

CHAPTER III

DEVELOPMENT OF THE FEMALE GENITAL ORGANS

The development of the female genital organs is a process that begins in the embryo and continues through childhood and adolescence. The ovaries, uterine tubes, and uterus are the primary organs of the female reproductive system. The ovaries are responsible for the production of ova, while the uterine tubes transport the ova to the uterus. The uterus is the site of implantation and the development of the fetus.

DEVELOPMENT OF THE EXTERNAL GENITAL ORGANS

PART XV

DISEASES OF THE FEMALE ORGANS

The female genital organs are susceptible to a variety of diseases, including infections, inflammation, and structural abnormalities. Common conditions include vaginitis, cervicitis, and pelvic inflammatory disease (PID). PID is a serious infection that can lead to long-term complications, such as infertility and chronic pelvic pain. Structural abnormalities, such as uterine fibroids and endometriosis, can also cause symptoms and may require medical or surgical treatment.

The diagnosis and treatment of these conditions often involve a combination of medical history, physical examination, and laboratory tests. Treatment may include antibiotics, hormonal therapy, or surgery, depending on the specific condition and the patient's overall health.

PART XV

DISEASES OF THE FEMALE ORGANS

CHAPTER LII.

MALFORMATION, OR IMPERFECT DEVELOPMENT OF THE DIFFERENT FEMALE ORGANS.

MALFORMATION, or faulty development of the female organs, is frequently met with, sometimes from accidents, and sometimes from natural imperfection. There are so many and such different cases of this kind that it is impossible to enumerate them all, nor is it necessary. We will therefore confine ourselves to those most generally found.

COHESION OF THE EXTERNAL LIPS.

Sometimes female children are born with the external lips completely grown together, so as even to close up the passage from the bladder. In this case great distress is very soon felt from inability to discharge the urine, and the assistance of the surgeon becomes immediately necessary. Fortunately, this difficulty is generally very easily overcome. It is seldom, however, that the adhesion is so extensive as to close completely the urethra; more generally it is only partially closed, and the urine escapes in drops or small quantities. More frequently it is only the entrance to the vagina that is closed, and then the difficulty may not be discovered till the period of puberty. At that time great distress is felt from the menses not being able to escape from the womb; but of this we shall speak in another article. There are many accidents that may cause this adhesion of the labia, such as chafings, inflammation from various causes, and irritation of the urine. In some young persons there is a constant disposition to an inflamed state of these parts, and unless constant attention be paid to *cleanliness* they are very apt to grow together. In married persons this sometimes takes place from injuries at childbirth and other causes. Let it arise how it may, however, or at whatever period of life, the imperfection should be immediately removed, as serious consequences often arise from it—such as violent inflammations, retention of the menses, and even dangerous ulcerations. The surgeon should, of course, be applied to in all such cases, and in young persons as *early as possible*, so that all trace of the imperfection may disappear by the growth of the parts. Very often these things are neglected in children, and then unpleasant exposures have to be made when the parties are grown up. I have known many such left till puberty, or even till marriage, causing then the greatest distress and difficulty. Where anything of the kind is even *suspected*, it should be at once attended to, and parents should bear in mind that very often the regular use of *cold water will prevent the necessity for the surgeon's knife*. There is too much neglect of this precaution!

In nearly all these cases, especially when taken in time, no *knife* is required. In young persons never. There is, therefore, nothing in the operation to terrify. I have found that the best mode is to gently *tear* them asunder, or gradually separate

them with a thin piece of ivory, or hard wood, which may be done with little or no pain. Care must be taken afterward to keep them apart till the heal, or they may again adhere.

UNION OF THE NYMPHÆ.

The nymphæ sometimes adhere from the union of the external labia, and sometimes from other and independent causes. This malformation, like the previous one, may be either congenital or accidental, and its general effects are much the same as those described in the previous section. In such cases, there is always a difficulty in urinating; the nymphæ not directing it in a stream in the proper direction, it flows backward, or over the person, causing great trouble and irritation, and often leads to the fear that there is gravel, or stone, or weakness in the bladder.

Most of these cases of adhesion are so slight that no *cutting* is required. I have treated many successfully with the simplest domestic means, both in children and adults.

