

On paying his visit next morning, the nurse, in great alarm, showed him several cloths containing meconium of the same appearance, but as the child seemed in every other respect healthy, nothing was administered but a small teaspoonful of castor oil, which brought off a good deal more during the day and evening. Next day the stools gradually assumed a healthy appearance, and have continued so. The child is healthy and well.

The first question that suggests itself in this case is—Whence the bloody liquor amnii? Was it from the intestines of the child, or from the uterus, or its membranes? Most probably it was from the latter, because, had it been from the child, we should have had some appearance of blood in the stools after the whole of the meconium was discharged; but there was none. But in his opinion the most interesting question, in a physiological point of view, is—Whence the bloody meconium? because, if correct in the former supposition, the fœtus in utero must have swallowed the bloody liquor amnii, and this must have undergone the process of digestion. Are we therefore to infer, that the liquor amnii is always or occasionally one of the sources from which the fœtus derives nourishment. The general opinion hitherto has been, that it does not, but the present case seems to favor the conclusion that it does.—*Monthly Journal*, April 1849.

51. *On Prolapsus Uteri*.—Professor HOHL believes that some very erroneous notions prevail as to the causes of this occurrence, and that some light may be thrown upon the subject by considering the changes of position which the uterus normally undergoes at different periods of life. In the mature fœtus, the uterus projects considerably beyond the pelvis: and it is only when it has acquired its completed shape and size at puberty, that it is found entirely within the cavity. At the commencement of the menstrual cycle it retains its position, or even rises still higher in the pelvis, while at the termination of this it again sinks, with the loss of blood, in stout young women. In women who seldom or never bear children it sinks still deeper, as it does too, after the menstrual functions have ceased. In pregnancy the organ rises remarkably, and M. Hohl denies the correctness of the statement that it sinks lower in the pelvis after the second month, the apparent sinking being due to the turgescence of the organ, and especially of its cervix. After delivery the uterus remains high up in the abdomen, and only gradually resumes its ordinary position. In old women it is found deep in the pelvis.

The production of prolapsus is not dependent upon the condition of the vagina, and the ligaments of the uterus. The vital power of the organ may be said to maintain it in position. When this is augmented the uterus is raised, while, when it is diminished or lost, it descends. Other organs, and indeed the whole body, in like manner exhibit strength and power proportionate to their *turgor vitalis*. The increase of the vital activity of the uterus during its development and growth, as also during menstruation and in pregnancy, is attended with elevation of the organ, which sinks again when these conditions prevail no longer. So far from allowing that the prolapse results from defective supporting power of the vagina, we may rather regard the uterus as supporting the vagina, and prolapsus of the latter may occur without any prolapsus uteri.

Thus the author refers the production of prolapsus to a preceding or co-existing condition of health, giving rise to a diminished vitality. This explains why we so seldom meet with the disease in young healthy women; while we know that whatever favours the relaxation of the genital system, and lowers the tone of the fibre, acts predisposingly—the germ of the evil being found in the puerperal condition, when the uterus, after having been high up in the abdomen, sinks down into the lesser pelvis.

Although prolapsus may be secondarily produced by other affections, as tumours of the belly, prolapsus vaginae, cystocele, &c. &c., yet far more frequently a change in the direction, rather than in the position of the organ then takes place; and, even while the portion of the rectum in connection with its posterior wall may prolapse entirely, the uterus may retain its normal position.

There may be a diseased condition of the economy in general, or of the uterus in particular, upon which depends this extinction or diminution of its vital

power; and accordingly as this is or is not curable, will depend whether the cure of a prolapsus is apparent or real; as mere reposition with mechanical support is not a cure. In some diseases which are attended with an increased activity of the uterus, there is a rising of the organ in the pelvis, as puerperal fever, hydrometra, &c. Disease of the ovaries does not produce any sinking of the organ; nor do tumours or indurations of its substance as long as they are in process of development, nor until they have interrupted its functions, or weighed it down by their great bulk. Polypi also seldom gave rise to prolapsus.

*Treatment.* Common as is the disease, a radical cure is seldom accomplished. The indications are to remedy the defective or disordered condition of the general vital powers, or of those of the uterus in particular. The author especially warns us against the continued use of injections, and the too early employment of pessaries. When the vital power of the sexual system or uterus is exhausted in consequence of age, over-stimulus, or incurable disease, mere palliative treatment should be employed.—*Brit. & For. Medico-Chirur. Rev.*, from *Zeitschrift für Gebetskunde*, Band xxiv. pp. 321–340.

52. *Case of Hydrometra occurring in an Unimpregnated Uterus.* By Dr. GRANDIER.—This case occurred in the person of D. F., æt. 21, unmarried, and of a scrofulous habit of body. In Nov. 1842 her menses, which had been very irregular, were arrested, and the belly began to swell, so that in twelve weeks it resembled that of a pregnant woman in her last months. The distension was as equable as in ascites, but a fluctuation was only very obscurely felt. The extremities were swollen, respiration hurried, and the amount of urine small. Examination, *per vaginam*, having proved the groundlessness of the charge of pregnancy, she was treated by various hydragogues, &c., as for ordinary ascites; and it was not until paracentesis had been in vain attempted that a hydrometra was diagnosed. Ten grains of *secale cornutum* were now ordered every two hours, until uterine action was developed. Great pain and anguish were thus produced, which continued for twenty-four hours, when (one hundred and twenty grains of *secale* having been taken) a small plug of mucus was expelled from the vagina, and followed by the uninterrupted flow of six *maas* (sixty-four ounces) of a clear, watery fluid. The patient's sufferings were much relieved; her general condition improved; and while taking Stahl's pills her menses returned. Still her belly never resumed completely its normal size, and at intervals, varying from one to three weeks, there were gradually expelled other eighteen *maas* of the same fluid. In June, 1843, she repaired to the sulphureous waters at Nenndorf, the belly being as large as in advanced pregnancy; and, the menses again disappearing, ten *maas* of fluid were discharged from the vagina. In August, seven *maas*; and in September, thirty-nine were discharged; but after this period, the mineral waters and other means employed having removed the deranged condition of the digestive organs under which she had long laboured, and the discharge of water, *per vaginam*, which had probably accumulated during the stasis of the venous abdominal circulation, entirely ceased.—*Brit. & For. Medico-Chir. Rev.*, April 1849, from *Neue Zeitschrift für Geburtskunde*, Band xxiv. pp. 261–8.

53. *Prolapsus of the Funis during Labour.*—Dr. HOFFMAN does not admit the validity of the explanation of this occurrence, which refers it to a disproportionately large pelvis or small head. If this were the case, the accident would be met with far more frequently than it is, and especially during premature labours. He believes it to be dependent upon an irregular contraction of the uterus, whereby the lower segment of the organ becomes unduly relaxed. He has never met with it in cases in which the pains have manifested their normal activity, but only in those in which they have assumed a spasmodic character. Upon these grounds he declares the mere reposition of the funis, unless the character of the pains can also be changed, to be of no avail; for the lower segment of the uterus not being applied to the head in these irregular pains, as it should be, the prolapsus is sure again to recur.

Moreover, the reposition of the funis is opposed by a general law which, however easily demonstrable, the author does not recollect to have ever seen