

3. The strumous and syphilitic diathesis.
4. Anti-hygienic conditions, as bad air, scanty diet, unhealthy occupations, &c., producing a general state of ill-health.

5. Residence in hot countries, bringing on a feeble, relaxed state of health.

The local causes are:—

1. Inflammations of the vagina or vulva.
2. Morbid states of the uterus, as congestion, acute or chronic inflammation, new growths, &c.

3. Morbid conditions of the cervical canal.

4. Local irritation, as from a pessary or excessive coitus, and, in children (especially the strumous and ill-fed), from worms and want of cleanliness.

5. Urethral hæmorrhoids.

6. Masturbation.

It must be remembered that leucorrhœa is normally present at certain times. It precedes and follows menstruation, and it is often, if not always, present during pregnancy.

Treatment.—1. Improve the general health.

2. Remove any local condition causing the leucorrhœa.

3. Check the discharge with astringent lotions; alum, sulphate of zinc, and acetate of lead, are good astringents.

The treatment of the general health must depend upon the constitutional condition present. In struma, cod-liver oil, iron, and residence at the sea-side will be very beneficial.

DISEASES OF THE UTERUS.—DISPLACEMENTS OF THE UTERUS.

Inversion of the Uterus exists when the uterus is turned inside out. The inversion may occur in various degrees, but three are usually described.

1. Depression: the fundus falls inwards, producing a cup-shaped depression.

2. Introversion: Depression greater, and the inverted portion may project through the os in the form of a round ball, not unlike the body of the polypus.

3. Perversion: This is very rare. The whole of the cervix, as well as the body of the uterus, is completely inverted. Inversion may be acute or chronic.

Causes.—Acute version is generally the result of parturition, being caused either by traction on the cord to remove the placenta, or by improperly applied pressure over the fundus uteri. It sometimes occurs spontaneously. Partial and irregular contraction of an enlarged uterus is generally thought to be a cause, the upper part of the uterus probably being relaxed and the lower part contracted. Apart from child-birth, it is chiefly caused by a fibroid polypus, or a submucous fibroid; but inversion of the uterus under any condition is rare.

Symptoms.—In recent inversion they are generally well marked, but vary much with the degree of inversion. If the inversion is great there will be

severe nervous depression and generally free hæmorrhage. Occasionally severe abdominal pain and cramps are present. On vaginal examination, the uterus will be felt in the vagina, or may even be seen outside the vulva. In slight cases there may be no symptoms, and in cases of the first degree, the cup-shaped depression of the fundus may be felt through the abdominal walls. In chronic cases there is generally hæmorrhage and often leucorrhœa as well, which is caused by the inverted mucous membrane of the uterus getting irritated and inflamed. From the pressure of the displaced uterus, bladder and rectal irritation are often set up.

Prognosis.—It is very grave. Cross states that about one-third of all cases are fatal, either very soon or within a month. Death may be due to sloughing, or gangrene of the inverted portion, hæmorrhage, or gradual exhaustion. The shock alone is sometimes so great as to quickly cause death.

Diagnosis.—Inversion has to be distinguished from a polypus or fibroid tumor, and prolapse of the uterus and vagina. The following are the chief signs of distinguishing inversion from a polypus:—

1. The history of the case. In recent inversion this is very important. The sudden shock, and hæmorrhage following labor point to the nature of the disease.

2. By manipulation from the rectum, and through the abdominal wall, the fundus uteri will be found absent from its normal position in inversion, or a funnel-shaped depression may be felt. In polypus the fundus will be in situ.

3. On vaginal examination in inversion, a rounded tumor will be felt, soft or hard, very vascular, with a velvety surface, and bleeding on slight manipulation. It will be painful to the touch, and its size will vary from alternate contraction and dilatation. A polypus is not sensitive; it does not change its size, and is not so vascular.

The diagnosis from prolapse of the uterus and vagina can easily be made by means of the sound. Its admittance for a distance of two-and-a-half inches or more at once proves the existence of prolapsus.

Treatment.—An inverted uterus may cure itself in one of three ways:—

1. Spontaneous re-inversion may take place.
2. The uterus may separate by gangrene, and a cure take place.
3. Cases are related where the uterus has been torn away and recovery followed.

In recent cases the taxis is generally successful; the part last inverted being returned first.

In chronic inversion, taxis is dangerous,—then gradual, continuous, and long-sustained pressure on the tumour is required, either by means of an air pessary, or an elastic pressure. If these means fail, a repositer will be necessary, and, as a last resort, amputation of the inverted uterus may be required, but it must be remembered that, at times, inversions exist for years without injury to health.