UNNATURAL GROWTH OF THE NYMPHÆ.

An unusual enlargement of the nymphæ is sometimes observed even in very young children, but is more usually found after puberty. The causes of this unnatural growth are obscure, and sometimes it appears to arise from a constitutional tendency. The annoyance, and sometimes even positive suffering, is very great, so as to seriously impede the performance of several natural functions. Attention should be paid immediately to these cases, because they have not only a tendency often to become much worse, but even to degenerate into gangrene, fungus or cancer. The use of cold lotions and saline aperients, with perfect rest and careful abstinence from exciting food or drink, will usually be sufficient to check the evil, if used early. When these means fail, however, and the enlargement still continues, leeches may be used, or scarification, and, as a last resort, the parts may be cut away, as is often done in some parts of Asia for other reasons. Certain habits in young persons, and certain excesses in adults, have often more to do with the production of this annoyance than is supposed, and if persisted in will defeat all attempts at cure. Cold water, and *entire absence from all excitement whatever*, is often all that is required.

UNNATURAL GROWTH OF THE CLITORIS.

This affection is precisely the same as the last, in its nature and treatment, being merely located in another part. It is, however, much more annoying, and more dangerous, and is likely to lead to *immorality* as well as to serious disease. The same means may be used as are recommended for enlarged nymphæ, and, if these fail, amputation may be necessary. If proper cleanliness be observed, and all improper excitement avoided, this last resort is seldom needed. If it ever does become necessary, however, it is consoling to know that the operation is speedy, safe, and almost painless. In some parts of the world it is almost invariably performed.

I am persuaded that more young persons are subject to these two last-named annoyances than is generally supposed, and I have no doubt but that the unnatural excitement thus produced is a more frequent cause of deviation from the path of rectitude than has ever been suspected! A timely attention to physical derangements will often prevent moral ones!

Exciting food, indolence, and vicious habits, are probably some of the principal physical causes of this evil, conjoined with excited feelings from sentimental reading or improper associations.

CLOSURE OF THE VAGINA.

Imperforation, or want of passage in or to the vagina is sometimes found at birth, and sometimes arises from accidents in after life. It usually produces no particular inconvenience till the period of puberty, at which time great distress is often produced from retention of the menses.

Sometimes this closure is caused simply by the hymen having no passage through it. In this case, the membrane usually protrudes in a convex form externally, and the fluid may be felt, like a weight, pressing upon it, whenever any accumulation of the menses occurs. In one case of this kind, occurring in my own practice, there had never been a flow though the patient was nearly twenty years old. An examination soon showed the cause. The hymen was completely imperforate, and protruded in the form of a round ball, from the pressure of the fluid behind. The abdomen was much distended, the lower limbs were much swelled, and about once a month the greatest distress was experienced, from the persevering efforts made by nature to relieve herself. At one of these periods a small incision was carefully made, and immediately there escaped nearly *three quarts* of fluid matter resembling the ordinary monthly secretion, mixed with clots and cakes of dark blood, and membrane. The patient felt immediate relief, and one month after had her menstrua, and continued to do so with perfect regularity, and without distress. From the suffering previously experienced, and from the wearing down of the system, it was evident she could not long have survived as she was, and what made her case worse, the parties prescribing for her had given a quantity of forcing medicine, *to bring it on*, as they said, thus increasing the evil. The real cause of the difficulty was never suspected before my visit.

In all cases when the menses do not appear in young persons at the proper time, it should be ascertained, *with certainty*, whether any impediment of this kind exists or not, before any treatment is recommended, otherwise great mischief may be done.

The most usual symptoms of retention from this cause are, enlargement of the abdomen, which varies much however at different times, with great tenderness to the touch,—pain in the loins and back—weight and dragging down in the pelvis—difficulty of breathing—spasmodic starts and twitches—headache—sickness and vomiting—and usually swelling and great tenderness of the breasts. In course of time nearly all the internal organs become more or less deranged, and we find difficulty in passing the urine, or inability to retain it, and frequently great suffering whenever the bowels are moved. In some cases the accumulation has been so great, as to cause severe pressure on the sacral nerves; and thus produce numbness and weakness, or even paralysis of the lower limbs. Sometimes the great enlargement has caused suspicion of pregnancy, and much injustice and suffering have in consequence been experienced. There are cases recorded in which this retention has produced severe nervous diseases, and even insanity. And in more than one instance the fluid has been forced along the Fallopian tube into the abdomen, causing inflammation and death. Dropsy is a very frequent result. In some few instances the fluid is *absorbed*.

after each monthly period, but this is rare, and when it does occur, it leads to great constitutional disturbance.

