THE OPERATIVE TREATMENT OF PROCIDENTIA UTERI IN ELDERLY WOMEN.

BY A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., ENG.

Fellow of the British and American Gynecological Societies; Professor of Clinical Gynecology in Bishop's University; Surgeon to the Western Hospital; Surgeon-in-Chief of the Samaritan Hospital for Women; Gynecologist to the Montreal Dispensary and Consulting Gynecologist to the Women's Hospital, Montreal.

The condition of an elderly woman, of between fifty and seventy-five years of age, with her womb hanging outside of her body is a pitiable one, and has doubtless attracted the sympathy of the physician from time immemorial. She may be otherwise, in excellent health, but the remaining twenty-five years of her life are embittered by her infirmity. As is well known, the perineum is so relaxed that no pessary, except a cup and stem one, will remain in place, and this latter is not without danger. A large ring pessary, it is true, can be kept in by the aid of a perineal bandage, but this requires a good deal of looking after, otherwise it may cut its way through the vagina, while the perineal bandage has to be removed and replaced every time the woman attends to the calls of nature.

The majority of these cases have a lacerated cervix, and in fact this and the laceration of the perineum were the initial lesions which brought about the prolapse. The laceration prevented involution of the uterus, and the latter organ, instead of becoming small and light, remained large and heavy. Owing to the too general practice of keeping women lying on their backs after confinement, the sub-involuted uterus becomes a retroverted one by gravity, and when the woman gets up the bowels fall in front of the womb, and the round ligaments are unable to pull the fundus forwards again, so that the uterus is forced on to a lower plane in the pelvis. There being no perineal support to oppose both gravity and intra-abdominal pressure, the cervix appears at the vulva, bringing the bladder and rectum with it, causing a chronic cystitis and a dragging pain in the back. If the laceration of the cervix is a severe one the consequences are more serious, for the scar tissue in the angle of the tear is not suited for the rough usage to which it is subjected, and every time the woman sits down it is bruised and bleeds, and often sticks to the clothing. It is no wonder, therefore, that I have on many occasions found cancer developing in the angle of the tear in a prolapsed uterus, and for that reason alone, have had to remove it; while in other cases I have found a large chronic ulcer covering the whole of the cervix, and bathed with a foul smelling purulent or bloody discharge. I believe that there are several thousand such women in Canada, and it is with the hope of rendering the remaining years of these women's lives happier that I desire to bring the very satisfactory modern treatment of this condition, by