led by the foregoing facts, is, that the removal of the Uterus entire, when attacked by cancer, is not justified by the result of the cases, in which it has been tried. In fact, the risk of Peritonitis is so imminent, and the danger of the patient sinking from hæmorrhage so great, as, when taken in conjunction with the tendency which cancer has to relapse, I fear, for ever to preclude us from placing any reliance on the good likely to result from this operation.

It is evident that these remarks can apply to those cases

alone, in which we have indubitable evidence that the disease is confined to the Uterus; and yet what means have we of satisfying ourselves that this is the case, and that none of the pelvic viscera are affected? The utmost information we can obtain amounts only to a probability.

But when, by repeated and careful examination, we have ascertained that the disease is confined to the neck, I think little doubt can be entertained of the practicability and propriety of excising the cancerous portion. Indeed, we have not so much reason to dread a relapse when the disease attacks the Uterus, as when the glandular structure is the seat of its ravages. There is a sufficient number of instances recorded of this operation having been followed by permanent success, to induce us to have recourse to it, with almost as much confidence as to the amputation of the mamma when affected with cancer.

A question has been raised—Can a woman, after the extirpation of the Uterus, ever become the subject of an extra-uterine conception, should the vagina not close and form a cul-de-sac?

This question would be difficult to answer, in those cases in which the ovaries and Fallopian tubes have been left in the cavity of the pelvis. In a case published by Mr. Hunter of Dumbarton, both ovaries remained, and sexual desire was not affected; but I am not aware of any instance in which extra-uterine pregnancy has actually occured. It is obvious that nothing of the kind can ever happen to the woman whose case forms the subject of these pages, as the left ovary was the only portion of the uterine appendages not found in the bowl, and all sexual feeling is extinct.

I have not met with any case which may fairly be considered as parallel to the present.

The points of difference are sufficiently important to bear me out in asserting that it is peculiar in many essential particulars. In none of the cases with which I have met has the removal of the Uterus been effected by the woman herself: sometimes it has been excised by an ignorant and blundering midwife, and at others it has been deliberately extirpated by surgeons of rank and standing in the profession.

In almost all the successful cases convalescence has been long, tedious and imperfect; in the present, the patient recovered in little more than the time usually required after an ordinary confinement. In the majority of instances Peritonitis in a greater or less degree has supervened; in the present no symptom of it ever appeared, if we except the tenderness perceptible on the left side, which, however, never was urgent enough to call for any active treatment.

In all the other cases the mamma became wasted and absorbed: in the present instance they are still prominent, but this, I think, may be attributed to her perseverance in permitting the child to suck.

For more full and ample details of these cases I must refer the reader to the Dictionnaire de Medicine et Chirurgie Pratiques, to the Dictionnaire des Sciences Medicales, to Velpeau's Medicine Operatoire, to the Journal de Medicine, and to the Edinburgh Journal xxxiii. 377. Dr. Blundell's cases will be found in Med. Gaz. Vol. II. 294, 373, 780, and Vol. III. 797.

EXPLANATION OF FIGURE I.

A. Orifices of the Fallopian tubes.
B. Situation of the Placenta.
C. Posterior lip of the Os Tincæ, with a rent in its structure.

FIG. II.

