

published a programme on the causes and prevention of hernia. Soemmering replied to this in a treatise on Umbilical and Inguinal Ruptures. A singular accident attracted public attention to this work: the author had advanced various propositions regarding the effects of high breeches and hot beverages, on the production of hernia. There soon appeared an anonymous criticism on the doctrines advanced by Soemmering, the indecency of which was its most remarkable peculiarity. In the last of these he advanced the opinion now generally adopted, that umbilical hernia never forms in adults through the umbilical cicatrix itself, but in the linea alba in its neighborhood. The works of Soemmering almost defy enumeration in a notice such as this, but we must add to the list his plates of the Ear, the Eye, and Organs of Voice, and those of the Human Embryo. It is this last which has led the way to the important researches in embryology which have since been carried on by the Germans, —Baer, Meckel, Tiedemann, Carus, and others. Soemmering, however, was the first who gave an exact figure of the embryo, and of the successive gradations of its development from the fourth week after its conception.

The last work of this illustrious author was on the Fatal Diseases of the Bladder in Old Persons, the first edition of which appeared in 1809, and a second in 1822, being, as we believe, the close of Soemmering's professional writings.

In 1828, Soemmering attained the fiftieth year of his doctorate. It is a general usage in Germany to celebrate a kind of jubilee in

honor of those who have grown old in scientific labors and fame. On this occasion, all the most distinguished men in Germany hastened to render homage to the aged philosopher.

## II.

### CASE OF COMPLETE PROLAPSUS OF AN IMPREGNATED UTERUS.

By WILLIAM COULSON, Esq.,

Consulting Surgeon to the London Lying-in Hospital, and Surgeon to the General Dispensary.

MARY ANN REDBURN, ætat. 22, of a delicate constitution and short stature, applied to me on the 23d of April, 1830, for a prolapsus of the womb. The patient stated that she had been delivered about a year ago of a male child, and that, in a month afterwards, without any assignable cause, the womb descended beyond the external lips, in which state, with very little exception, it had continued up to the present time. At the time of the first descent, in May, 1829, the uterus was of the size of an egg: it generally, though not always, returned to its natural situation at night, and descended in the morning. The menses also were regular. At Christmas, she ceased to menstruate; all the symptoms of pregnancy occurred, and the uterus returned into its natural situation with much less frequency than before. In fact, for five weeks prior to the patient's coming to me, the uterus had remained, both night and day, completely prolapsed; which circumstance induced her to apply for relief. On examination, I found the whole uterus, which was as large as a cocoa-nut, and not unlike it in

shape, protruding beyond the external lips; the base of the tumor being surrounded by the lesser lips, and the vagina doubled on itself. The part was very red and hot, but not tender to the touch; the os uteri, to the extent of an inch around, was ulcerated, and the uterus itself felt as if there was a fœtus in it. The patient experienced a dragging sensation from the loins, and felt occasional pains across the lower part of the abdomen.

*Treatment.*—I recommended that she should keep constantly on her back, apply emollient applications, as fomentations or light poultices, and the tormentilla wash, to the ulceration. In addition, to support the part with a well-adapted bandage; but *no attempt at reduction was made.* Internally, castor oil was exhibited. At the end of a month, by this plan of treatment, the uterus had returned in a great degree, the os uteri being only visible beyond the external lips.

On Monday, May 24th, the membranes burst, and a good deal of water came away: in the evening, no part of the womb protruded; lingering pains supervened, and continued till five o'clock, A.M., of the following Thursday, when true labor pains came on; and a quarter before six she was delivered, without any medical assistance, of a male child. I am informed that it was a foot presentation, and that the child exhibited signs of life for three-quarters of an hour after birth.

At half past one of the same day (Thursday), I visited the patient with Mr. Jackson, of Church Street, Spitalfields, who had seen her the night before. The placenta not having come away, Mr.

J., on examination, found it lying in the vagina, and removed it. The uterus was in its natural situation.

*Remarks.*—There are numerous instances on record of complete prolapsus of the womb, both in the impregnated and the unimpregnated state; but cases like the preceding, in which impregnation occurred at the time when a complete prolapsus existed, are more rare, and show that the most striking displacement of the organ neither prevents conception and the development of the fœtus, nor materially interferes with the health of the mother. The case also illustrates that, by the treatment pursued, the size of the tumor diminished as the time of labor approached. The following case, taken from vol. xliii., p. 367, of the *Journal de Medecine*, bears on the first of these points.

“Elizabeth Gautier, after being married nine years, became pregnant for the first time. From the age of fifteen she had been subject to a complete descent of the womb, with inversion of the vagina: this occurred when she was menstruating, and was attributed to catching cold during that period. At bed-time she returned the womb into its natural situation, and in the morning it always came down. During her pregnancy, the whole of the womb protruded beyond the outer lips, the patient experiencing no other inconvenience than a difficulty, towards the end of her time, in making water, of which she always relieved herself by raising the tumor.” An unjustifiable operation was resorted to in this case, at the time of labor, viz.,

dividing the neck of the uterus: the child, which had arrived at its full time, was dead born; the mother recovered.

