to students), you have it at least in your power to mitigate the evil of which we all complain. Abstain from supporting a system under which you experience nothing but injury and insult. But you will ask, How can this be done consistently with our obtaining medical degrees? The method is simple, and I am happy to announce to you that it is already in full operation. There exists, Gentlemen, a University which disdains the sordid and selfish policy upon which we have been animadverting. The College of Glasgow receives the certificates issued from this school, and certain I am, that, unless the Irish student be the most gullible of human beings, it will have, in a short time, ample reason to congratulate itself upon the results of its liberality. If any of you then lay stress upon a medical degree, by all means resort to the University of Glasgow; and, when you have acquired its parchment, do not for a moment consider it a less creditable document than that which is to be had thirty miles further on, at an enormously increased expenditure of time and money. If you estimate Universities by their wealth, that of Glasgow is rich; if by their antiquity, it is old; or if, which is the best measure of all, by the number of distinguished professors which have taught within their walls, I still do not know any which can advance higher claims than that of Glasgow to your confidence and respect. It was in Glasgow the Simpsons improved and taught the mathematical sciences, that Black made his immortal discovery of latent heat, and that the great Watt applied this discovery in the construction of the double condensing engine; and, finally, it was there that Cullen commenced a career which is ever referred to as an era in practical medicine.

A word now, Gentlemen, and I have done, upon a great imperfection in the Irish character, which I have long observed and sincerely deplored, namely, our apathy upon matters of great public moment, and our general want of enterprise. We are usually considered a readily-excited, a mercurial people; and, it must be admitted, that there are stimuli by which we are easily roused to action. But let some public object be proposed, such as forming a canal, constructing a railway, instituting a journal, or founding an hospital, we are the most unaccountably cold and timid people in existence. The speculation will, in fact, either not be entered upon at all, or in a spirit which is sure to determine its failure. And, during the progress of the experiment, those who are not immediately interested in its success, will not, as might reasonably be expected of them, look on with neutrality, and abide the event. Far from it; they magnify the difficulties of the undertaking, condole with

their friends upon anticipated mishaps, and thus contribute, as far as in them lies, to verify the evils which they predict. Against this miserable propensity, so common amongst us, I caution you to be upon your guard. I do not urge you to be projectors, or the abettors of visionary schemes. But when a measure is proposed, which in its consequences promises to be beneficial, whether to our profession exclusively or to the public at large, exercise upon it, I beseech you, a manly and independent judgment, and do not co-operate with the enemies of all improvement, by declaring that to be impracticable against which, in all probability, hostility is directed, because of its threatening to restore rights usurped, or abolish privileges detrimental to the public interests.

CASE OF

VAGINAL HERNIA.

By JOHN TAYLOR, Esq. Surgeon, Liverpool.

AMONG the various and complicated maladies connected with parturition, vaginal hernia is one of the most rare and not least complicated; it is presented to our consideration in its most important state when it offers an obstruction to delivery, which it must almost invariably do, if the female unfortunately doomed to suffer this accident become pregnant, and the prolapsed intestine be not reduced by the assistance of the accoucheur before the os uteri is much expanded; or, as in the case to be related, the contents of the sac return spontaneously within the abdomen a short time before the parturient action commences. This remarkable feature, *spontaneous retraction*, forms a peculiar contrast to other cases of the kind, and is probably the only merit the present details possess, to recommend them to the notice of the profession.

As the accident under consideration occurred to the patient (an intelligent young female about 22 years of age) shortly after an accouchment at which another surgeon presided, I was not made acquainted with the particulars of its origin and progress until some months afterwards, and then only from her own description.

It appears that on the third or fourth day after her first delivery, while sitting on a chair, she felt something give way within her that produced a sensation of fulness in the upper part of the vagina, and she immediately became sick and faint; the circumstance was mentioned to her attendant on his next visit, and a fear expressed that something was wrong in the passage; it had

not, however, the effect of awakening a suspicion that any injury had occurred to his patient, for he observed that the sensation was merely the effect of nervous apprehension. The complaint was therefore suffered to pass unnoticed until November 1829 (ten months from its occurrence), when she applied to me for relief.

