

**ART. IX. *On the Prolapsus of the Uterus.* By WILLIAM P.
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A PROLAPSUS of the uterus is a very common affection, especially among the hard working women of the community—and does not unfrequently happen among females in the higher walks of life. It is a complaint oftentimes of serious moment, and sometimes gives rise to a chronic state of ill health, where its agency is not suspected. It is with a

view to call the attention of practitioners to this point, that the following cases, illustrative of what we have just advanced, are given.

In the cases about to be related, no suspicion was entertained that this derangement existed—nor was it probable it could have been thought capable of producing such effects had it even been known, since no examinations were made to ascertain the fact, nor any attempt made to replace the uterus. Indeed, the extent of the mischief it is capable of producing has been known to myself but a very few years, and then only by accident—for though I was aware that the patient laboured under a prolapsus, I had no suspicion that some other severe symptoms were dependent on it. I will however proceed to relate the cases, as they will best illustrate the point we wish to enforce.

CASE I.

Mrs. T. aged thirty-six years, applied for my advice for a severe pain in the left side, immediately under the margin of the false ribs, extending to the spine of the ileum of the same side. She informed me she had had this for several years with more or less severity, and for which she had undergone severe medical treatment, such as bleeding, purging, blistering, leeching, &c. without the slightest benefit. The pain was not increased by respiration, pressure, or motion, but some relief was constantly experienced upon lying down, and especially as the night advanced. She could lie in any position without any increase of inconvenience, but felt most comfortable in a bent posture.

I prescribed for her a variety of medicines with no better success than those who preceded me, and began seriously to despair of being any way useful to her, when thinking the leucorrhœa, with which she was severely afflicted, might have some agency in weakening her, and believing this, from the description of her feelings, to arise from a prolapsed uterus, I mentioned my suspicions to her, and stated the propriety of an examination to ascertain the fact.—

To this she submitted, and the uterus was found low in the vagina.

I now ordered her some astringent injections, as I always do at first in such cases, which were persevered in for three weeks with as much advantage as I contemplated—for the only advantage I expected from them, was to give a temporary tone to the vagina, before I should introduce a pessary.

At the end of three weeks I introduced a gilt pessary, and desired my patient to place herself upon her feet—this she did, and declared she felt much more comfortable than she was wont to do, when she arose from her bed, and observed that for the first time for several years, she was free from the pain in her side. Believing this to be only accidental, I paid but little attention to the declaration at the moment—but upon my visiting her the next day, she assured me she had had no return of it whatever, nor has she had to this moment.

This case made a strong impression upon me, especially as I could call to mind several similar affections of the side, in which I had failed to give relief, and made me determine, should another case of painful side occur, to inquire immediately into the state of the uterus. It was not long before this opportunity presented itself in a lady from the West Indies.

CASE II.

Mrs. D. had for several years, (five,) been much afflicted by a train of severe nervous affections—she would, frequently, from the slightest causes, be thrown into violent hysterical paroxysms, which required considerable time to calm. She had a fixed pain in the left side, which would occasionally appear to swell, and became extremely painful to the touch—when this took place she was almost certain that hysteria would follow. Her appetite was good, but her stomach could only digest certain articles—her bowels were constipated, and she had a profuse leucorrhœa of a purulent appearance. She was considerably reduced in flesh, and much debilitated.

She had tried a variety of remedies in the West Indies

for the local affection of the side—she had been repeatedly bled and blistered, without the smallest advantage—took mercury to a considerable extent—was freely purged and puked—but all to no purpose. When the pain was unusually severe, it was considered as spasm of the stomach. From the detail of her symptoms, I was led, however, to suspect a prolapsus of the uterus, and inquired whether that opinion had been given by her physicians at home—but she said it never had been suggested; it was considered as an affection of the stomach altogether, and all remedies were addressed to it, either directly or indirectly.

