GYNÆCOLOGICAL NOTES.

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I.—ON PROLAPSUS AND ELONGATION OF THE UTERUS.

PROLAPSUS of the uterus and hypertrophic elongation of the cervical portion of the uterus are now always thought of in association. Since Huguier published his views in 1859, it has become almost a general belief that true prolapsus does not exist; that it is only an apparent condition, that the real condition is always hypertrophic elongation, the cervix growing until the os appears beyond the vulva. That this is true of a large number of cases is clearly established. But it is not true to the absolute exclusion of prolapsus. Nor is it true that the discovery of the frequency of elongation of the cervix is due to Huguier. In the grandest pathological work of this century, Cruveilhier figured and described it as of constant occurrence. Jules Cloquet also has given an accurate representation of it (*Pathologie Chir.*, 1831). Samuel Cooper, in his *Surgical Dictionary*, quotes the descriptions of Cruveilhier and Cloquet.

The use of the fingers and the uterine sound will make it clear to demonstration that the cases of apparent prolapsus uteri are divisible into two classes. In the first class, the prolapsus is real as well as apparent. Enveloped in the protruded inverted vagina, the entire uterus may be felt; its whole contour may be surrounded by the fingers; and the sound, passed through the os, further determines with exactness the size and position of the organ. It is of normal size, perhaps less; and it is almost always retroverted. This form is observed most frequently in elderly women who follow laborious occupations. It is a joint product of senile atrophy of tissue, and of expulsive force acting upon the contents of the pelvis. As the uterus is driven down, the cervical portion, being attached to the base of the bladder, is relatively the fixed centre of rotation; whilst the fundus, compelled to follow Carus' curve, describes a circle round its os, so that at the outlet the fundus looks backwards.

In the second class of cases the prolapsus is only apparent. There is the hypertrophic elongation of the uterus, chiefly but not exclusively involving its neck, of Cloquet, Cruveilhier, and Huguier. This condition almost always arises during the child-bearing period of life, and in women who have borne children. It is a result of chronic endocervicitis, mainly promoted, but not necessarily so, by laborious occupations. The mechanism of its formation I will explain on another occasion. The body of the uterus maintains its normal elevation and direction, or nearly so; whilst the supravaginal portion of the cervix, growing downwards, carries with it a reflection of the vagina, which forms the covering of the apparent prolapsus. Of course, this elongation may be met with at any stage of its progress. In the early stages, before it appears beyond the vulva, the lips of the os uteri are everted, gaping. The sound will always measure accurately the extent of the elongation. It is a remarkable fact, which I have often demonstrated clinically, that the extreme elongation is five inches—*i.e.*, exactly double the normal length of the uterine cavity. The fingers compressing the protruded portion will trace the elongated cervix as a firm cylinder, feeling like cartilage, through the reflected and thickened vagina, up into the pelvis.

The two forms of uterine disease, being essentially different in their origin and nature, demand different methods of treatment.

CLINICAL MEMORANDA.

FRACTURE OF A RIB FROM COUGHING.

THE rarity of this accident appears from the few cases reported, though its possibility is spoken of in the text-books. I am only aware of the eight cases collected by Malgaigne, and two seen by Nélaton.

A woman, aged 53, in the seventh month of her first pregnancy, was under my care for severe cough, due to relaxed uvula, and perhaps also to her condition. She was somewhat anæmic, but not in extremely bad health, and not distinctly tuberculous, though the family history shows a tuberculous taint. On the evening of March 3rd, 1869, after a violent paroxysm of cough, she felt something give way in her side; and when I saw her a few hours afterwards, she described the grating on inspiration, and other symptoms, in a way that made the nature of the accident unmistakable. On examination, the tenth rib was found broken transversely, a little anterior to the tubercle. The fractured ends were prominent. The case went on satisfactorily under ordinary treatment;

and there has been no recurrence of the accident either during labour or since. There was no reason to suspect any other cause for the fracture.

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NOTE ON THE RADICAL CURE OF SMALL ENCYSTED HYDROCELE OF THE TESTIS OR CORD.

IN a small encysted hydrocele of the cord especially, and in small encysted hydrocele of the testis, the cyst-wall is very thin, and it is very difficult to inject iodine, because when the fluid has escaped it is impossible to feel sure that the cannula still remains in the collapsed sac. In such cases, I have found the following remedy a perfectly efficient one. An ordinary surgical needle is threaded with ligature-silk well moistened with tincture of iodine; the hydrocele being lifted up and isolated by the fingers, the needle is readily passed through the cyst, the wet thread following it. The moment the needle has passed through the cavity, its fluid escapes. If the finger be pressed on the sac, and the thread at the same time be drawn gently through it, its interior becomes thoroughly saturated with iodine: the thread may be drawn through and removed immediately, or, as I prefer, it may be left for an hour or two; the result is not uncertain.

Of the desirability of removing any condition which tends to keep open and weaken the inguinal canal, it is unnecessary to speak.

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OBSTETRIC MEMORANDA.

CASES ILLUSTRATING THE INDUCTION OF PREMATURE LABOUR.

CASE I. *Placenta Previa*.—E. D., aged 34, married, with four children. The catamenia had ceased for four months, when severe hæmorrhage occurred during the night, and returned every few days for the next six weeks. When seen, she was blanched; her pulse was very feeble; she had palpitations, and had lost a considerable quantity of blood during the night. At noon, I applied the abdominal binder, passed a sound up within the os uteri, and ruptured the membranes, plugging the vagina with matico cotton. At 4 P.M., I removed the plug and inserted one of Dr. Barnes's dilators within the os, increasing the size of the bags from time to time, and giving her brandy, ergot, and acid. At 6 P.M., I passed my finger within the os, and detached the lower segment of the placenta, which was situated more to the left. At 8 P.M., the foetus—about the sixth month of utero-gestation—was expelled; the placenta and membranes following in about ten minutes. The mother made a tedious but good recovery.

CASE II. *Accidental Hæmorrhage*.—M. W. aged 43, married twenty-one years, with ten children. When eight months pregnant, after a severe shock from fright and subsequent straining at stool, she had copious hæmorrhage and pain in the upper portion of the abdomen, at which point the placental bruit was detected. Application of the binder and plugging the vagina failing to arrest bleeding, at 8 P.M. I ruptured the membranes, and inserted one of Dr. Barnes's dilators, changing it from time to time. At 11 P.M., on removing the bag, labour having fairly set in, the head presenting, and the bleeding having ceased, I refrained from further interference, and waited patiently until delivery took place at 1.30 A.M. At 2 A.M., the placenta was expelled. It was small, and had become detached over about two-thirds of its circumference and about one-third of its area, dense black clots being intimately attached to the edge and extending over the adjoining membranes. Both mother and child did well.

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PARTRIDGE TESTIMONIAL.—The subscriptions of the friends and former pupils of Professor Partridge towards a testimonial have amounted to upwards of £570. At a late meeting of the Committee, the Chairman, Mr. Henry Lee, was requested to ask Mrs. Partridge to act for them in the selection of the form of testimonial. It was thought that no one so well as Mrs. Partridge could know the Professor's tastes and wishes; and it was, therefore, determined to ask her to apply the balance of the funds in hand, in accordance with a previous resolution of the Committee, in such a way as might be most agreeable to Mr. Partridge.