continued for some time with manifest benefit, and under its continuance the pain, tenderness, and enlargement of the abdomen gradually subsided; in short, to my astonishment she completely recovered. She is now 27 years of age, and in good health.

CHOREA.

Chorea occurs from the age of about eight to fourteen years. Before or after this period it is seldom to be met with. It consists of an assemblage of sudden involuntary muscular actions, which are throughout the day continually distorting the features, and drawing the head, trunk, and limbs, into various abnormal attitudes.

This strange malady seems to be the result of an atonicity and a morbid sensibility of the excitomotor nerves. It is difficult to state, with any degree of precision, from what source these irregular movements take their origin; but it is probable that they commence in the ganglionic or sympathetic nerve, and are thence reflected through the spinal chord, upon the muscular system. This is a mere opinion, and must be taken as such: or it might originate in some part of the cerebral function; and this view is in some degree supported by the fact that the involuntary actions entirely subside during sleep.

Chorea is generally curable by medicine in six weeks or two months; and the remedies which I have found most successful, are preparations of iron and smart purgatives, as—

- 1.—R. Ferri Sesqui-Oxidi, scr. j.—dr. ss.
Pulv. Cinnam, Comp., gr. ij.
Misce capiat æger hanc dosin ter die in theriacâ.
- 2.—R. Hydrargyri Chlor., gr. iij.
Scammonii Gummi, gr. iv.
Pulv. Zingiberis, gr. ij.
Misce fiat dosis quâqua tertia nocte sumenda.

In some cases the magnetic oxide of iron answers better than the sesqui-oxide, as in—

- 3.—R. Ferri-Oxidi Magnetici, scr. j.—dr. ss.
Pulveris Zingiberis, gr. ij.,
Misce fiat dosis in crasso vehiculo sumenda ter quotidie.

Should the above preparations of iron fail to remove the disease, the iodide of potassium will be often found successful, especially if the strength has been much worn by the long continuance of the choreal movements. It may be given in the formula—

- 4.—R. Potass. Iodidi, gr. xxiv.
Syrupi Aurantii, oz. ss.
Aquæ Menthæ Pip., oz. iiss.

Misce capiat æger, cochleare largum unum ter die ex aquæ pauxillo.

I saw this medicine succeed in a remarkable manner after all other remedies had failed, in a young man, 21 years of age, and six feet in height.* I have known chorea affect several members of the same family as they came to an age susceptible of the disease, in some of whom it proved fatal in spite of every means employed to subdue it. There are forms of chorea in which the

spastic actions of the muscles are so violent and incessant as to make it absolutely necessary to combine opiates with the above treatment. The following is an example of the kind.

J. C., of Romsey, aged 16 years, was admitted under my care, into the Royal South Hants Infirmary, on the 28th of August, 1848, for chorea. The spastic actions were so universal, violent, and incessant, that neither personal clothing nor bed-clothes could be kept on her for a moment, nor could she lie upon the bed without the risk of being jerked off it. Under these circumstances it became necessary to lay her on a mattress upon the floor of a small ward, taking care to pad the walls that she may do no injury to herself, and directing the nurse to keep a blanket on her as best she could. She was then ordered the following medicines:—The opiate (5) to be given every night; the magnetic oxide of iron with Dover's powders (6) three times a day; and the purgative (7) alternate mornings.

- 5.—R. Liq. Opii Sedativ., m. x.
Mist. camphoræ oz. ss. Fiat haustus omni nocte bibend.

- 6.—R. Ferri Oxidi Magnetici, gr. xv.,
Pulv. Ipecac. Comp., gr. iiss.
Misce fiat pulvis ter die capiend in crasso vehiculo.

- 7.—R. Pulv. Scammonii Comp., gr. x.
Fiat dosis omni alterno mane sumenda.

This treatment at once succeeded. The spastic movements were speedily controlled, in two days she returned to her bed, and on the 25th of September, (twenty-eight days from her admission,) she was discharged cured.

Southampton, January 2, 1852.

[To be continued.]

ON PROLAPSUS UTERI.

WITH A DESCRIPTION OF A NEW INSTRUMENT FOR ITS TREATMENT.

By JOHN JONES, Esq., DERBY.

Read at the Quarterly Meeting of the Midland Branch, December 4, 1851.

AMONGST the various infirmities to which the female constitution is subject none is more entitled to the grave consideration of the profession than the abnormal positions of the uterus. The displacement of this organ, when connected with pregnancy or the puerperal state, as in retroversion or inversion, require manual assistance, and if not speedily relieved, become highly dangerous; but the most frequent of all displacements is the descent of the womb, which, although not immediately dangerous, is productive of great and continued suffering. It occurs in three different degrees, thus defined by Dr. Ashwell:—

1. *Relaxation* implies that the uterus has lost its central projecting position in the upper part of

* The case was published by me in the *Provincial Medical and Surgical Journal*, May 1st, 1844.

the vagina, and has descended sufficiently far to obtain a bearing on the perineum, without, however, any material shortening of this canal or any marked alteration in the uterine axis.

