

V.

Case of successful Amputation of the Uterus. By JOSEPH CLARKE,
M. D.—Dublin.

IN the month of June, 1803, I was consulted by a very young lady, who had been about eleven months delivered of her first child, and whose health had since been in a most precarious state.

The history that she gave me, was, that she had been attended in her lying-in by a midwife, who boasted of having received her instruction in the Lying-in Hospital. Soon after delivery, she was affected with severe pains, and excessive flooding. While she was fainting, and supposed to be in great danger, her obliging attendant ran to the house of a neighbouring physician, who prescribed something which afforded temporary relief. By wearing bandages to support what was supposed to be a falling down of the womb, and by taking strengthening medicines, this lady became tolerably well, insomuch, that she was once able to walk to a neighbouring market to buy dinner for her family; and, on reflection, she thinks this the only occasion, during eleven months subsequent to her delivery, on which she could say she was well.

Soon after this event, she went from Dublin to a distant part of the country, and became subject to very profuse uterine hemorrhage, for which she took the opinions of many medical men, and swallowed drugs in large quantities; with very little effect. Some of her medical attendants in the country told her the womb was inverted, but made no examination to ascertain the fact.

Under these circumstances, I did not hesitate to propose an examination by the touch, to which, in her reduced and bloodless state, she made not the slightest opposition. I found a round fleshy tumour, hanging low in her vagina, about an inch and half, or two inches from the os externum. On the anterior part of this tumour, I thought I could perceive the os tincæ in a dilated state; but on the posterior part nothing like it could be distinguished.

Not doubting that this tumour was the cause of her distress, I desired to have a consultation with a surgeon of eminence next day, adding, that I rather suspected the tumour to be of the polypous kind. Having stated the circumstances as they occurred and appeared to me, the surgeon, after examination, thought my conjecture about the nature of the disease most probable. Some decisive effort was necessary to rescue the patient from impending destruction. We agreed to pass a ligature on the tumour, in the usual manner, as in cases of polypus. During

ing the first, and indeed many succeeding nights and days, it gave great pain, occasioned severe vomitings, and much watchfulness. We gave opium freely, and kept the bowels open with glysters. The patient was very heroic, and determined, if possible, to get rid of what had so often reduced her existence to the lowest ebb. After tightening the ligature frequently, as far as we judged prudent, at the end of a fortnight we took it off, in despair of success by this mode of proceeding; still, however, giving her reason to hope, that after so much pressure, it might fall by an effort of nature.

When released from pain and sleepless nights, her health mended rapidly; the extensive uterine hæmorrhages ceased; she bathed in the open sea, and considered herself getting quite well, when, in consequence of some extraordinary effort, a tumour shot suddenly out at the os externum, of considerable size. She returned to town, and it was now manifest the tumour we had inclosed in ligature was the uterus, then partially, and now completely, inverted. On a further consideration of all the circumstance, and encouraged by the event of a case recorded in the *Edinburgh Medical Annals* for the year 1799, by Mr Hunter of Dumbarton, we agreed on the propriety of amputating the prolapsed tumour.

Before proceeding to a step so unusual, we deemed it prudent to submit our opinion to the consideration of two of our professional brethren. Their opinion coincided with ours; and, on the 18th day of November, a ligature of small tape was tied tightly, almost an inch above where our former ligature had made its indentation, and, with a scalpel, the tumour was removed before the patient had an idea that the operation was begun. Her recovery was rapid and complete. In six weeks she was able to walk nearly as well as ever; these were her own words. Her husband died soon after her recovery, so that I have had no means of ascertaining any circumstances relative to their subsequent cohabitation. After three years absence from town, she called on me in the end of March of this year, is grown fat, and altered so much in her appearance, that at first I did not recognize her. She complained only of bad appetite, and that she had never *changed since*, which I assured her, was no uncommon occurrence after such operations, and I begged of her not to be anxious on that score, so long as her health was reasonably good.

This case seems to me, to justify several important conclusions.

It proves, that the partially inverted uterus will sometimes bear considerable pressure from ligature, without producing fatal effects.

It affords strong probable evidence, that such pressure is capable of restraining those violent and wasting discharges of blood which have hitherto, in general, proved, sooner or later, fatal in inversions of the womb.

It tends to confirm the propriety of Mr Hunter's bold practice, who, unaided by consultation, and without encouragement from modern authors, ventured successfully to deprive the female constitution of one of its most important organs.

