

On examining the part, I find that the body and neck of the uterus are entirely removed. There has been no disturbance at the monthly periods, nor symptoms of the system feeling the want of the organ removed.

Newcastle-on-Tyne, Feb. 1846.

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### EXTIRPATION OF THE UTERUS SUCCESSFULLY PERFORMED.

By T. L. GREGSON, Esq., Surgeon, Newcastle-on-Tyne.

Mrs. A— had been delivered of her second child, by a surgeon, in a village, two years ago. As she complained of much pain and uneasiness, on the third day her medical attendant ordered her to get out of bed, and to walk smartly across the floor. She improved slowly, and complained much. About a year ago, she came here, and was some months under the care of a surgeon. About six months ago, I was called to attend her. I found her extremely emaciated and exsanguine, having for above a year been exhausted by most profuse hæmorrhage at every monthly period. On examination, I found a pear-shaped body filling the vagina, the os tinæ embracing it firmly, and apparently adhering at one side. I gradually introduced my fingers, endeavouring to grasp it, and push it through the os tinæ. This procedure caused extreme pain and some hæmorrhage, without its yielding in the least: it was of a purplish-red colour. Feeling satisfied that it was an almost complete inversion, or, I might say, eversion, of the uterus, I endeavoured, by chalybeates, &c., ergot, and astringents, to improve the system; but every monthly period produced extreme exhaustion, and death seemed inevitable. As a last chance, and with the consent of herself and friends, I resolved to extirpate the uterus. I went, accompanied by my friend, Mr. Frost, a most able accoucheur, and who agreed with me, as she was so exhausted and exsanguine, that the attempt was justifiable. I laid hold of the tumour, and drew it as far down as possible; in so doing, the os tinæ entirely disappeared, leaving no doubt of the nature of the case. A very strong silk cord was then passed around it, and carried high up by the double canula, the cord being also passed through the eye of a strong curved steel staff.

I found this a very valuable means, as I could carry the ligature around the part with the greatest facility. The knot was then tied with great firmness, leaving the staff included in the ligature and opposite the knot: this instrument was secured to the inside of the thigh with a tape. By turning the handle once or twice round, the ligature could be tightened to any degree. This was done from day to day, and caused rapid sloughing of the part. It separated entirely on the ninth day. From the commencement of the operation to its coming away, reaction was very moderate. She required no treatment beyond an occasional anodyne, castor oil, and the catheter used twice. She gained strength rapidly. She was made to keep the recumbent posture twenty days. It is now three months since the operation. She goes about the house, and has walked out a little, feeling easy and comfortable.

Such cases being generally considered hopeless, I have detailed particulars, perhaps minutely. I believe the great point to be kept in view when the ligature is used, is to tie it with great firmness at once.