them as a matter of course. It is rather surprising when we consider that they are practically never free from backache, which after a day at the wash-tub becomes almost agonising. They become querulous, nagging, and ultimately slovenly and untidy; their home goes to pieces and their husband to the nearest public house.

Now what are we to do for such a case? In the first place, much of the trouble is not infrequently caused by want of aseptic care on the part of the attendants at the labour—this makes the uterus inflamed. Then if forceps are applied too soon—usually because the patient is in pain and the medical attendant wants to relieve her as soon as possible—damage is done to the supporting structures, this being especially liable to occur in a first confinement. The woman is calling on the doctor to put her out of her misery, and the doctor gives in.

The perineum may be torn either by using forceps injudiciously, or again by not using them when the vagina is getting stretched and weakened by gradually failing attempts on the part of the uterus to expel a large child. While the child is still inside the uterus, the proper treatment of agony is not to use forceps, but to give a sedative such as chloral by mouth, or hyoscine or morphia hypodermically. Under the influence of the latter drugs labour goes on, but is painless. Forceps are required for failure of the uterus to expel, not for pain.

So prolapse is often largely preventible, but if we only see the case for the first time after delivery, we have to do something to relieve the patient's distress. The first consideration is to determine what factor is most at fault in the production of the prolapse. If the uterus is swollen and inflamed we treat the inflammation, usually by curetting and subsequently swabbing the interior of the uterus with some such drug as Tincture of Iodine, or pure Izal. This done (if it be necessary) we can relieve the symptoms by introducing an artificial support in the shape of a pessary, the most useful kind being generally a soft rubber ring of suitable size, inside which is a piece of watch spring or similar material. This is introduced into the vagina and pushed on with the finger until it forms a cushion for the uterus, whose neck it encircles.

But this does not cure the condition in every case, though in many instances, once the uterus is lightened and supported, the broad ligament and the stretched vagina recover their normal tone. A pessary may be worn for months provided the vagina be kept clean by douching and the instrument occasionally removed and replaced. Sometimes we have to do more, and we can then either narrow the vagina, or fix up the uterus or both, according to the requirements of the individual case.

To narrow the vagina, a piece of its mucous membrane is dissected up and removed, the cut edges of the hole being then sewn together. This is known as colporraphy. When cystocele is a prominent feature this is essential.

To permanently support the uterus itself, the abdomen is opened, and the uterus freed from any adhesions that may be tying it down in a faulty position. At one time it was customary then to sew the top (fundus) of the uterus to the abdominal wall itself—the procedure being known as ventrifixation—but this is not free from drawbacks, especially when the patient becomes pregnant again, and nowadays a different method is adopted which consists in seizing the round ligaments of the uterus-structures, which in health do not take much share in supporting the womb, but which come in very handy for the surgeon—and bringing them out through the muscles in the front of the abdominal wall and burying them there under the skin with stitches. Sometimes some bands which go from the uterus to the sacrum the utero-sacral ligaments—may also be utilised, and shortened by pleating them with stitches.

What is the best procedure in any given case is decided by the surgeon when he actually sees the parts exposed at the time of the operation, and one great advantage of opening the abdomen in these women is that one often finds something else—a commencing ovarian cyst for example, or a diseased appendix—which can be remedied at the same time as the fallen uterus. In old women past the child-bearing period—who often suffer badly from prolapse—it may be best to remove the uterus altogether.

The trouble, however, lies not so much in deciding what to do, but in persuading women suffering from the milder degrees of prolapse to seek advice at all, for they do not know that they can be relieved of their miseries, whereas in reality there are few conditions in women in which the results of surgical treatment are so brilliant. Many of these patients fall into the hands of quacks of the worst type or spend money that they can ill spare on useless patent medicines under the impression that they are suffering from kidney disease. It not infrequently falls to the lot of a district nurse to be consulted about "pain in the back," and she can often do a great deal of good in this respect, by educating public opinion in the class amongst whom she works.

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