Imperforation of the hymen is not, however, the only cause of closure of the vagina. There are sometimes *false membranes* formed, at different parts of the passage, or the two walls may be even *perfectly united* in their whole length, forming a *solid body* instead of a tube! I recollect one case of this kind, in which an operation was performed, and a passage cut, till the womb was reached, and the walls kept from growing together again till they healed. The passage thus produced was very small at first, but gradually enlarged, by proper means of distention, to its natural dimensions. This is a very delicate and difficult operation, however, and not unaccompanied with danger. In the case referred to it was perfectly successful, and in a short time after the menses appeared and became regularly established. The lady subsequently married, and became a mother, with little more than the ordinary pain and difficulty. It is proper to remark, however, that such an operation as this is exceedingly difficult and dangerous, and by many surgeons would not be performed at all, except when it offered the only chance for preserving the health, or life, of the sufferer.

This accident has occasionally arisen from injuries at childbirth, and from criminal attempts at abortion. I have even known it to occur, partially, from other vicious practices, producing inflammation.

In performing the operation of puncturing the hymen, or other membrane, there is always some risk of causing inflammation in the womb; and it should therefore only be attempted by a competent person; fatal results having happened from want of proper precautions. It is also desirable to so perform it that the hymen shall not be *destroyed*, on account of the *moral* importance attached to it. A little reflection will show how culpably negligent those parents must be who remain so ignorant of the condition of their children, as to allow them to *marry* with this imperfection, and yet this has been done; and, in one case in my own practice, nearly with fatal results!

Many cases are recorded in medical works in which the vagina has become closed after a difficult labor, and some even in which it occurred after conception, so that an opening had to be cut before delivery could be accomplished. Dr. Ségalas mentions one such case in which the opening could not be made in time, and the patient died from the bursting of the womb.

PARTIAL CLOSURE, OR NARROWNESS OF THE VAGINA.

This state of the parts is often found at birth, though it may be produced by various causes afterward. The closing may be so great as to cause a difficulty in menstruation, with pain, or it may not be discovered till marriage, or even till delivery.

Many cases are on record, and I have known many such, in which the marriage could not be consummated from this cause. In one of these, to the great distress of both parties, a divorce was about to be agreed upon. The lady was brought to me for another affection; but this being confidentially mentioned, I remarked that *possibly* the difficulty might be overcome. The patient could scarcely be brought to think so, but ultimately agreed that the experiment should be made. The passage itself was not larger than an ordinary quill, though there was no difficulty at the

monthly period. By patient perseverance in a proper system of dilatation, with different-sized elastic tubes, filled with air, in less than six months it had attained its proper dimensions; and, to the great joy of both parties, the difficulty was *fully removed*, and conception afterward occurred.

The narrowness may either exist in the whole length of the vagina, or only in a particular part—this, of course, requires to be accurately ascertained. In some cases it arises merely from a partial growing together of the external lips, and is then very easily removed. The danger, at the period of marriage, in some of these cases, is obvious; in some of them much after-suffering, and even death, has been produced, which might have easily been avoided by a little timely assistance.

This process of enlarging the vaginal canal is one requiring great care and patience. There are few cases wherein it will not be successful, if rightly conducted, though there are many in which it may fail from very slight inattention. In all cases where there is *pain* or *difficulty*, at certain times, from this cause, it should be immediately resorted to. The use of *cutting instruments*, is seldom, *if ever*, required in these cases; I never recollect one, and I have had a great many, in which, by the gradual means spoken of, I did not effect a cure. A case is mentioned by Colombat De L'Isère, of a lady *thirty-four years of age*, who had been married since her fourteenth year, with whom this operation was perfectly successful.

Lacerations, and other injuries, from delivery, frequently produce this difficulty.

