Complete Prolapse of the Urethral Mucous Membrane.

I venture then, in conclusion, to accentuate these facts:—First, that malignant endocarditis is a name for a variable group of clinical phenomena, and not, so far as we know at present, for a constant pathological condition; second, that "malignant" as here used does not signify that there is a necessarily fatal form of endocarditis which differs in kind from all forms which are not fatal; third, that many cases of acute endocarditis, those more especially which cannot be traced to the usual diathetic causes, such as rheumatism, are probably the result of septic infection.

ART. XI.—Complete or Annular Prolapse of the Urethral Mucous Membrane.* By WM. S. BAGOT, M.B., L.M.; late Senior Assistant Physician to the Rotunda Hospital; Fellow and Member of the Council, Obstetrical Section of the Royal Academy of Medicine in Ireland; Fellow of the British Gynaecological Society; Member of the Dublin Biological Club.

My reason for bringing this subject before your notice is not alone because in itself the condition is of great interest, but also that in very many of our English text-books this affection is only lightly touched upon, or is altogether omitted.

A slight degree of prolapse of the urethral mucous membrane is very common indeed; but annular or complete prolapse seems to be a rare condition, for Winckel states, as does Parvin also, that he has but once met with it.

M'Cintock, who, as far as I have read, gives one of the best descriptions of this condition to be met with in any of the British text-books, says that he has never observed a case so extensive as to require operative treatment.

The prolapsed mucous membrane presents itself on the vestibule as a tumour of a bright-red or purple colour, varying in size from that of a cherry to that of a large walnut, and, on examination, the meatus urinarius may be found situated on some portion of its surface, usually about the centre.

The prolapsed membrane becomes extremely sensitive, and bleeds easily on being touched; it gives rise to vesical tenesmus, pain on passing water, or even retention of urine and dyskinesia.

Strangulation and sloughing may take place, thus bringing about a spontaneous cure. According to Hofmeier this affection is most

* Read before the Section of Obstetrics in the Royal Academy of Medicine in Ireland, on Friday, November 28, 1890.
frequently met with in debilitated young women without any appreciable cause; he has also observed two cases which occurred in children, the one aged nine years and the other still younger.

Skene, however, lays considerable stress on previous organic or functional disease of the urinary organs as being predisposing causes, and, further, says that most of the cases in which he observed this condition were weak, nervous patients, aged over fifty years, who had previously suffered from some of these ailments. Old prostitutes, he states, are also predisposed to this affection.

C. Ruge, from the microscopical examination of a portion of the tumour which was removed from a patient under his care, is inclined to believe that this condition partakes rather of the nature of a vascular tumour, consisting of widely-dilated vessels set closely together, than of a true primary prolapse of the urethral mucous membrane. This statement would seem to be supported by the third case, which I will presently describe, where portion of the tumour which was removed presented, on microscopical examination, a condition similar to that described by C. Ruge. As regards treatment, Winckel advises, first, replacement of the prolapsed membrane after removal of the causes, if any, can be found. Rest in bed and the use of astringent injections have also been advised as being of assistance to restore the parts to their normal condition. Should this treatment prove ineffectual, as it usually does, according to Parvin, then excision of the mass should be performed, and the urethral stitched to the external mucous membrane by fine sutures. In performing this operation one should avoid removing too much of the urethral mucous membrane lest a stricture might follow, and precaution should also be taken to prevent the urethral mucous membrane from retracting up into the canal as soon as it is cut, for it is then very difficult, especially in young children, to seize hold of it and draw it down again. Benicke, in one of his cases, returned the projecting mass into the urethra, and fixed it there by means of a catgut suture. Removal by the use of various forms of cauterity has also been advised. Dr. Södermark, of Boras, Sweden, considers that the rarity of this affection is somewhat overstated, he himself having met with three cases during a period extending over the same number of years. Two of these were old women, aged respectively fifty-eight and seventy years, while the third was a child, aged nine years. The operation in the first two cases consisted in removal of the growth by the galvano-cauterity; but in the case of the child he performed a plastic operation,