

PROLAPSUS UTERI.

To the Editor of THE LANCET.

SIR:—Having read in the last LANCET a report of a discussion held respecting the treatment of prolapsus uteri, at a meeting of the Royal Medico-Chirurgical Society, I request the favour of a little space in your Journal for an account of an operation for the cure of this complaint, which I witnessed during my attendance at the Anglesey Lying-in Hospital, Dublin, during the winter of 1834-5.

Mr. Cæsar Hawkins asked, "Had any member any experience of the operation?" Though I have not the honour of being a member, I hope the following will not be less welcome.

Mrs. —, a woman of muscular and athletic frame, was admitted into the Anglesey Hospital on the 18th of November, 1834. By her own account she lived in the capacity of servant, and about three years previous to her admission, while engaged in lifting a heavy tub of clothes, she suddenly felt something give way in the "lower part of her belly;" at the same time she also felt as if something slipped down into the vagina. After some time she found the uterus had descended below the os externum, in which situation it remained while she continued in the erect posture, but when she lay in the recumbent state it returned to its natural situation, and remained so till the erect posture was again resumed, when it descended. In this state it continued till about ten months previous to her admission, when it remained constantly outside the os externum.

On examination Mr. Hayden and Dr. Ireland found the uterus to project about four inches, enveloped in the inverted vagina; that portion of the uterus only which, in the natural position of these organs, is surrounded by the vagina, was visible, so that its appearance, thus prolapsed, resembled a penis. A slight ulcer on the mucous lining of the vagina, near its union with the uterus, was poulticed, and occasionally touched with nitrate of silver. Under this treatment it healed in a few days.

As the poor woman's circumstances in life rendered it necessary that something decisive should be determined on, Mr. Hayden, Mr. O'Beirne, and Dr. Ireland concluded that Dr. Marshall Hall's operation for prolapsus uteri should be performed. The woman, being placed on a table, with her shoulders slightly elevated by a pillow, and the hospital nurse and one or two students holding her arms, Dr. Ireland performed the operation, commencing with an incision on the mucous coat of the vagina, at its attachment with the uterus, and continuing it back

to the os externum. In this inverted state of the vagina and prolapsed uterus the os tincæ was, of course, the farthest projecting point. Two incisions were thus made, which, at the os externum, suddenly approached each other. During these incisions a slight hæmorrhage occurred about one inch from their commencement, where a small branch of one of the vaginal arteries happened to run. There was no pain felt till the incision was brought back to the termination of the mucous covering of the vagina, where it becomes continuous with the skin.

The incisions being completed, an inch and a half of the mucous membrane of the vagina was dissected out, and the edges approximated by four interrupted sutures. This being accomplished the uterus was returned to its natural state, and half a pint of cold water was thrown up the rectum, immediately after the operation, in order to prevent inflammation. She was then put to bed, and strict injunctions given to the nurse to keep her in the recumbent posture, in order to assist as much as possible in accomplishing the intention of the operation. Her bowels were kept gently opened with an aperient electuary. Under this treatment she continued three or four weeks, after which time she was dismissed perfectly cured. Some time afterwards she met Dr. Ireland, and gratefully expressed herself for what he had done for her. She felt herself perfectly cured of her former unpleasant complaint, and never was better in her life.

The simplicity of this operation, in my opinion, recommends it as being much preferable to the diminution of the calibre of the vagina by means of caustic applications. It is not always in the power of the operator to limit, according as he wishes, the influence of the latter remedy, so that caustics produce inflammation and irritation beyond the part which we wish to destroy. This can be witnessed in issues made with potassa fusa, where an extensive redness and frequently extensive sloughing supervene on the application of this agent. I have at present under my care a case illustrative of this.

I agree with Mr. Hawkins, that "excision is preferable to the application of caustic." "Dr. Moore considered neither operation admissible in the majority of cases. Members had assumed that prolapsus of the womb always depended on relaxation of the walls of the vagina." This, to say the least of it, is certainly not very complimentary to the members; for I should really think the man's experience in the diseases of females must be very limited indeed, who can attribute every case of prolapsed womb to relaxation of the vaginal parietes; were such the case, prostitutes would be greater sufferers from this complaint than any other class of females; yet such is not found to be the fact. Almost every case certainly is pro-

duced by flaccidity of the round and broad ligaments of the womb, together with a relaxed state of the walls of the abdomen, frequently brought on by want of proper bandaging during confinement; still this is no argument against Dr. Marshall Hall's operation. In the treatment of severe uterine hæmorrhage we should be seldom successful did we omit plugging the vagina, though few members, I believe, would attribute the cause of the hæmorrhage to the egress afforded by this organ.