The walls of the vagina will sometimes swell from inflammation, and cause a temporary narrowness, which may be overcome by rest and cold injections. Tumors occasionally develop, either on the walls or on the mouth of the womb, and partly fill up the passage. These are probably the worst cases of the kind that can occur. Many medical authors assert that no attempt to remove them should *ever be made*; in some cases, however, the operation is successful.

When this narrowness of the passage is not discovered before labor commences, there is sometimes great difficulty, and even fatal lacerations, from the parts not giving way readily; but in general the efforts of nature effect a gradual enlargement, even in the worst cases. It would be better, however, to attend to the difficulty in time, if it be known.

CLOSING OF THE MOUTH OF THE WOMB.

The mouth of the womb may become closed from the same accidents as the vagina, or it may be closed from birth. The same effects also follow from its closure as from that of the vagina, with the exception that it does not prevent the consummation of marriage, though it will prevent conception. The plan of treatment is nearly the same as that laid down for the vagina, but it is much more difficult and uncertain, and by many persons is altogether denounced, excepting as a last resource to preserve health, or life. I have overcome some cases, however, without an operation, by patient perseverance. Very often this defect exists and is unsuspected. It should therefore be always looked for, when no other cause of difficulty is known, particularly in retention of the menses and in barrenness.

ABSENCE OF THE VAGINA, OR WOMB, OR BOTH.

Fortunately these deprivations seldom occur. I have, however, met with some such, and many are on record in medical books; it is therefore advisable to mention

them. Either the vagina or the womb may be absent, alone, or both may be absent together. It may also be a congenital defect, or may arise from injuries. The womb may be absent and yet every other part be perfect, so that no indication of the defect will be evident, except on examination. Marriage may then be consummated but must of course be fruitless. Absence of the vagina is of course always discovered and forbids the possibility of marriage. If the womb and ovaries be perfect when there is no vagina, we may have the same distress and difficulty as in closing of the vagina, because there will be no means of escape for the menses if they form.

CHAPTER LIII.

DISPLACEMENT OR WRONG POSITION OF THE FEMALE ORGANS.

THE different female organs are liable, from a variety of causes, to be displaced, or they may even be misplaced congenitally. The womb is most frequently found out of its proper situation, and its deviations will, therefore, first engage our attention.

PROLAPSUS UTERI, OR FALLING OF THE WOMB.

This troublesome affliction, scientifically called *hysteroptosis*, is found at almost every period of life, and under almost all circumstances. It is, in fact, so general that it may be considered a kind of heirloom, to which every female may consider herself born, and from which she may think herself extremely fortunate if she escapes. It is, in fact, a very rare occurrence to meet with any adult female, particularly if long married, who is not troubled with it, or has not had it. Married females are undoubtedly more subject to it than unmarried ones, but it is found to a great extent even among very young persons. I have known many suffer from it before puberty, and some even as young as ten or eleven years of age. Cases are on record where complete prolapsus existed at birth, giving rise to doubt as to the proper attributes of the child. But without referring to these congenital accidents, we have enough to do, unfortunately, with the disease as it arises in after life.

The primary causes of its fearful prevalence are to be found, undoubtedly, in an almost entire neglect of the laws of physical health, in the education of young females. Want of sufficient self-prompted exercise, with free exposure to air and light; combined with injurious and absurd modes of dress, and too long continuance in constrained positions of the body, are some of the evils almost universally prevailing. These are sure to lead to bodily debility and imperfect development, particularly when united with over excitement of the mind and feelings. And hence arise the curved spines, the blanched cheeks; the consumptive lungs, and general state of weakness so prevalent among young girls; and the still greater evils so general among adult females. Falling of the womb is more frequently produced by loss of tone in the muscular system than by anything else; it is, in fact, nearly always a result of debility, except among females who perform heavy labors—and with them it is produced by actual violence, by lifting, straining, or remaining too long on the feet.

Until these errors in the education and mode of life of females are corrected, such evils will always exist; and if any man could prevail on society to adopt a more rational course in this respect, he would prevent more disease and suffering than medical art has cured since it was first originated.

