positions those portions of the fractured bones which were not removed, and the severe amount of shock which the brain itself sustained by the violence of the blow on the head, made this case appear very formidable in the first instance; nor was anxiety diminished whilst the disturbed condition of the brain was manifested by the constantly irritable and noisy state of the sufferer.

Compound fractures of the skull, with depression of bone, and the loss of a portion of the cranium, consequent upon either the comminution of the fractured pieces, or the use of the trephine, though always to be regarded with the most serious consideration, are generally found to be less grave in their results in the younger than in the older subjects that come under the care of the surgeon. The age of this boy greatly favoured the chances of recovery. But, in all probability, the greater sensitiveness of the growing brain of the child maintained, if it did not increase, the rather long continued irritability and restlessness of the patient.

This condition might have been partly influenced or modified by the loss of blood sustained at the time of the accident, which in one so young might produce serious effects for the time being. In this case, I believe it influenced the character of the symptoms to as great an extent as it modified the plan of treatment.

It is almost impossible to suppose that, with the amount of injury seen in this case, such a complete and long continued state of concussion depended merely on the shaking of the brain; and yet, in the absence of positive proof, we have no very definite rule by which we can decide how far such a state of functional derangement could be independent of organic lesion. Though he continued irritable, noisy, and in a half-insensible state, for some days, his pulse was never once in a condition indicating excess of action or increase of power; yet, in consequence of the heat of skin, and the very restless and noisy state, which rather increased some few hours after the operation, it was considered desirable to put him slightly under the influence of calomel. But the following day, as he appeared low, and as nothing but fluid had passed through his lips for three days, the calomel was stopped. The loss of blood, the starvation, and the action of the calomel, were all to be considered, separately and together; and it was evident there was no occasion to reduce him. The pulse also indicated weakness; and he was consequently ordered beef-tea. The next day he was still so weak that wine and water was ordered, in addition to the beef-tea; and yet the head symptoms were but little altered or improved. It was his general aspect and the pulse which indicated the importance of more stimulus.

With food, and with the cautious administration of wine, but with no other treatment as regards medicine, this boy recovered without a bad symptom.

He was seen some weeks after leaving the hospital, well in health, and with no discomfort in the head. The brain was no longer seen to pulsate, and the wound was sound. The eyeball was almost in its natural position, and the eye-sight good.

Though the second case differs materially from that of White in the amount of violence which produced the fracture, and also in the amount of cerebral disturbance, still it points out in an equal degree the care that is required in the treatment of symptoms arising in a case of compound fracture of the skull. After some days of progressive improvement, and without any previously active symptoms, pain in the head was complained of; and Mr. Tatum considered it desirable to place him under the action of calomel. At the end of twenty-four hours, the pain of the head was relieved, and the general symptoms indicated that calomel was no longer required. The pulse was weak, and the discharge from the wound rather foul. There were indications of constitutional disturbance threatening, of a character opposite to that of power; and he was consequently ordered beef-tea and wine.

The following day, erysipelas and œdema were observed

on the scalp, and his wine was increased. With the increase of the wine and food, but with no other medical treatment, he gradually improved, and left the hospital recovered from all the effects of the accident.

In the case of White, the use of stimulus was indicated at an early period after the accident; and this was apparently influenced to a great extent by the loss of blood in one so young. The want of stimulus was equally evident in the other case, but at a later period; and that from a condition more immediately resulting from the poison of erysipelas damaging the system—a poison, the effects of which in the wards of a London hospital, rarely admit of any other treatment than one of support and stimulus.

ORIGINAL COMMUNICATIONS.

CASES OF PROLAPSUS AND PROCIDENTIA UTERI.

By W. J. ANDERSON, F.R.C.S., Obstetric Surgeon to the St. George's and St. James' Dispensary.

