The relation of prolapse of the vagina to hernia : illustrated by two pedigrees / by Alban Doran.

THE RELATION OF PROLAPSE OF THE VAGINA TO HERNIA, ILLUSTRATED BY TWO PEDIGREES.

By Alban Doran.

In calling the attention of the Society to the appended pedigrees, it is needless for me to enter into an elaborate discussion on the relation of intestinal hernia to prolapsus ani, floating kidney, pendulous belly, and uterine and ovarian displacements. The opinions of many scientific observers are already well known, and for some of the most recent additions to our knowledge of the affinities of different forms of displacement of the abdominal and pelvic viscera, I must refer the inquirer to the researches of Landau, collected in his work, 'Die Wanderniere der Frauen.' The two following genealogical tables are of interest as tending to prove that prolapse of the vagina must be ranked as one of the numerous forms of displacement that are observed in families subject to a strong predisposition to hernia and its allies. For several years I have been struck with the frequency with which patients suffering from prolapse of the vagina have informed me that several of their male and female blood-relations were subject to "ruptures in the groin" or "always wore a truss." It is true that hernia is a very common infirmity and that the attention of a sufferer from prolapse would be turned to the subject of her relatives' disorders, which she might otherwise have ignored. But in two cases, both attending as out-patients at the Samaritan Free Hospital, the family history of hernia was so marked that I considered that the pedigrees would prove of some interest to the Society.

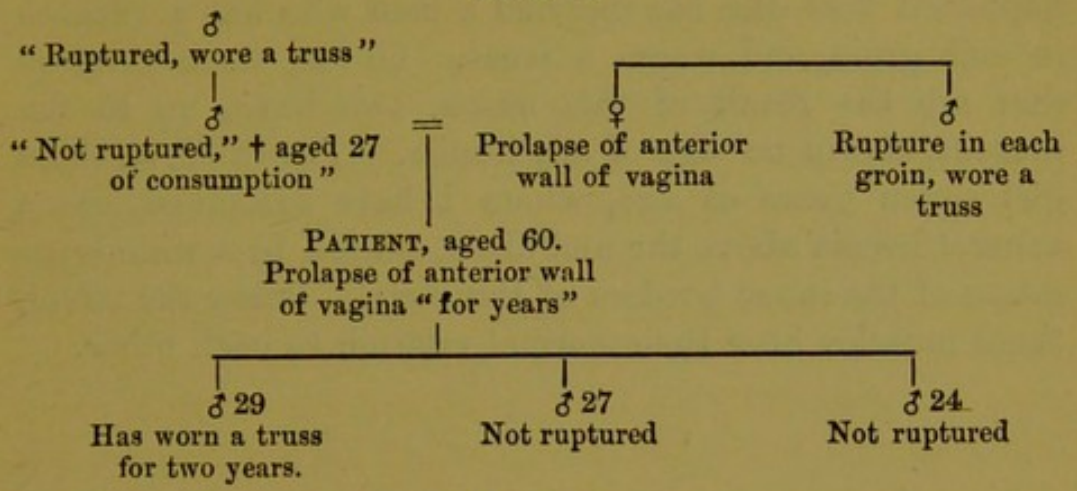
The first case is that of an old married woman, who informed me that she "had a falling of the womb for years." The eldest of her three sons, aged twenty-nine, had been obliged to wear a truss for the last two years "on account

of a rupture in his groin;" the two younger had not as yet, to her knowledge, shown any symptoms of hernia. But she always remembered that her own mother had a "falling of the womb," just like her own case, and as no instrument was required, and the womb did not appear externally, according to the patient's account, we may conclude that the mother, in all probability, suffered from prolapse of the vagina, although the uterus might have been involved. The patient further informed me that her paternal grandfather was ruptured and wore a truss, whilst her maternal uncle had a rupture in each groin and also wore a truss. Her husband, who died young, had no rupture.

