

**CHRONIC INVERSION OF THE UTERUS AS GROUND
FOR A SUIT FOR MALPRACTICE..**

[Communicated to the Society, and read Feb. 15, 1870.]

BY GEO. E. BRICKETT, AUGUSTA, ME.

MRS. A., of Windsor, twenty-two years of age, was confined on the 18th of June, 1867, with her first child. Dr. Bolster, of China, who was in attendance, states that after the delivery of the child, there came an alarming hemorrhage; he at once introduced his hand into

* Boston Medical and Surgical Journal, April 7, 1864.

the uterus, producing contraction of the organ, and expulsion of the after-birth, with entire cessation of the flooding. He left her in the morning every way comfortable, and went to Portland to attend the "State Medical Association," and did not see her afterwards; in the course of the day she made frequent and straining efforts to pass urine, without avail; sent out of town for a physician, who emptied the bladder with temporary relief. The second day, she sent for Dr. Tibbetts, of China, who continued in attendance for two years. On the third day, after labor, she had severe expulsive pains, and passed half a chamber-full of clots; had no urinary trouble after.

In June, 1869, I was called in to see the case as I was passing by, — made a hasty examination, and found what I supposed to be a polypus; told the family I would come around in a week and remove it. Accordingly, at the end of the week, in company with Dr. Webster, of the Military Asylum, and Dr. Nutting, of Hallowell, I proceeded to fulfil my engagement. Before getting ready to operate, I made a thorough and careful examination of the case, and found it to be inversion of the uterus, instead of polypus. At this time the patient was very feeble; she had been confined to her room and bed most of the time for two years, losing more or less blood every day; she was extremely emaciated, skin bloodless, ears waxen, nose pinched, tongue like boiled tripe, unable to move without shortness of breath, fainting, and vomiting.

I had her removed on a bed in an easy carriage to Augusta, where I could see her oftener. I commenced at once to give her tinct. Ferri. Chlor. with brandy and milk; at the end of a week etherized her, and attempted to re-invert the uterus by introducing the hand into the vagina, grasping the organ, compressing and moulding

it, "indenting the right corner with the thumb of the left hand, the fingers compressing the opposite side," without avail. I frequently repeated the operation, inserting each time an India-rubber air pessary, for two or three weeks. Finding all efforts at re-inversion unavailing, I put a ligature around the pedicle and tightened it from day to day; it came off on the tenth day. There was no hemorrhage after the application of the ligature; no severe pain, no constitutional shock; after the separation everything went on favorably; at the end of eight weeks the patient rode home, twelve miles, in an old-fashioned country wagon, without any inconvenience; is now fleshy and well.

I have stated that Dr. Bolster attended her when she was confined; that she had alarming hemorrhage; that he introduced his hand into the uterus, producing contraction and expulsion of the placenta, with cessation of the flooding; that he did not see her afterwards; that Dr. Tibbetts was called the second or third day, and attended her for two years; that on the third day she had severe expulsion pains, and passed half a pot-full of clots.

Now, then, when did the inversion occur? Mr. A. has commenced an action for malpractice, claiming large damages against Dr. Bolster, alleging, that by his carelessness the uterus was inverted at the time of the delivery of the placenta; the other doctor asserting that it must have been so, although during two years' attendance he did not ascertain the *fact* even that the uterus *was* inverted.