IN the volume of the ASSOCIATION JOURNAL for 1854, at page 904, I made some remarks upon the treatment of procidentia uteri; and I am induced to revert to this subject again, as a new pessary was there mentioned somewhat diffidently, on account of my not having had sufficient experience as to its efficacy. A year has elapsed since that time, which has afforded me ample opportunities not only of witnessing its utility in the possibly bigoted hands of its inventor, but also in those of others. The instrument is intended to supply the place of the boxwood, or other ball pessaries; it is composed of an air ball of vulcanised India rubber, and serves all the purposes of the others, without any of their inconveniences; it is "of the same shape, able to give the same kind of support, but sufficiently elastic to avoid all pain when passing in and out of the vagina, and incapable of becoming saturated with the discharges, or of retaining them in its cavity; it is light, elastic, and firm; fills the vagina without producing injurious pressure, and is beautifully clean, from the fact of its being waterproof even to its string, and, therefore, when washed, is as fresh as new." In my former remarks I deprecated most strongly the use of the perinæal pad in procidentia, as well as the impropriety of using a pessary in cases of simple prolapsus, and upon these points I still hold the same opinion; the few subjoined cases will, however, show my views upon this subject quite as accurately as the most elaborate description could possibly do.

CASE I. Mrs. T., aged 30 years, February 1st, 1854. Procidentia uteri of three months standing; she is now about six weeks advanced in her fifth pregnancy; the uterus, anterior wall of the vagina, and bladder came down, but are easily replaced in the recumbent posture; there is profuse leucorrhœal discharge and dragging pain in the back and abdomen. She has suffered lately from anxiety and fatigue. Perfect rest was enjoined, and astringent injections, tonics, and mild aperients were employed. As pregnancy advanced, the uterus rose and became fixed above the pelvis, its size preventing its falling down, but a sensation of bearing down continued until she was delivered on 21st September. The child was healthy, and she had a good time; and up to January 1855, when I last saw her, there had been no bearing down.

As a general rule, where procidentia occurs in the early months of pregnancy, a pessary is more likely to do harm

than good; rest and time will do all that is required, as in the case just mentioned.

CASE II. Mrs. G., aged 29 years, November 13th, 1854, was delivered nine months ago of her fourth child, and is reported to have had inflammation after a protracted labour; the womb came down, and eventually protruded; this was followed by a profuse yellow discharge. On examination, the os uteri was found just at the external orifice, but not protruding; the discharge was profuse, but clear; there was much pain in the back and groins, weakness, and loss of appetite; tongue pale, pulse weak. Rest in the recumbent posture, with astringent injections and tonics, completely cured her by January 19th.

CASE III. Mrs. L., aged 42 years, April 28th, 1854. Prolapsus uteri of five weeks standing; the vagina is exceedingly lax, with prolapsus of the uterus and anterior wall, almost, but not quite, amounting to procidentia; there is a great sensation of bearing down, and severe pain in the back, with profuse clear leucorrhœal discharge. The catamenia first occurred at the age of twelve, and continued regular, excepting during her six pregnancies, and subsequent lactation, until a year ago, since which time they have been dodging, and appear inclined to cease. Pulse weak, tongue pale, bowels irregular. Attention to the state of the bowels, tonics, astringent injections, and perfect rest in the recumbent posture relieved the symptoms entirely by the end of June.

In such cases as these a pessary is not required, and its employment would be more likely to increase than to diminish the evil.

CASE IV. Mrs. M., aged 37 years, August 4th, 1854. Three years and a-half ago she was delivered naturally of her third child, and got up too soon after her confinement; the womb then came down, and she has had constant prolapsus and frequent procidentia, with the exception of the latter period of her last pregnancy. She was again confined ten months ago, and the procidentia is described as having been constant ever since. The anterior wall of the vagina is prolapsed, together with the bladder; the os and cervix uteri protrude externally, the fundus being within the vagina, the walls of which are exceedingly lax. She was pale and debilitated, with a small weak pulse, and pale tongue. A boxwood ball pessary was at first employed, as I had not then got the air balls; subsequently, a moderate sized cork ring pessary was used, which gave her sufficient support, though it came away occasionally. Tonics and astringent injections were given, and the uterus was perfectly and permanently replaced by the beginning of October. In August last she was delivered by me of a healthy child, and neither before nor since has she had any return of the bearing down.

