New Operation for the Prevention of Prolapsus Uteri.—Practitioners are aware of the great difficulty they experience in treating this affection. The horizontal position, astringent injections, pessaries, &c. have been recommended, and more recently, Dr. Hamilton of Edinburgh has advised another mechanical contrivance for preventing the prolapse; it consists of either a strong T bandage, or in more serious degrees of the disease, a circular metallic belt like that of the common truss, provided with a cross or perpendicular strap, and to this strap is attached a cushion stuffed with horse hair, about six inches in length by three in breadth; and a thickness proportionate to the degree of relaxation, and therefore of the support required. This bandage is to be worn whenever the patient is out of bed, and as long as any symptom of the disease is perceived. It effectually relieves the unpleasant feelings, while it enables the patient to take walking exercise, which is so essentially necessary to the relief or cure of the disease. By this simple means, in conjunction with the use of cold bathing, and of appropriate constitutional treatment, Dr. Hamilton has for many years quite superseded the use of pessaries.

Professor Hamilton formerly suggested the propriety of endeavouring to relieve very bad, and confirmed cases of prolapsus uteri, by means of exciting adhesive inflammation in the vagina, so as to agglutinate its opposing surfaces. That adhesions strong enough to prevent the prolapse of the organ might be thus formed, is proved by the fact mentioned by Dr. Collins, that he had in four cases met with adhesions of the vagina produced by former inflammation, so strong that they completely prevented the descent of the head of the child during labour, forming an unyielding band across the passage, and rendering it necessary for the accoucheur to divide the adhesion with a probe-pointed bistoury. Such adhesions, no doubt, would prove a radical cure in cases of prolapsus uteri, but the objections to any method we could devise, in hopes of producing them, seemed so great, that Dr. Hamilton abandoned this proposal as impracticable. It was argued, however, by some German surgeons, that although we cannot produce vaginal adhesions consistently with the safety of the patient, yet we have it in our power to produce adhesion between the external labia pudendi, an expedient quite as effectual

as the other in preventing the descent of the womb; nor has this reasoning been unsupported by experiment, as is proved by the following very curious case, with the particulars of which the English medical public ought to be made acquainted, on the principle that it is our duty to know every thing that has been attempted, even though we may not deem the attempt judicious, or worthy of imitation.

A woman in Hamburgh, 36 years old, and who had not been pregnant for many years, was exposed to much fatigue, and to much going up and down stairs in the house where she was in service. She perceived in 1831, a bearing down of the uterus, which gradually increased to a *prolapsus uteri et vaginæ completus*. She was treated in the hospital with injections, and afterwards with pessaries; the latter could not be managed so as to produce the desired effect, for they were either not retained *in situ*, or they gave rise to much additional irritation. Seeing that all the usual remedies had failed, Dr. Fricke had recourse to the following operation, which he has often employed successfully in similar cases. A portion of each external labium towards its edge, and on the inside, is sliced away. The breadth of the slice above should equal that of the finger, below it may be narrower; the cut parts are then brought into apposition, and secured by means of ten or twelve stitches. Sometimes a perfect union down as far as the frenulum may be effected, but in other cases, as that now under consideration, an opening between the labia remains near their commissure, while a band of union exists in the middle, quite sufficiently strong to prevent prolapsus of the uterus.

The operation in this case perfectly succeeded, but in the course of 1834 the patient married, and soon became pregnant; this caused no small anxiety on her part, for she was afraid that the birth of the child would be accompanied by the destruction of the band of flesh, to which she owed the prevention of the descent of the uterus. She accordingly consulted Doctors Fricke and Platt, who, on inspection, ascertained the state of the parts to be as follows:—The external labia were united nearly in the centre, and at the point of union exhibited a large, solid, and protuberant mass of smooth flesh, bounded both above and below by two circular openings leading to the vagina. The lower opening was about two inches, the upper one inch and a half in diameter; the bridge of flesh intervening between these openings was about one inch and a quarter in breadth, and one-eighth of an inch in thickness. Both openings were filled by a confused mass of vaginal integuments pushed forcibly downwards, and owing to the pressure of which, the lower opening had latterly become much enlarged. It is to be observed that impregnation took place through the upper opening. At the end of the usual period of utero-gestation, this woman brought forth a full grown child *which passed through the lower opening*; no other assistance was required than three incisions made by Dr. Fricke in the fleshy bridge above spoken of, for the purpose of enabling it to yield more, so as to allow room enough

for the passage of the child's head. After delivery the woman was confined to bed for several weeks, the incisions were suitably dressed, a T bandage with a compress worn, and finally, *mirabile dictu*, she arose with the adhesion between the labia as strong and perfect as before delivery.—*Zeitschrift fur die gesammte Medicin.* B. ii. H. ii. Hamburgh, 1836.

I have, of course, myself no experience on the above subject: I may remark, however, that the proposal for producing adhesions between the opposite surfaces of the vagina, has been several times successfully carried into actual operation. This method succeeded in Dublin, in the hands of my friend, Dr. Ireland, who has published the account of the operation in the sixth volume of this Journal, p. 484.

A similar operation has been several times since performed by Velpeau, Boivin, Laugier, and others. Some produce adhesions between the opposite surfaces, by means of wounds made with the knife; others by means of wounds resulting from the application of escharotics.

Dr. Ireland seems to attribute the merit of devising this operation to Dr. Marshall Hall, but it is probable that *Gerardin*, who proposed it in the year 1823, has the claim of priority. For an historical account of this operation, I must refer the reader to the Annali Universali di Medicina, edited at Milan by Omodei, p. 574 of the number for December, 1835. The same Journal contains an excellent translation of Dr. William Stokes's Lectures on the Practice of Physic; lectures which I am much gratified to find, have been also republished at Leipzig in German, and in English in America.

R. J. G.