

PROLAPSE OF THE UTERUS.

By JOHN BASSETT, Esq., Birmingham.

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I PROPOSE to relate to the Society to-night the particulars of four cases of prolapse of the womb, and subsequently to make some general remarks upon the causes and treatment of this displacement.

CASE I. A. H., single, aged 28, a housemaid, consulted me in April 1854, for a bearing down, which she stated had been troubling her for some months, and was gradually getting worse. She attributed it to frequent running up and down stairs. On examination, I found the womb protruding through the os externum; it presented a bright pink appearance, and was about the size and shape of a pear. There was no heat, abrasion, or discharge. Her general health was not particularly disordered, but she did not consider herself strong. Rest and an astringent injection were ordered; and in a few days a pessary was applied. This not proving sufficiently large, another was substituted. Complete relief followed, so that she was enabled to resume her occupation. I saw her on several occasions subsequently, and once or twice removed the instrument to clean it. At the end of two years she was so far recovered as to be able to dispense with the use of the instrument.

CASE II. Mrs. G. consulted me in August 1853, for a bearing down. Her history was that she was twenty-eight years of age; that she had been married four years, and was the mother of two children, the youngest of whom was three months old. She had never been a particularly strong woman, but since her last confinement had been quite unable to walk about. She suffered from a bearing down after her first confinement, but not to a serious extent. When she consulted me, she complained of lumbar and hypogastric pains, with so much weight and bearing down, as entirely to prevent her from walking. She had a furred tongue, impaired appetite, increased heat of skin, an accelerated pulse, scanty, high-coloured urine, and a costive state of the bowels. On examination, I found the vagina hot and swollen, the uterus enlarged and low down, and the passage moistened with a copious mucous discharge; a large fissure existed in the perineum, which resulted from laceration in her first confinement. The examination did not give much pain. I prescribed rest in the recumbent posture, a lead and poppy injection, a saline aperient mixture, and a fa-

rinaceous diet. In a week some improvement in the symptoms had taken place: the pain, heat, and discharge, had diminished. The medicines were ordered to be continued, the diet improved, and an alum injection substituted in lieu of the lead and poppy. At the end of the month, the uterus had decreased in size, and the vagina contracted, so that I was enabled to apply a pessary. The first I used was too small; the second produced irritation; so that I deemed it advisable to return to the former treatment. After a time, the symptoms of irritation again subsided, and a pessary was applied, which gave great relief.

This patient continued under observation until the middle of last summer, more than three years, and wore a pessary during the whole time; and although the uterus had regained its natural size, and the vagina become much contracted, I could not persuade her to leave it off. I removed the instrument every three months and substituted another, allowing an interval of a few days between the removal and substitution.

CASE III. Mrs. W., whilst I was in attendance upon her daughter, consulted me for a bearing down from which she had suffered during the last ten years. There is nothing remarkable about her history; at present she is in good health. On examination, a simple prolapse was detected; a pessary was adjusted, and complete relief followed.

CASE IV. Mrs. B., whom I attended in her second confinement in July 1855, consulted me in the October following for a bearing down, attended with profuse discharge. Her history was that she had not felt well since her confinement, which was in every respect a natural one. Recently she had had so much pain in the back and a feeling of bearing down, that she had been unable to walk about. The discharge had been considerable for the previous three weeks, she felt herself very weak, and had not much appetite. On examination, prolapse of the womb was detected. She was ordered to keep in the recumbent posture, to take a tonic mixture, and to use an alum injection. In a fortnight the discharge had so far ceased as to permit of a pessary being applied, which gave complete relief, and did not produce any irritation or inconvenience. At the end of three months I advised its removal. In proceeding to do this, I found the vagina so much contracted that it was not without some trouble that I effected the extraction of the instrument. She has not since suffered from any symptoms of prolapse.

REMARKS. I have not related these cases because there is anything peculiar about them, but for the opposite reason, because I believe them to be well marked examples of a common infirmity; and did I not feel conscious that we sometimes, in our anxiety to improve the art we practise, underrate the importance of common diseases and easy remedies, I should not have appeared here a contributor to night. I do not intend, on the present occasion, to cite the opinions of a number of authors on the proximate and remote causes of prolapse of the womb, as viewed in their anatomical and physiological relations, but shall prefer, by a brief analysis of the cases, to trace out the causes. The first case selected was one of simple prolapse in a single woman, a housemaid, constantly running up and down stairs. The force from above the womb being greater than the resistance from below, it descended, or was dislocated, so to speak, from its axis. In the second case the uterus had lost its perineal support, in consequence of proper care not being exercised after her second confinement, it descended whilst still enlarged, became a source of irritation; it required four months of treatment to reduce its volume, and return it to its natural position. The third case is one of simple prolapse of long standing; it has been related to show the great relief afforded by an accurately adjusted pessary. The fourth case is one of considerable interest, and great practical importance. The facts are brief: prolapse soon after confinement from over exertion whilst the parts concerned in child bearing were in a relaxed and weakened condition; the means employed were so efficacious that the case was cured in three months.

It is a well conceived idea which teaches that the uterus is suspended or equipoised at the apices of two triangles, the bases of which are the diaphragm above and the perineum below, and that it is retained in its position less by the power of its ligaments than by the general support it receives from above and below, from before and behind. The loss of this balance of support, whether from pressure above, or from injury and weakness below, is the proximate cause of the displacement under consideration. The history of the cases related affords unequivocal evidence of the value of the pessary as an instrument in the treatment of this affection; it is to this part of the subject that I would particularly invite the attention of the

society to-night, by asking the associates present what is their experience of the value of the pessary? In what cases is its use indicated? When ought it not to be applied? What kind of instrument is the best? Have any unpleasant consequences followed its use? The instrument I used in the cases related was the circular ring pessary, composed of cotton or sponge, wrapped and coated with caoutchouc; it is durable and clean, and, when warm, yielding. The fact upon which its successful employment seems principally to depend is its being carefully adapted to the capacity of the vagina. In conclusion I have to remark that I might have related a greater number of cases, as well as have told of the instances in which the pessary fails to afford relief; this would have rendered analysis and criticism more difficult. I have preferred, on the present occasion, to deal with simple cases, as being those which are most benefited by treatment.