Among particular causes of prolapsus uteri may be mentioned, wearing corsets, too violent exertion, running up stairs, reaching above the head, straining from

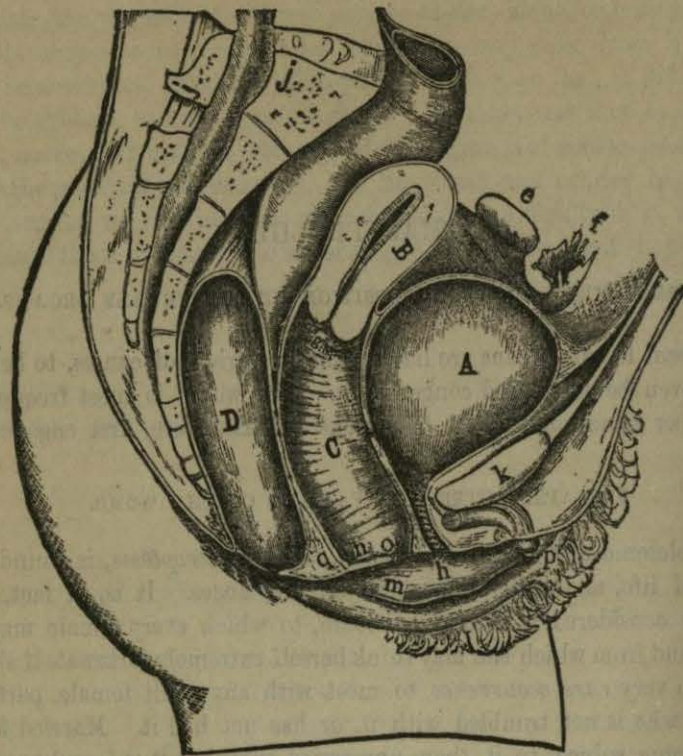


FIGURE 125.—Lateral Section of the Female Pelvis, to show the position of the organs in their natural state.

A. The bladder. B. The womb. C. The vagina. D. The rectum. e. The right ovary. f. The right Fallopian tube. g. The os tincæ, or mouth of the womb. h. The meatus urinarius, or mouth of the bladder. i. i. The small intestines. j. j. The back bone. k. The pubic or front bone. l. The right external lip, or labium. m. The right internal lip, or nymphæ. n. The hymen. o. The opening through the hymen. q. The clitoris. p. The perineum.

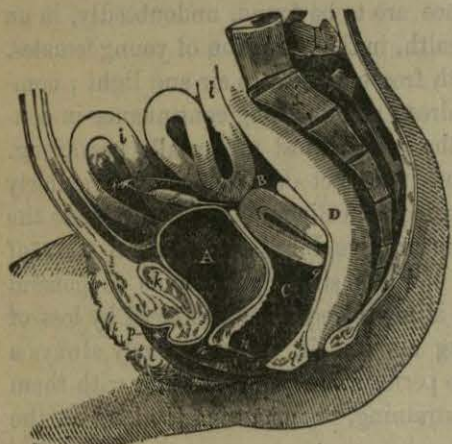


FIGURE 126.—Lateral Section of the female Pelvis, to show the position of the Womb in the First Stage of Prolapsus.

A. The bladder. B. The womb, which is fallen down nearly to the middle of the vagina, which is much enlarged, owing to the womb being forced down into it. D. The rectum, also much compressed. i. i. The small intestines, also fallen down after the womb.

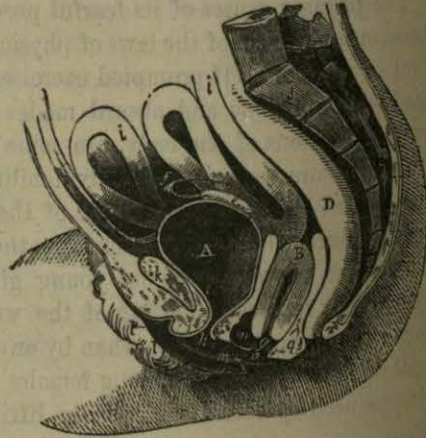


FIGURE 127.—Lateral Section of the Pelvis, to show the position of the Womb, and other Organs, in the Second Stage of Prolapsus.

A. The bladder. B. The womb, now fallen to the bottom of the vagina, which is much enlarged, and nearly filled up by the fallen womb. D. The rectum, which, like the bladder, is severely pressed. i. i. The small intestines, still following the womb.

constipation of the bowels, injuries at child-birth, or rising too soon after it, frequent deliveries, and excesses of various kinds.