I look on the operation as a salutary means of removing a very great source of misery, and as such should seldom hesitate in performing it, provided the patient was past child-bearing, excepting those cases where the female has made up her mind to become a disciple of Malthus. I remain, &c. &c.

JOHN JOSEPH HELY.

Foley-place, May 22, 1839.

LEPROSY.

REPLY OF DR. JONATHAN GREEN TO DR. HANCOCK.

To the Editor of THE LANCET.

SIR:—In your Number of the 4th inst. you did me the favour to insert a paper of mine, headed "Cases of Leprosy," which has drawn forth from Dr. Hancock some remarks, inserted in your Number of the 18th inst., apparently in confutation of what I had advanced. In hopes of making the subject more clear, I beg to be again favoured with room for two or three paragraphs.

My paper was confined exclusively to lepra, the diagnosis of which I briefly gave as follows:—"It is not contagious, nor is it the loathsome disease we are apt to associate with it in our minds; it is never attended with oozing or abundant moist discharges, so common with many of the skin diseases. Its never-failing characteristics are the circular form of the spots or patches, the depressions in the centre of these, the raised red edges, and the abundant desquamation of clean, shining, transparent scales, which are continually being thrown off from the parts affected." Other diagnostics might have been added, but these I thought amply sufficient. In a chart of the skin diseases, published by me ten years ago, lepra is briefly defined as a "chronic inflammation of the skin, almost always in round patches, surrounded by a reddish prominent circle, scattered over the surface, and of which the development has not been preceded by vesicles or pustules." These distinctive characters I believed to be familiar with the profession, at least so with dermatopathologists.

I am sorry not to agree with Dr. Hancock, whose views of lepra seem peculiar, as he

would denominate the disease the subject of my paper "psoriasis inveterata;" this latter disease is not unfrequently concomitant with lepra; they may be deemed twin diseases, but each distinct of its kind. Psoriasis is always irregular in shape, not rounded, nor have the patches the raised red edges. There are no depressions in the centre of the patches of psoriasis; the whole patch is a continuous raised rough surface, commonly intersected with fissures, or cracks, more or less deep or painful. Lepra, in its progress towards cure, gets well from the centre, outwards; psoriasis, on the contrary, gets well from the edges towards the centre.

I last year had a patient with psoriasis inveterata of both lower extremities; the disease was continuous to high up on the thighs; there was no part of this affected surface where the healthy skin could be seen, as would have been the case in lepra; on the contrary, to use a homely term, the parts seemed as though they had been roughly plastered over with some shining and whitish-coloured mud.

Dr. Hancock says, "It was the writers of the last century who, misunderstanding or disregarding the descriptions of lepra, arabum, græcorum, and elephantia, as given by Aræteus, by Rhazes and others,—it was those writers, I say (of the last century), who led to the chaotic confusion, and the grossest errors on the subject; and even at the present day, the disease known here, and described by our systematic writers under the name of leprosy, has, in reality, no affinity with the genuine lepra, lepra arabum, or elephantia of the Greek writers."

To this statement I cannot concede, and believe that no such confusion or error is manifest to those persons who duly lend their minds to the subject of cutaneous diseases. The physical signs of no class of diseases are more evident, nay palpable, and none more easily to be understood, as far as regards their classification and nomenclature, as they are now arranged; and in achieving this great object, of all names, foreign or domestic, Willan's must always stand out boldly pre-eminent. With the moderns the lepra arabum, and the lepra græcorum constitute quite a different order, far removed from the squamæ; the former being a disease in which the skin is not primarily affected, but as the disease proceeds the skin becomes dusky, or olive coloured, and greatly thickened, without showing other cuticular disorganisation; it is the deeper subcutaneous congeries of vessels, and the whole corion, that are implicated, as has been shown by repeated dissections. It may be considered as a peculiar enlargement of certain parts, or limbs, rare in this country, but yearly becoming more frequent in hot climates, and, as a type, is known almost everywhere as the Barbadoes