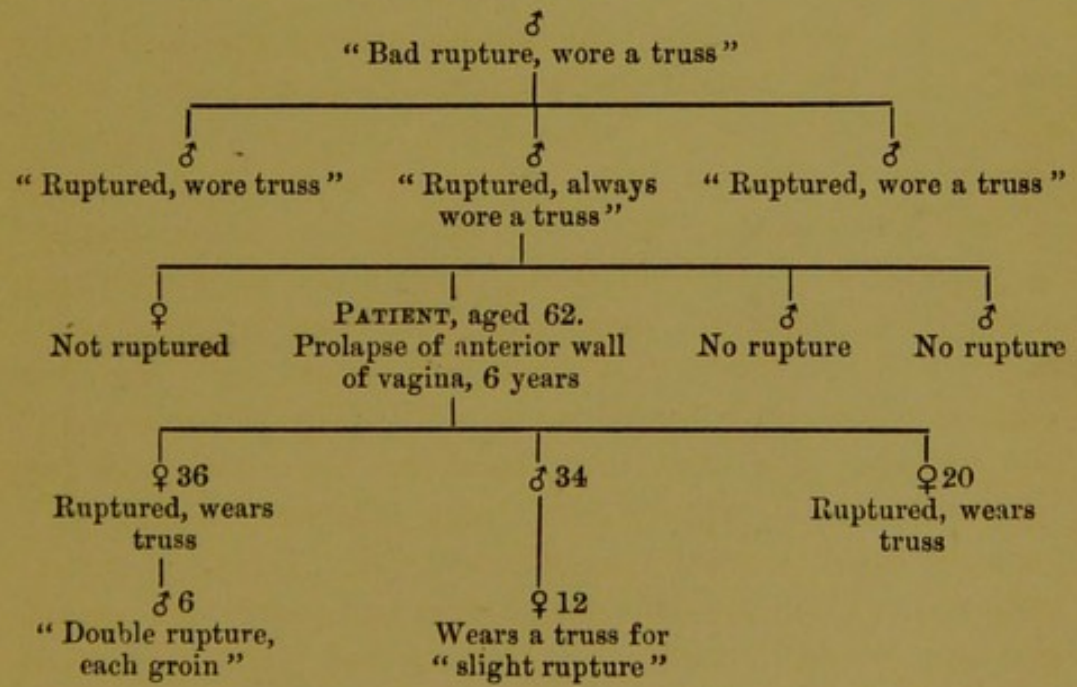
In the second case, the family history was still more marked. The patient was a married woman, aged sixty-two, suffering from prolapse of the anterior vaginal wall, which, as in the last case, presented in itself no feature of unusual interest, and in neither was there marked displacement of the bladder. Ever since a miscarriage, when forty years of age, she had been troubled with bearing-down pains, and when, six years ago, she first noticed what she believed to be a "falling of the womb," she thought her case very hard, as her sister and two brothers had no rupture nor "any blemish whatsoever," though her paternal grandfather, her father, her two paternal uncles, her two daughters, and lastly her grandson and granddaughter all have or had "the rupture in the groin," and have been compelled to wear trusses. The ruptured granddaughter was the child of the patient's only son, who does not wear a truss. The annexed tables will show the pedigree of the two cases at a glance.

Note.—Since preparing the pedigrees of the above cases, I have seen, in the out-patient department of the Samaritan Hospital, a patient suffering from prolapse of the posterior vaginal wall. She informed me that both her paternal uncles and her only brother had rupture in the groin and wore a truss, and she was under the impres-

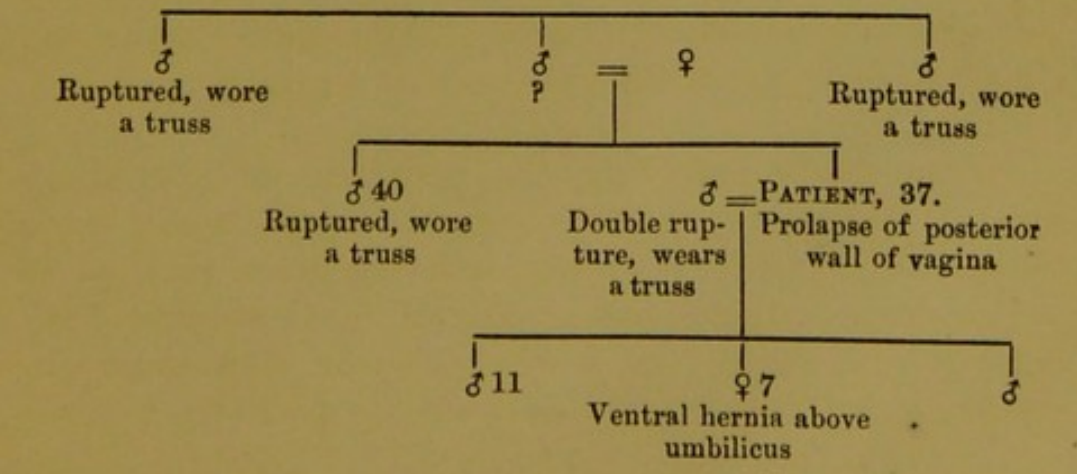
Case I.



Case II.



Case III.



sion that her father had a "weakness in the belly." It happened that she has married a man who has a rupture in each groin and wears a truss. Of the three children that are the result of this union, two have, up to the present, shown no sign of any hernia. The third, a robust girl seven years of age, whom I have examined, has a ventral hernia above the umbilicus, caused by a wide separation of the inner borders of the recti. Below the navel, these muscles bear their normal relation to each other.