I proposed an examination per vaginam, to which she very reluctantly consented—and that examination confirmed my first suspicion of her case. I ordered her the tincture of cantharides, and some astringent injections—also, small, but daily doses of rhubarb; and continued this plan for nearly three weeks. At the end of this time I placed the pessary. She was almost instantly relieved from the usual symptoms attending a prolapsed uterus, and also the afflicting pain in her left side.

Experiencing such immediate relief, and the almost total exemption from her nervous feelings, she became careless, and allowed her bowels to become, as they were wont to be, excessively costive, and in an effort to relieve herself, she discharged the pessary. This accident she concealed from her friends for some time, until a recurrence of all her former inconveniences and pain, forced her to a confession of it. I was immediately sent for; and the loss of the pessary made known to me. I replaced it, and she again was restored to comfort; and now, a period of five months, is in the most perfect health. She is now never troubled with hysteria—palpitation of the heart—or any of her former nervous sensations. She can eat without selection, and her bowels are perfectly regular.

CASE III.

I was requested to visit Mrs. P. who was represented to be suffering very much from an habitual colic. Not

being well, my friend, Dr. Knight, kindly visited her for me, and prescribed a dose of laudanum, &c. which procured her a tolerably good night's rest. I saw her the next morning, and found her under the distressing after effects of the laudanum, but comparatively easy. She gave the following history of her complaint. She was attacked about twelve years ago with a pain in her left side, which was occasionally so severe as to produce hysteria, and other disagreeable nervous affections. The pain was not augmented by pressure, cough, or respiration. She would swell, sometimes very suddenly, and then the pain was increased. She was much incommoded by exercise, or long standing, and if either were continued too long, she would become faint, and much pained. When this took place, she would be obliged to go to bed, take laudanum, and be unable to rise for several days together. She had leucorrhœa to a great extent—was much debilitated—and extremely pale—her appetite feeble—and her digestion bad.

She was much afflicted with headach, and pain in her back—also with a severe numbness down the thighs, after standing awhile upon her feet. She had tried a great many remedies for the period above stated, and she considered herself growing worse daily.

Suspecting a prolapsus of the uterus as the cause of her complaints, I proposed to ascertain it, to which she readily consented. The uterus was found very low; the os uteri could be felt just within the labia. I procured a pessary, and introduced it immediately, without any previous preparation, as she was obliged to go to New York, her place of abode, the next day. She was instantly relieved by the pessary, and declared herself, in five minutes after its application, to be perfectly free from all pain and inconvenience.

I had the pleasure to learn this very day, (September the 25th, 1824,) that she remains perfectly well, a period of nearly four months.

CASE IV.

Mrs. L. a very delicate woman, aged twenty-eight, after a premature labour, attended with a great expenditure of

blood, was attacked with a severe cough, which seemed to threaten phthisis. She was, however, relieved by a persevering use of remedies, and change of air, of her cough, but there remained a fixed pain in her left side, together with a sense of bearing down in the pelvis, and a strong desire to make water, whenever she stood upon her feet. I was convinced she laboured under a prolapsus, and mentioned this opinion to her friends. She would not, however, submit to having it tested by examination, but permitted an old nurse to prescribe leeching to her side, followed by blistering. She experienced no advantage from these remedies, and was at length prevailed upon to allow an examination per vaginam.

I was again requested to visit her, and to make the proposed search—this proved the uterus prolapsed. After due preparation, as above suggested, I applied the pessary, and she was immediately relieved, and continues well to this moment.

These cases prove most satisfactorily that sometimes the consequences of a prolapsed uterus are more extensive and more severe than have hitherto been suspected; and also teach us, under circumstances like those above detailed, to make the necessary inquiries into the condition of the uterus. I will not pretend to account for this pain of the left side from this cause, nor decide that this is invariably the seat of this sympathetic affection, since my experience is not sufficiently ample to warrant such a deduction; I can only say, at present, it has prevailed in four consecutive cases, which are by no means to be considered as sufficient to establish a rule.

The pessaries I employ, are of silver, well gilt, and are made for me by Mr. John Rorer, surgeon's instrument maker, Arch street, above fifth.