To understand the nature of this distressing affection it will be necessary to refer again to the plates. It will there be seen that the womb is placed in the pelvis, between the bladder and rectum, to both of which it is attached, those attachments being the chief means of its support in a vertical position. The ligaments, both round and broad, act chiefly as stays, to prevent the womb moving to the right or left particularly when the female lies down. The muscles of the perineum, or part between the mouth of the vagina and the rectum, also play an important part in sustaining the womb. The whole of the genito-urinary organs, and the rectum as well, are supported by these muscles, which form what is called the floor of the pelvis. When these muscles are weakened, or relaxed, they allow the parts they should sustain to sink below their proper level, till eventually they become fixed in a wrong position, and their attachments so weakened that they cannot return. The perineum is relaxed by straining from costiveness, by violent coughing, and by lifting, all of which, therefore, lead to prolapsus.

A heavy engorged state of the womb itself also generally accompanies this disease, and predisposes very much to it by its mere weight. This explains why young persons are more exempt than married ones, because the womb is lighter in them. It also explains how retention of the menses, or any other derangement which increases the weight of the organ, leads to the same result.

This disease is usually divided into three stages, and will be most advantageously considered in that way.

First stage.—In this stage we find that the womb has merely settled down as it were, a little, and instead of being perched on the top of the bladder, as we see it in Figure 125, it has fallen down between the bladder and rectum, as we see in Figure 126, nearly to the middle of the vagina, which is, of course, much enlarged from the passage of the womb into its cavity. The immediate causes of this primary displacement are relaxation of the ligaments and the walls of the vagina, assisted in most cases by increased weight of the uterus, from engorgements. The most prominent symptoms are, dull pain in the small of the back, with dragging sensation in the groin, and fullness or weight round the fundament, and in the perineum, with great lassitude and weariness of the limbs. At this stage the disease is comparatively slight, and usually yields to simple remedies. It is at this time, therefore, that proper treatment is most likely to be attended with success, and it should be resorted to immediately, the prospect of cure being lessened by every day's delay.

In examination the neck of the womb is felt very low down, like a tumor, which immediately recedes when pushed, but falls back again when the pressure is withdrawn. The os tincæ will distinguish this from a real tumor, but is not always easy to find, owing to the position of the whole neck being so much changed.

It should be borne in mind here that some persons have the womb naturally much lower than others, and what would be a real displacement in one, may be quite natural in another. The neck of the womb is also very long in some persons, and this circumstance may deceive, unless care be taken.

It is at this time that we often find great relief, or even a complete cure, in some cases, from cold astringent injections and washes, which give tone and strength to the relaxed and weakened muscles and ligaments. Good abdominal or uterine supporters are also proper at this stage, as they hold up the intestines, and other organs

above, and prevent them from pressing upon the womb. Unless made on proper principles, however, and well fitted, these instruments are more likely to do injury than good, and this is in fact very often the case.

Cold water is one of the best washes, or injections, that can be used. I would not advise any *mineral* astringents at all, but sometimes it may be advantageous to employ an infusion of *white oak bark*, two ounces of bark to two pints of water, boiled down to one pint. A stronger mixture may be made by boiling two ounces of pounded *nut-galls* in a pint of water, for ten minutes. These injections should be employed *cold*, with a *bent syringe*, which should be filled about three times at each application, and used night and morning. Cold water, however, is generally sufficient, and if it were plentifully used, in time, would be a great *preventive*. The cold fluid should also be dashed over the groins and pubes, where the ligaments are attached, and on the inside of the thighs, as well as used with the syringe.

I have found *galvanism*, however, the most effective agent, both in relieving immediate symptoms, and also in effecting a cure. The effect it produces is that of drawing up the parts, in the first instance, or restoring them to their proper places, and then strengthening the muscles and attachments, so that they are able to retain them. I have known this remedy act, almost from the first application, in so remarkable a manner, that the patient has imagined herself cured at once. The immediate relief it gives is often surprising, but to effect a permanent cure, it of course requires to be continued. I have used it myself in numerous cases, and can safely say with more benefit than from any other means.