2. *Prolapsus* signifies that the uterus has sunk nearly or quite down to the os externum. Under this state the vagina is considerably everted, and the womb losing the axis of the brim, which is downwards and backwards, assumes the axis of the outlet of the vagina, which is downwards and forwards.

3. *Procidentia* implies complete protrusion beyond the vulva. The uterus forms a tumour, often very large, hanging out between the thighs, and the vagina turned inside out, constitutes the external covering. In the sac thus formed, especially if of long standing and large, there is contained the bladder, rectum, and some portion of the small intestines; the mesentery being stretched, and the omentum occupying any vacant space.

The descent of the womb, even in the first or slightest degree, is attended with much pain and constitutional irritation, the cause of which may readily escape notice. These symptoms are soon followed by those induced by mechanical pressure, constituting prolapsus, difficult micturition, which is performed most easily when in the recumbent position; a feeling of sinking of the abdominal contents, accompanied with a painful bearing down when walking or standing, which are immediately relieved by lying down; and leucorrhœa. In actual procidentia, the tumour is sometimes of immense size and altogether irreducible. I have seen a permanently protruded uterus forming a tumour as large as a child's head. Another occurs to my recollection in which the uterus protruded beyond the vulva, and exposed to friction, became ulcerated to the extent of a crown piece, and of course was productive of long-continued and grievous suffering.

This infirmity is most frequent amongst the lower ranks of society, with whom it is induced by exposure to hard work and privation. Such patients, believing that their malady admits of no remedy, seldom complain, and thus they pass through a life of suffering, embittered by concealment, often without medical aid, and deprived even of the soothing sympathies of friendship. Persons, however, of all ranks, are more or less subject to this disease, especially those who have borne many children, and even virgins are not exempt.

Causes.—These are:—weakness and undue expansion of the broad and round ligaments, together with relaxation of the levator ani and perineal muscles; but particularly as observed by Dr. Ashwell, “and extension and slackness of the pelvic fascia in its connection with the uterus and vagina.” The principal cause, however, and which will account for most of its painful symptoms is, I conceive, the superincumbent weight of the abdominal viscera pressing on the uterus, deprived of its usual supports by the relaxation of the vagina and neighbouring parts. That such pressure is a powerful agent in producing the disease, is proved by the freedom from all uneasiness when the patient is in the recumbent position

and the immediate and great relief afforded by well-adapted means for supporting the abdominal parietes.

Treatment.—In prolapsus and procidentia, mechanical means for supporting the uterus have hitherto been alone depended upon by the profession generally, as affording the most approved mode of relief; and these supports have consisted almost exclusively of pessaries, modified in shape and the material of which they are composed, according to the ingenuity and fancies of different practitioners. The inconveniences, however, produces by pessaries, the untoward symptoms which they sometimes induce, and the inefficient relief they afford, render their use exceedingly unsatisfactory. Sir Charles Clarke, who is a strenuous advocate for the use of the pessary, relates the following case:—

“A lady, seventy-five years of age, who had borne children, came under the care of the author, on account of considerable pain in the vagina, attended by a very offensive discharge. The pain was constant, and was compared to that produced by a sharp instrument. Thirty-five years before she had a prolapsus uteri, for which a pessary had been introduced, and which had never been removed. The author having reason to fear that some diseased structure existed, examined the patient and found that the pessary had lost its original form, being corroded in several places, and that many irregular portions of it were left, which pressed upon the vagina, and had produced ulceration of its internal surface. This lady having, as she said, suffered exceedingly in the introduction of the instrument (because, perhaps, it was incautiously performed) would not consent to its removal, particularly after some of her symptoms had been relieved by fomentations and injections.”

The great inconveniences attending the use of pessaries have induced some practitioners to discard them altogether, and to substitute for them a painful if not dangerous operation, for the purpose of contracting the vagina, so as permanently to prevent the descent of the uterus, and thus effect a radical cure. Dr. Marshall Hall is amongst those who advocate this mode of treatment. It is, however, too formidable an operation to be generally adopted, and to which few patients would be willing to submit, more particularly as the results are not always satisfactory, and, at least, partial relief can be obtained by less severe means.

Some years ago Dr. Hall invented an instrument for the purpose of keeping *in situ* the procident uterus by external pressure, and thus to supersede the use of pessaries. Dr. Ashwell gives the following description of it:—“A pad, elastic but firm, is made to bear upon the perineum, without interfering either with the rectum or vulva. A belt round the waist, and a connecting strap, passing from before to behind, aided by springs and hooks, secures sufficiently firm compression to prevent the descent of the replaced womb. Several of my patients have worn this pad comfortably, and with tolerable success; but in most cases the pressure has induced pain, heat, and leucorrhœa; and they have gladly exchanged it for the pessary. The expense of these more elaborate instruments is to poor woman, in

whom the disease is most common, a serious matter, especially as they frequently want repair. On the whole, I regard the pessary as by far the most applicable, and generally the most efficient remedy for pro-cidentia."