CASE V. Mrs. M. M., aged 34 years, July 5th, 1854. She has had eight children, and has suffered from procidentia uteri for seven years, which came on at first after confinement; at the commencement it would occasionally go back spontaneously, and remain *in situ* for several days; it became more and more troublesome, and since her last confinement (three months ago), it has remained down constantly; she can, however, reduce it herself at night, with considerable pain and difficulty. The vagina, bladder, and uterus protruded externally, and the os at the lower part of the tumour was red and extensively ulcerated. She had been recommended to wear a suspensory bandage, which had only caused irritation from constant friction, and produced ulceration and frequent hæmorrhage. In spite of the unfavourable nature of the parts, a common hard boxwood pessary gave immediate relief, and notwithstanding the ulceration, continued to do so. This single case, common though it is, most certainly shows the inutility of pretending to support a tumour of this nature by any external means, unless it is impossible to replace it in its natural situation.

CASE VI. Mrs. H., aged 36 years, November 7th, 1854, has suffered from procidentia uteri for the last three

months, which she attributes to a severe attack of diarrhoea, which occurred shortly before, and has continued, on and off, up to the present time. She has had five children, the youngest being four years old. Bowels at present regular, tongue clean, pulse weak, catamenia regular; there is severe bearing down, accompanied with pain in the back and groins, and profuse leucorrhœal discharge. She suffers from cough, with difficult expectoration, and there are tubercles and vomicae in both lungs. On examination, the os, cervix, and nearly the whole of the fundus uteri, together with a portion of the anterior wall of the vagina, were found to protrude externally, the tumour being somewhat tender, and the os uteri puffy. A medium-sized air ball pessary was introduced, which gave immediate relief. She suffered, on and off, from phthisical symptoms, with almost constant diarrhoea, sometimes stopped partially, but never completely; the uterus was well retained, and perfect relief was given by the air ball pessary, but she eventually died of phthisis on 5th August, 1855.

The two following cases are abridged from the JOURNAL for October 6th, 1854, being severe cases, and having been under my notice up to the present time.

CASE VII. Mrs. F., aged 51 years, shirtcutter, March 7th, 1854. With procidentia uteri of twenty-three years standing, which came on after her first confinement, and she has borne eight children since. The tumour consisted of the uterus and bladder, with a considerable portion of both the anterior and posterior walls of the vagina; it was dry and somewhat sensitive, but had no appearance of ulceration. At first a boxwood ball pessary was employed, but in October 1854 the air ball was substituted, and gave quite as much relief, without producing any pain on passing. She can now (November 1855) stand all day at her work with ease, and is frequently able on a Sunday to leave off the instrument without feeling any sensation of bearing down.

CASE VIII. H. H., aged 25, domestic servant, May 1st, 1854. With procidentia uteri, of five months duration, occurring after labour, during which the perineum had been ruptured to some extent. The tumour was large, and consisted of the same parts as in the last case. She had constantly worn a napkin, which gave some support, but chafed and irritated the tumour, which was moist from a profuse discharge, and the mucous membrane over the os was considerably abraded. A boxwood ball pessary was at first used, but in October 1854 the air ball was substituted, and has been worn ever since, giving perfect support, and enabling her to do her work with ease and comfort.

CASE IX. Mrs. Harriett H., aged 60 years, October 22nd, 1855. This is the mother of the last patient, and she has suffered from procidentia uteri for twenty-four years, which came on after her third and last confinement, in consequence of her having to jump out of window to escape from a fire. The vagina, uterus, and bladder protrude, and the lower part of the tumour, which is very large, is ulcerated from wearing a napkin. Various instruments have been tried, but without success, and for many years she has quite neglected it. An air ball pessary was introduced, which gave immediate relief, and enabled her to walk home with complete ease, and up to the present time it has afforded perfect support and great comfort.

Wherever I have employed the air ball pessary I have always found it give great relief, and its superiority has been invariably noticed by those patients who have previously tried other instruments; it gives no pain on account of its elasticity, and affords ample support, and its cleanliness, as compared with others, is a very great recommendation to its use. These instruments are now made by Mr. Clarke, of Piccadilly; and Messrs. Philp and Whicker, of St. James's Street, have for some time made them for St. George's Hospital.

16, Welbeck Street, Cavendish Square, Nov. 2nd, 1855.