The most usual mode of applying it is, from the spine through the ligaments and womb, externally, but in some cases it is requisite to use it internally. It is better, however, always to have it administered by some one who has made a study of the subject, and who fully understands it. There are seldom two cases that can be properly treated in the same way, and I often find it necessary to vary not only the mode of application, but also to procure instruments specially adapted for particular cases.

This derangement is one of those in which it is evident, both from reason and experience, that *medicines* can render little or no assistance. They are proper so far as they can improve the general health, but cannot possibly have any effect in restoring the displaced womb, though females are often deluded into taking them under that impression, and very frequently to the great injury of their health, as well as the loss of valuable time.

It is seldom the disease remains long at this stage, for if it be not cured it soon becomes worse.

Second Stage.—The womb has now fallen still lower in the vagina, and the general symptoms have become worse. The increased descent is shown in Figure 127. The mouth of the womb is near the external opening. The vagina is inverted, or turned inside out as it were, nearly two-thirds of its length, and is much distended. The bladder is pressed upon near its neck and so irritated that a constant desire is felt to urinate, and often a difficulty is experienced in doing so. The rectum is also pressed upon in the same way, near the fundament, and a sensation is constantly experienced as if the bowels were going to be moved. Both bladder and rectum are in fact pulled down, out of their places, and their functions materially interfered with. The ligaments are put upon the stretch, owing to the womb hanging by them, producing a severe pain in the groin, and at the lower part of the abdo-

men, accompanied oftentimes with a feeling of numbness in the limbs, from the nerves being pressed upon. The pain in the back becomes more severe and more constant, and gradually the whole system becomes deranged.

The *nerves* of the uterus are connected with those of almost every other organ in the body, as well as with the spinal marrow, and this explains why it has such extensive and complicated sympathies. There is, in fact, scarcely any organ in the body but what may suffer, and appear to be diseased, though perfectly healthy, merely from disease of the womb, which may nevertheless give but few or no indications of disease itself. This is a matter on which medical men have dwelt but very little and about which the public generally know still less. Every female, however, ought to have it explained to her so that she may understand the real cause of her suffering, and the *reason* for the proposed treatment. Palpitation of the heart, bilious derangements, considerable spinal irritation, inflammation of the bowels, difficulty of breathing, and dyspepsia, besides a host of minor derangements, are often produced by falling of the womb. When this is the case we must, of course, look for a cure only by restoring that organ to its place; but how could a female feel satisfied that any treatment of the womb would relieve the heart, or stomach, unless she knew how intimately it was connected with them?

Many persons suffer much from headache, distressing nervous sensations, with a feeling of irritability that makes them truly wretched, and with a weakness and lassitude making the slightest exertion difficult.

In fact, the general symptoms are frequently very similar to those of pregnancy, and have often deceived persons into a belief that such an event had occurred. Loss of appetite, sickness, or vomiting, with a sensation of weight and fullness in the abdomen, accompanied by a feeling as if a large tumor were about to escape by the vulva. I have known some suppose they were going to miscarry on this account.

Rest in a reclining position usually relieves all these distressing symptoms, not only because it is grateful in itself, but because it allows the prolapsed womb to return, by removing the pressure of the superincumbent organs.

It is of the *utmost importance* that the womb should not be suffered to remain fallen longer than can possibly be avoided. If it do, there is great danger that new attachments will be formed between it and the other organs, and thus it will be fastened, or grow, in its new position. This accident, in fact, does often take place in cases that have been left too long; and it is then almost impossible to afford relief. The impropriety of using many of the ordinary instruments, when this has occurred, will be evident. Suppose the organs in a female pelvis had fallen into the position represented in Figure 126, and were then to *become fast*, it will be readily seen that any attempts to force and prop them up will not only be useless, but must cause great suffering. A careful inquiry and examination should therefore be made into every case before any treatment is recommended, so that no harm be done at least, if no assistance can be rendered.

Sometimes a tumor, or polypus, will pass from the inside of the womb, and protrude through its mouth into the vagina. In such cases, without great care, a mistake may easily be made, and the tumor be taken for the womb. The mistake has often been made the other way, and in more than one instance the fallen womb has been *cut out*, under the impression that it was a tumor!

Prolapsus, in the first and second stages, does not always prevent conception,