And, lastly, It suggests, *most forcibly*, the necessity of examining accurately the state of the os tinæ, whenever excessive hemorrhage and pain supervene speedily to the expulsion of the secundines.

Inversions of the uterus, and especially if partial, when speedily discovered, are generally reducible. I have myself seen, in consultation, one case of this kind; and practical writers contain many such. Keeping this melancholy example steadily in view, may all practitioners, in future, make enquiry precede prescription.

I offer neither excuse nor apology for my erroneous first judgment in this case. On the contrary, I trust it will increase my claim to the gratitude of the liberal reader. The patient would probably not have submitted with so much fortitude, nor should we perhaps have applied so much pressure, had we been certain of the nature of the tumour. The surgeon who regulated the ligature, is, in my opinion, entitled to much credit, for having proportioned so well his efforts to the patient's strength. To this hour, I believe, our patient thinks she was only deprived of a polypus, and it would be an act of very wanton cruelty to undeceive her.

Conceiving the circumstances of this case to be important and instructive, I thought it a duty to endeavour to prevent them being lost to the medical world.

Rutland Square,

DUBLIN, 27th June, 1806. }

To Dr Clarke's case, the following extract from Voigtel's instructive Manual of Pathological Anatomy, forms an important addition.

“ Examples of the extirpation of the uterus, either from ignorance or as a surgical remedy are not rare. Many of these terminated unfortunately (*a*), but many succeeded. Thus Wolf (*b*)
amputated

(*a*) *Peyer*, Misc. Nat. Cur. Dec. ii. An. i. Obs. lxxxiv. p. 198. *Bartholini*, Hist. anat. rar. Cent. ii. Obs. xci. Tom i. p. 334. *Journal für Geburtshilfe*, 1787. St. I.

amputated a prolapsed uterus with the happiest consequences. Volkamer (*c*) relates a similar example. Figuet (*d*) tells of an ignorant accoucheur, who mistook an inverted uterus for the child's head, and tore it quite away with the crotchet. Faivre (*e*) put a ligature around a prolapsed and inflamed uterus, which could not be reduced, and was almost gangrenous; on the 27th day it separated, and the woman recovered speedily. Wrisberg (*f*) relates an example, in which, an ignorant midwife, after a natural birth, cut away the uterus, which she had drawn out, yet the woman survived. Laumonier (*g*) describes the successful amputation of an inverted uterus, which was mistaken for a polypus. Hunter (*h*) cut entirely away an inverted uterus, and the patient was cured in a month, without any bad symptom. Several other examples of excision of the uterus, without proving fatal, may be read in Schenkus (*i*), Rousset (*k*), Moinichen (*l*), Slevogt (*m*), Dietrich (*n*), Zwinger (*o*), and Cavallini (*p*).

VI.

Case of Chorea St Viti cured by Purgatives. Communicated by
GEORGE KELLIE, M. D.

THE account given of this curious disease by Dr Hamilton, has exposed its pathology in a new point of view, and laid the foundation

- (*b*.) *Miscell. Nat. Cur. Dec. ii. An. ix. Obs. xciv. p. 161.*
 (*c*.) *Ibid. Dec. i. An. vi. Obs. lxxiii.*
 (*d*.) *Journal de Medecine, Tom. xli. Janvr, p. 40.*
 (*e*.) *Ibid. Tom lxxviii. August. p. 195.*
 (*f*.) *Commentatio de uteri mox post partum naturalem resectione non lethali.*
 Gott. 1787.
 (*g*.) *In Fourcroy Medec. eclairée. Paris, 1792. Tom iv.*
 (*h*.) *Duncan's Annals of Medicine for 1799.*
 (*i*.) *Lib. iv. Obs. ccciii. sq. p. 711.*
 (*k*.) *Hysterotomotocia Basil, 1688, p. 100.*
 (*l*.) *Obs. Med. Chirur. cum Annot. Lanzoni Dresd, 1691. Obs. iv. p. 17.*
 (*m*.) *Diss. de utero per sarcoma ex corpore extracto, postmodum resecto.*
 Jenae, 1700.
 (*n*.) *Rede von einem wahren Vorfalle und glücklicher Absetzung der Gebärmutter.* Regensb. 1745.
 (*o*.) *Neue Sammlung für Wundärzte, St. iii. p. 218.*
 (*p*.) *De felici in quibusdam animantibus uteri extractione, Flor. 1768.*