In the early part of my practice I met with a very painful case, in which a pessary had been worn for a long time, with considerable relief; but at length it produced pain and great discomfort, so that its removal became necessary. It was a common circular ring-pessary, and so firmly fixed that I was unable to move it by the utmost force I could use with my bent finger, and was obliged to pass a ligature through the ring, and pulling with great force, at length extracted it. Since that time, now upwards of twenty years, I have generally recommended the application of two pads attached to a belt, one to be applied to each side of the lower part of the abdomen, so as to press upwards, with the view of supporting the abdominal viscera. From the great relief afforded by this simple plan, I felt confident it was fulfilling an important indication; and from that time have availed myself of every opportunity of improving the belt, and rendering it more perfect in its adaptation and efficiency.

The belt, or uterine truss (which is its appropriate designation), supplies a most important desideratum, by entirely superseding the necessity for the use of the pessary—an instrument which has hitherto been considered by the profession generally indispensably necessary in the treatment of prolapsus uteri. By supporting the perineum, and at the same time preventing the pressure of the abdominal viscera, it fulfils two important indications,—that of strengthening those parts which by their relaxation have allowed the descent of the uterus, and removing the pressure on the uterus produced by the superincumbent weight of the abdominal viscera. In cases of pregnancy occurring during prolapsus, if the recumbent position is continued sufficiently long after labour, the disposition to descent of the womb is greatly diminished, and sometimes the disease completely removed. In these cases the relaxed parts are allowed time to recover their natural healthy tone before they are again exposed to the pressure of the descending uterus. The application of the belt greatly assists in retaining the uterus *in situ*, and preventing a return of the disease; and in all cases of descent of the womb it not only gives great and immediate relief, but, by removing the pressure of the uterus from the relaxed parts, it tends to effect a permanent cure.

The following interesting case recently occurred to me, in which the belt was found very useful:—A. D., about 30, is suckling her second child, eleven months old. In her first pregnancy she was affected about the fourth month with retroverted uterus, which I reduced, and she went to the full period of gestation. She believes she is not now pregnant; but the catamenia have not appeared since her confinement. For a week or two before I saw her she had been affected with symptoms of retroversion, and walking or standing produced great pain. On examination, I found the

fundus uteri pressing very low, about the size of a small melon, somewhat flaccid, and projecting between the rectum and vagina. The os uteri, which I could with difficulty distinguish, was situated on the symphysis pubis; the cervix was completely bent upon itself, like a bent finger. I returned the uterus without much difficulty, and passed it beyond the promontory of the sacrum, and afterwards applied the belt, since which she has been completely relieved from all her distressing symptoms.

I consider the above case an instance of *retroflexion* of the unimpregnated uterus, the possibility of which is denied by some practitioners, and others believe that it can only occur soon after labour. The application of the belt I consider of great importance in preventing the recurrence of such an accident.

DESCRIPTION OF THE UTERINE TRUSS.

It consists—1, of a belt with two pads, to support the abdominal parietes; 2, a bandage with one pad, to support the vulva and perineum.

The belt, four inches and a half broad, is made of strong holland, lined with wash leather, and padded with horse-hair. Two pads, united by a strip of vulcanized India-rubber, one inch and a half broad and three inches and a quarter long, are placed between the end of the belt and a leather strap, which buckles on one side. The belt is strengthened by five sticks of whalebone placed obliquely at equal distances of about four inches. The pads, three inches and a half in diameter, consist of two convex circular plates of tin, the inner rather smaller than the outer one, made to act upon each other by an interposed spiral spring. The whole is padded with horse-hair and covered with mackintosh. In the centre of the outer plate of each pad is a button for the attachment of the perineal bandage. A laced gusset is formed on each side of the belt, for its easy adaptation to the hips; and loops of tape are placed at the top, to attach it to a waistcoat, which, however, is seldom required.

The perineal bandage consists of an anterior and posterior flap, united by a strip of vulcanized Indian-rubber, one inch and a half long and half an inch broad. Within the anterior flap is a pad four inches long, stuffed with horse-hair, and covered with mackintosh, intended to support the vulva and perineum. Each flap, four inches broad at the top, has six button-holes, in two rows, one above the other, corresponding with buttons on the belt; these give considerable scope for the lengthening or shortening of the perineal bandage. The flaps are made gradually to become narrower, to be joined to the interposed strip of Indian-rubber.

The resiliency produced by the horse-hair stuffing, and the elasticity afforded by the Indian-rubber, render the belt easy to wear, and efficient in its application.