On a close interrogation of the patient, to acquire a just diagnosis of the incipient symptoms, I was informed that she had experienced a tedious labour, attended with an unusual degree of fatigue and muscular exhaustion, and a severe cough; the tumour was represented as having commenced at the upper part of the vagina, conveying the impression of a globular substance the size of a walnut lying across from side to side. In a short time afterwards, and during the progressive increase of the tumour, an aperture was discovered in its lower extremity, through which a yellowish discharge issued, and occasionally some coagulated blood. When I was consulted the tumour had descended so low as completely to fill the vagina, and be felt on a horizontal plane with the labia externally; a tenacious white mucous discharge was secreting profusely from its outer surface, which excited great alarm in the patient's mind, and induced her, more immediately, to apply for relief, as she imagined it gave rise to the numerous train of accompanying sympathetic affections,—a sensation of great weight and dragging about her hips and loins, a severe pain in the back in walking, shooting pains down the thighs, and faintness on the least exertion. I could also perceive that she had contracted the habit of bearing the body forwards, in an angular direction from the thighs, in walking. From the consideration of the origin and progress of the tumour, the patient having the power of completely returning it so as to be of no further inconvenience to her, together with the attendant symptomatic affections, I was induced (an examination per vaginam being declined) to pronounce the case a prolapsus uteri.

Accordingly she was recommended to keep her bed, or recline on a sofa, for a week or two, and before rising to have a pessary introduced to support the uterus. This injunction was partially complied with—some little rest having been enjoyed; an Indian rubber pessary was in the mean time daily introduced by a female friend, and answered our intention very well, retaining the tumour *in situ* if gentle exercise only were used; but an inability to pass the feces without the previous removal of the pessary was a strong impediment to its perfect usefulness. Some months thus passed away under the wearisome burden of an irremediable accident, during which time I saw the

patient once only, when she informed me the tumour was beyond her control, that she had given up the use of the pessary, and had submitted to the inconvenience of walking great distances (certainly under an improved state of health) with a substance the size of a small orange protruded through the labia.

On the 2d of February last, I was engaged to attend at her approaching accouchement, predicted to happen about the latter end of May. I was somewhat amazed when informed, that she was then five or six months advanced in pregnancy; that the tumour of the vagina was larger than ever, and had latterly put on a new character, disengaging air at times with a smart report, when she sat down suddenly; that for some time back she had been compelled to use purgatives to procure stools, and also to support the tumour with her hand during that evacuation. This discovery unsettled my former views of the case, and clearly proved, that the tumour which had all along been taken for the uterus, on the faith of a mere verbal description, must be some adventitious substance; I therefore resolved to wait until the event of labour should disclose its true nature, before I formed any theory or preconceived notion of what it might probably be. However, on the 19th February, three months before the expected time, I was summoned to attend her in labour, and received the following account of the silent preparations for its approach.

On Saturday evening, the 18th, finding herself rather better than she had been for some weeks previously, she accompanied her husband in paying visits to some friends; on her return home, being fatigued, she took a hearty supper and went to bed; while undressing herself, the tumour spontaneously receded from the vagina, so that not a vestige of it could be felt; a cheerful buoyancy of spirits accompanied its disappearance, and a degree of comfort that she had not experienced for some years; indeed, to use her own remark, she stepped into bed as lightly as ever she had done in her life, and slept a good night! This circumstance had never occurred before, for the tumour had resisted every effort to reduce it for the last few months.

