AN
INAUGURAL DISSERTATION
ON
Prolapsus Uteri

SUBMITTED TO THE
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"Prolapsus Uteri"

This is a very common affection of females. It is not confined to any particular age, but is most common to women who have borne children. The uterus is situated at the top of the vagina, and in the centre of the pubis, between the bladder and the rectum, with its fundus extending a little above the rim of the pubis. It is supported in this position by the attachment of four ligaments, the two round, and the two broad, and its attachment to the vagina.

It will be readily seen by an examination of the ligaments of the uterus, that they give to it very inefficient support, consequently it is dependent almost entirely on its attachment to the vagina, for its support.
By an examination of the vagina and its connections with the rectum and bladder, it will appear very evident to any one, that it is the efficient support to the uterus. Consequently, whatever is capable of injuring or destroying the power or tonic of the vagina may produce a prolapsus of the womb; hence there are many causes that may produce a prolapsus of the uterus, either by the debilitating effects of a profuse discharge from the vagina, or by over distention of the vagina. Thus destroying its natural firmness or tonic. Leucorrhoea is one of the most frequent causes. Frequent deliveries sometimes produce it, getting up too early after delivery, before the vagina
has recovered, from the debilitating effects of delivery is a very frequent cause. Inflammation of the bladder or the rectum, or anything that will determine the blood to the pelvic viscera may produce it. Falls, blows, and lifting heavy weights, during the period of menstruation may cause it. The latter is the most frequent cause of prolapsus in this country, especially among the negro women on cotton plantations. Sometimes growing in the pelvis, may force the uterus down without any previous impairment of the vagina. There are three degrees or stages of prolapsus, partial prolapsus, prolapsus proper, and proceeding. The first is partial prolapsus, is where the uterus has sunk down.
into the vagina but does not touch the perineum. The second or prolapsus is where the mouth of the uterus is resting on the perineum; the third or procidentia is where the uterus has protruded out at the vulva. In this degree the vagina is drawn down with the uterus forming an external covering to it. The symptoms of prolapsus are not governed as much by the degree of prolapsus as by the susceptibility of the patient, very irritable women and those that live luxuriously suffer very much from the slightest sinking of the uterus into the vagina; while very stout women in the lower ranks of life are said to suffer but little inconvenience from the early symptoms of
prolapse, and some are said to complain but very little, when the uterus is protruded out at the vulva. The general symptoms of prolapse are the following. There is always a feeling or sense of something sinking into the vagina as if the perineum were supporting an unusual weight, with a dragging pain about the hips and loins. There is always more or less difficulty in passing urine, and there is very frequently a desire to urinate without the power to grasp it, and when it does pass it is with some pain. There is frequently a feeling about the rectum resembling tenesmus which at times is very troublesome. The pain in the back is extremely dis-
Tracing while the patient is on her feet and gives to her gait the appearance as if she was weak in her lower extremities. A numbing pain shoots down her thighs, especially when she first rises upon her feet, or when she changes this position for a recumbent one. In some severe cases when the woman attempts to walk, she is obliged to throw her body considerably in advance and support herself with her hands on her thighs. But all these symptoms subside more or less as soon as she lies down. In addition to the above mentioned symptoms, there is always more or less of a leucorrhea or purulent discharge from the vagina, and in very severe cases this is frequently tinged with blood.
and there is frequently, if not always, a pain in the side most commonly in the left side. This will resist all treatment until the uterus is replaced. Notwithstanding all the above-mentioned symptoms, and the most of them appear to be so entirely characteristic of prolapsus of the uterus yet they are not sufficiently so to justify us in saying positively that a woman has prolapsus of the womb. When the above symptoms present themselves, or enough of them to lead us to believe there is a prolapsus of the uterus, there should always be a careful examination made near vaginum. In making this examination there is seldom
any difficulty in recognizing a prolapsed uterus, though there may be a possibility of mistaking a polypus, an inverted uterus, or a prolapsed bladder for a prolapsus of the uterus, but the presence or absence of the mouth of the uterus will determine whether it is a prolapsus of the uterus or not. In this disease there is always more or less signs of inflammation, which is generally brought on by the uterus acting as a foreign substance in the vagina. The treatment of this disease must be governed by the pathological condition of the parts. In partial prolapsus where it is very recent, and there has been no inflammation
developed a recumbent posture, and the use of astringent injections, will generally be all the treatment requisite to effect a cure; but in the more aggravated form or prolapse proper, where there is inflammation and the patient has fever, constipation of the bowels, a leucorrhoeal discharge, and strangury, the first indication here to be fulfilled is to relieve the inflammation. This must be done by the various antiphlogistic means, such as bleeding, cupping, leaching, purging, diet &c. After the inflammation has been subdued, there will be great benefit derived from the use of astringent injec-
tions, such as alum, acetate
of lead, sulphate of zinc, decoctions of oak bark, nitrate of silver, &c. To obtain the full curative effect of injections, they must be properly administered. To do this the patient must be placed on her back on a mattress with her hips elevated, by placing a pillow or cushion under them, so that the injection when thrown up may easily reach the upper part of the vagina, and whatever quantity is thrown up, must be kept in contact with the parts a sufficient length of time for it to have its full curative effects. This must be effected by making firm pressure on the outlet of the vagina with a towel.
accurately applied. When these conditions are complied with, we may expect the full curative effect of the remedy employed, but when they are carelessly used, and probably at the wrong time, they almost invariably do more harm than good. This is one reason why there is such a diversity of opinion among practitioners about the use of remedies. One will use a remedy in a particular disease from which he will obtain great benefit, and another will use the same remedy in the same disease, but use it improperly, by which he may injure his patient. This destroys his confidence in the remedy, and it will be a hard matter
To ever convince him that it will do good in any stage of that disease, for he has tried it himself, and there are but few doctors who will agree that he does not know when to apply a particular remedy in a particular disease. In addition to the use of astringent injections the cure may be facilitated by the use of Ashwells alum hip bath. The above means will generally cure the two first forms of the disease. The treatment of procidentia, is to reduce the inflammation and then replace the uterus and keep it in place by the pessary. The pessary should never be applied without first bringing the parts to a tolerance of it. This may be done by the use of astringent injections.
and applying the presser, and let-
ting it remain a short time every
day, until the parts become accus-
tomed to its presence.