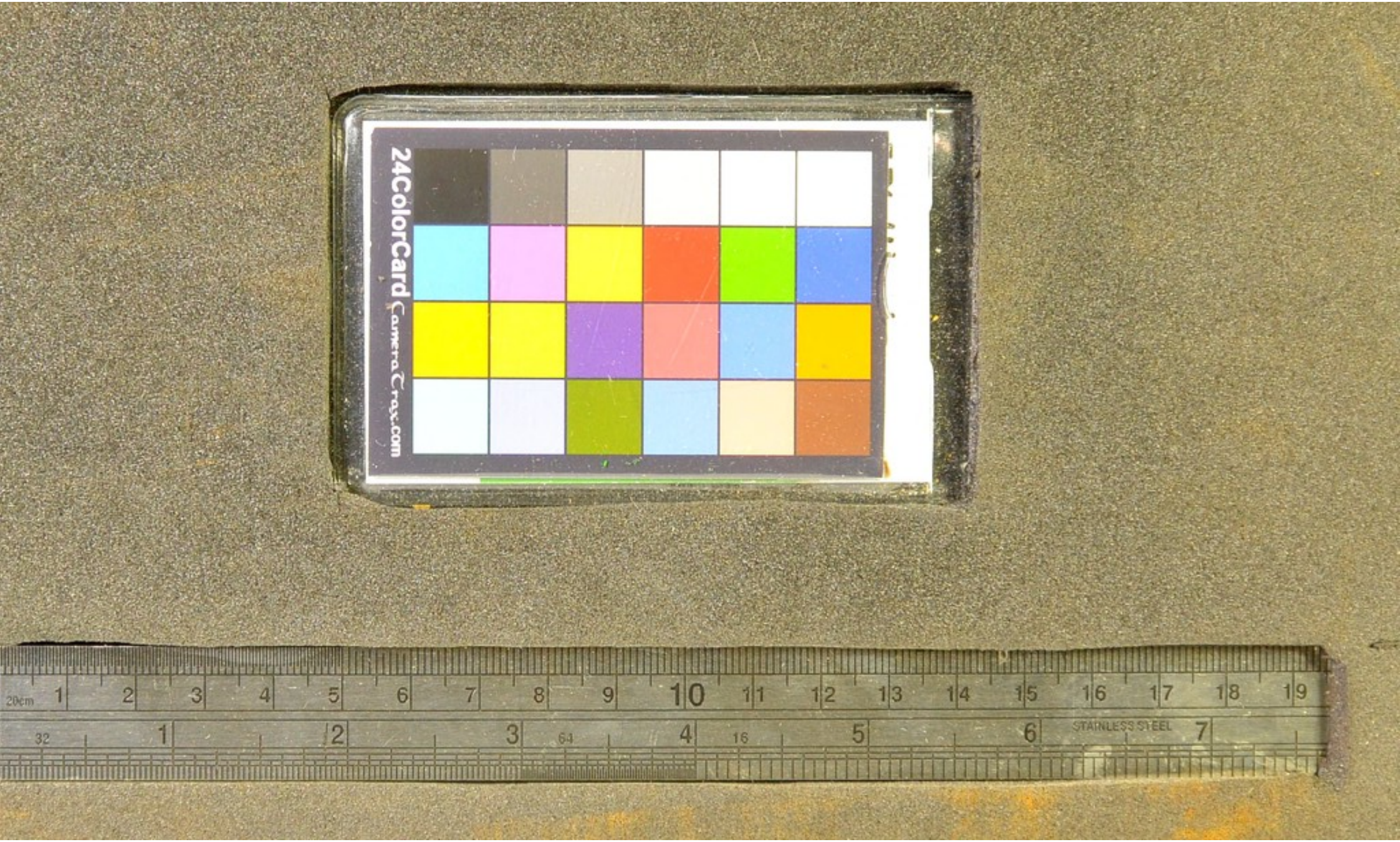
A. Section of the Uterus.
B. Ligamenta Lata, and the fimbriated extremities of the Fallopian Tubes,—particularly perfect on the left side of the Sketch.
C. Shred of Peritoneum attached to the Uterus.
D. Rent in Os Tincæ.

The preparation itself is deposited in the Museum attached to the Birmingham School of Medicine.

The Reader is requested to correct the following errata.

For Hœmorrhage, read Hæmorrhage in the first 8 pages.
— Fœcal, page 3 read Fæcal.
— Scybaloe — 6 — Scybala.
— Irrelavent — 7 — Irrelevant.
— Of — 14 — To.
— Occured — 20 — Occurred.
— Mamma — 21 — Mammæ.

These errata are owing to the Author not having had an opportunity of finally revising the proofs.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