On examination, I found the right wall of the vagina full of rugæ, or puckered folds of the mucous membrane, stretching across in an antero-posterior direction, and projected forwards in a crescentic form, with the convexity towards the left side, constituting nearly the segment of a circle of two inches in diameter. A protracted, though violent, parturient action, accompanied with an incessant disposition to vomit, and an occasional ejection of the contents of the stomach, continued for twenty-eight

hours; it was then terminated by the delivery of a full-grown child, bearing evident marks of having been dead some days. The fœtus presented in the first order of Bandelverque's natural presentations of the head, with the vertex behind the left acetabulum, and the anterior fontanelle, before the right sacro-iliac symphysis, the relaxed mucous folds of the vagina, in my estimation, offering the principal resistance to the expulsive efforts of the uterus and muscular system, each fold requiring, like the margin of the perinæum, to be assisted over the os frontis.

The day after her delivery, the patient complained of severe pain in the inguinal and lumbar regions of the right side, occurring spasmodically every few minutes, with corresponding intervals of ease, resembling spasm of the muscular coat of the colon; the knees, during pain, being retracted upon the abdomen, the countenance pale and anxious, and the bowels constipated; the infusion of senna mixture, and warm fomentations, were prescribed, which had the effect of relieving the bowels; but the pain of the groin increasing next day, required the use of the lancet, and towards evening the application of leeches: when these measures had been effected the pain gradually subsided, and the patient obtained refreshing sleep.

On the third day after delivery, the original tumour again descended into the vagina, and increased in size daily as the patient gained strength. On the fifth day I obtained an examination, and found a tumour as large as a middle-sized oval pessary, occupying the posterior commissure of the labia, below their external surface. Tracing it up to the right sacro-iliac symphysis, or an intermediate point between that and the mesial line, I discovered its surface to be smooth, and continuous with the vaginal mucous membrane; its bulk diminished on the slightest touch, and passed up altogether at an attempt to reproduce it for further investigation; no ulcerated spot could be perceived, but the secretion had commenced flowing since the wall of the vagina had again been distended.

With these facts before me, and the recollection of the symptoms present during the latter end of gestation, I immediately concluded the case to be a hernia, which had protruded the peritoneum and pelvic fascia, lying within the triangular space, or cul de sac, formed by the broad ligament of the uterus, the body of the sacrum and the rectum. After this investigation I could account for the pain experienced in the inguinal and lumbar regions, by supposing the mesentery, mesocolon, or some other sustaining part of the peritoneum, to have

acquired an inflammatory disposition, owing probably to the pressure of the fœtal head on the hernial sac exciting peritoneal inflammation, and communicating that inflammation to other parts of the peritoneum by contiguous sympathy; it could not have been produced by the return of the bowel, or it would have occurred in the interval of ease enjoyed between the spontaneous return of the tumour and the first uterine pain. In the space of three weeks, a truss, contrived at the suggestions of my friend Mr. Dawson, one of the hospital surgeons of this town, was applied to support the tumour after its reduction, and prevent its redescending: so long as the patient remained quiet in the house this plan was effectual, but after walking out of doors a short distance, the pressure of the pad on the irritable lining membrane of the sac created so much constitutional or irritative fever, that I was induced, after a few trials, to desist using it altogether, and to leave the case entirely without remedy. In this condition she now passes a tolerably comfortable existence, and is enabled to walk about at pleasure; the pendent tumour, without the vagina, being about as large as a middle-sized orange.

On examining the records of the principal writers on midwifery, I find this disorder pretty well defined, though few examples are brought forward in illustration: four cases in point are related in the 2d volume of Smellie's Midwifery, one of which only is strictly vaginal, the others constituting a collateral disorder—perineal hernia. If I may be allowed, I would designate these two forms of hernia as one and the same malady, the expulsed intestine having burst the same inclosure, and taken the same course, with this difference, that in the former the contents of the sac follow the curve of the vagina forwards and escape at the fourchette, invested with a portion of the vaginal mucous membrane; while in the latter, that part of the recto-vaginal cellular tissue lying immediately contiguous to the rectum, is separated from its connexions by the protruding hernia, which takes a parallel course in contact with that intestine, and terminates at one side of the perinæum. Of the two forms, as concerns midwifery, the perineal is most dangerous; not being so readily within reach of the accoucheur, consequently not capable of an easy reduction.

Liverpool, Oct. 24th, 1831.