# PROLAPSE OF THE UTERUS.

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In the following paper I purpose discussing some points which are of importance both to surgeons and nurses in dealing with the condition known as Prolapse of the Uterus, or "falling of the womb" as it is commonly called. Of recent years a considerable advance has taken place in the treatment of this ailment, and we have even been compelled to revise our conception of the anatomy of the structures concerned in the support of the uterus in normal conditions. Consequently, the descriptions in the older text books of gynæcology are apt to be a little misleading, and it has occurred to me that a brief note of the salient features of what is, after all, a very common and distressing condition, may not be out of place, especially for nurses who have to work amongst the poorer classes, either in hospital or private practice. I shall not attempt to go much into detail but shall refer to the important facts only.

Under normal circumstances, in women who have not borne children, the uterus stays in its proper place well within the pelvis; it may perhaps be bent backwards a little, but it does not slip down as a whole, and the troubles to which I shall allude do not occur. In health, the womb is kept from slipping down by two sets of structures; it is slung up from above, or rather from side to side by a band of tissue which stretches from the sides of the uterus to be attached ultimately to the pelvic bones, and is known as the broad ligament; it contains the fallopian tubes, and the ovaries as well as the uterus itself.

Now supposing we imagine a hammock made of string, strong enough to support the weight of a child, without "sagging" in the centre. So long as only children lie in it, it serves its purpose, but if instead, the somewhat corpulent father of the family takes to reposing in it for an hour or two a day, we very soon see that the soft string stretches until the hammock can no longer support even a child, and any occupant soon finds himself resting on the ground when he attempts to lie in it.

This is what happens in the body. The broad ligament is the hammock, and the virgin uterus is the child. During pregnancy, however, the uterus enlarges, and becomes very heavy, and the broad ligament has to stretch to accommodate itself to the change in weight of its occupant. After delivery, the uterus should return to its original size, or nearly so, and the ligament should regain its "elasticity," but if anything occurs to interfere with either of these processes, the uterus will fall, either because it remains too heavy or because the ligament is weakened, or more commonly from a little of both causes.

But this is not all. In unmarried women, the vagina and surrounding structures also afford a firm support on which the uterus rests. After delivery of a child, the vagina may be torn or unduly stretched, and its walls consequently tend to fall down a little; when this occurs they not only fail to act as a support for the womb, but they may even drag it down with them in their descent. In front of the vagina is the bladder which, when distended at all events, is rather a heavy organ, and when the stretched or torn vagina falls in, down comes the bladder too, and we get what is known as a cystocele; in practice there is always some degree of cystocele when the uterus becomes prolapsed.

What are then the causes of this combined descent after labour? The uterus may not return to its normal weight on account of inflammation, this again being most commonly due to septic infection during or shortly after delivery. Or the "hammock" may be injured by dragging on the uterus with forceps during delivery *while the child is still inside it.* Lastly, the vagina or perineum may be stretched or torn either by an unduly large child, or by unwise application of forceps when the head has passed from the uterus into the vagina. Still, most of these causes are remediable, *provided that sufficient rest after delivery be enforced in order to allow the parts to recover their normal tone.* In practice, amongst the poorer classes, we usually have a combination of all these factors; in particular, the women do not, or cannot, remain long enough in bed after confinement.

What happens? The uterus, and bladder too, come down a little—sometimes the uterus comes down right outside the vulva, in which case the condition is known as procidentia, but this is not common—and we get as symptoms pain in the back and increased frequency of micturition, and on examination the uterus is felt to be much lower than it should be and the bladder sags into the front wall of the vagina. If the uterus is in a state of chronic inflammation, it is felt to be large, flabby and tender to the examining finger, and there is usually a white discharge (*leucorrhœa*) from its interior.

But the curious thing is that so many women suffer from these symptoms and take

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