Wonderful as it may appear, that impregnation and the development of the fœtus should take place in a person with a prolapsed uterus, it is almost equally surprising that in this state the fœtus should be expelled without difficulty. This struck the attention of Harvey,\* who mentions the following case of a poor woman, who long labored under the bearing down or precipitation of her womb, to show that the uterus has its share in the business of delivery. After trying various means, he says, "and now at this time it [the tumor] was as large as a *bull's cod*, dangling between her leggs: so that I suspected, that not onely the *sheath*, but that the *wombe* it selfe was now inverted, or else that shee was diseased with a *uterine hernia* or *rupture*. It grew at last bigger than a *man's head*, being then a hard tumor, and hanging down to her *knees* did much pain her, so that she could not goe (but upon all foure), and breaking just in the bottom of it, it did effund a moisture (as if it had been an *ulcer*) and blood with it. Looking upon it (for I did not explore it by touch) I did suspect it to be a *cancer* of the *wombe*, and therefore did bethink myselfe of a *ligature*, and cutting it off: and in the interim, I advised her to apply gentle *fomentations* to it, to assuage the paine. But the following night, an *infant* perfectly shaped, of a span long, was cast

out of that *tumor*, but it was dead."

Another striking point connected with this subject is, that the uterus should sometimes be completely prolapsed at the period of its greatest expansion, even during labor. Sabatier,\* in an excellent paper on the Displacements of the Uterus and Vagina, says, that when we recal to mind the situation of the womb, the strength of the ligaments, whose office it is to keep the organ in its place, and the connexion of the vagina with the surrounding parts, it is difficult to conceive that it should be subject to so extensive a displacement as that of which we have just been speaking. But it is still more difficult to conceive how this displacement should occur during pregnancy, and even during labor. Nevertheless, there are several cases of the kind recorded, and he mentions two. The complete prolapsus of the womb could scarcely, one would imagine, be mistaken for any other affection; but it has happened, says Sabatier, that women with precipitation of the womb have passed for hermaphrodites, because the tumor, which escaped from the natural part, had been mistaken for a penis. The shape of the tumor will of course vary in the impregnated and unimpregnated state, but a careful inspection of the part will be sufficient to discover the nature of the complaint.

\* Exercitationes de Generatione Animalium. London, 1651. The translation published in 1653, 8vo. vide page 495.

\* Sur les Deplacements de la Matrice et du Vagin. in the 3d Vol., p. 368, of the *Memoires de l'Academie de Chirurgie*, 4to. Also published, with little alteration, in the *Medecine Operatoire*, by the same author, Vol. III., p. 654. Edition of 1824. Vid. also some able articles on this subject in Mr. Samuel Cooper's Dictionary, and in the Dictionnaire des Sciences Medicales, t. xxiii.

In my case and that of Gautier before related, the symptoms were slight, and the health of the patient but little affected. In both cases, also, prior to impregnation, the menses were regular,—showing that the displacement of the organ did not interfere with its commonest function. A dragging sensation in the loins, occasional desire to make water, tenesmus, inflammation and ulceration of the most prominent part of the tumor, are the usual symptoms of the complaint.

The treatment to be adopted in this affection is extremely simple. If the unimpregnated uterus be prolapsed, and the prolapsus has but recently occurred, the part may, in general, be reduced without difficulty or danger ;—if, on the other hand, the descent of the womb has been of longer duration, and there be much swelling and tumefaction of the part, it is obvious that by the recumbent posture, leeches, emollient applications, support to the part, and proper medical treatment, the inflammation must be removed before the reduction be attempted. The coexistence of pregnancy in this state renders the case more difficult : if the prolapsus occurs in the early state of impregnation, bearing in mind the observations which have just been made, we may endeavor to replace it ; but if it occur in a more advanced period, or, as in my case, the surgeon has not the opportunity of seeing it till then, any attempt at reduction would be highly improper. I should advise, under such circumstances, the same plan as was adopted in Redburn's case. The treatment to be pursued in a complete prolapsus of the womb

at the time of labor, is a subject which I will leave to accoucheurs to determine. I will merely observe, in conclusion, that when the prolapsus has been reduced, and the state of the parts will admit of the use of the instrument, the patient should on no account neglect to wear a pessary, to prevent a recurrence of the mischief.\*

### III.

#### HÆMATEMESIS—EXCISION OF A RIB.

THE following cases are reported as having been treated at the French Hospital La Charité.

#### *Hæmatemesis produced by the Rupture of a Branch of the Coronary Artery of the Stomach.—Death.*

Louis Petit, æt. 29, admitted April 30. By trade a carpenter, of sanguine temperament, addicted from childhood to intemperance and excessive use of spirituous liquors. Was seized five years ago by vomitings of blood, which continued for eight days, returning during that time every night at the same hour. The remedies he took, including astringent drinks, stopped it at this time, but the patient was so much exhausted with the loss of blood that he was confined to his bed for two months.

On his recovery, notwithstanding the warnings of his medical attendants, he drank as much brandy as ever, without, however, materially affecting his health.

April 13, 1830.—He began to feel heat and pain in the epigastric region ; he almost entirely lost his appetite ; and in the evening of the 30th, on returning from

\* From the London Medical Gazette.