

high degree never produced even a moist state of the skin.

When the cold winds began to prevail, I surrounded the limb with folds of flannel; nevertheless it was so sensitive to the cold, and the pain was thereby so dreadfully increased, as frequently to cause nausea and inability to proceed.

For some days I had been contemplating what substance would best protect the limb from the inclement weather. *Indian-rubber cloth* appeared to be the most likely to effect this object. Accordingly, I enveloped with it the upper third of the leg, knee-joint, and lower part of the thigh; in two hours a very comfortable feeling of warmth ensued, soon followed by the long-desired state of perspiration. When in the air the cold did not affect the limb as heretofore; on the contrary, it felt warmer than the healthy one. During slight exertions in walking, the parts thus protected were the first to perspire, and, when quiet, they alone felt moist.

The pain gradually left the vicinity of the knee, but continued about the upper portion of the thigh, about the hip, and in the loins. I now had an additional piece of the cloth attached to the piece which covered the knee, and thus made it extend to six inches below the knee, envelop the whole of the thigh, the upper part of the hip, and, to a certain extent, cover the muscles about the loins: the whole was lined with flannel.

Four days elapsed, when a palpable improvement in walking was observed. The pains in a week abated, enabling me to obtain hours of rest, where I had before had only minutes. In three weeks I was nearly free from pain. The limb is increasing in volume and strength; occasionally the slightest degree of pain is felt, transient, and confined to the lower part of the leg and foot, which parts are not covered with the cloth.

The same beneficial results have been produced in two other cases, one of which was even worse than mine, and had continued for eighteen months. An eminent physician also has experienced the same relief by using the cloth. In introducing the above to the notice of the profession, I wish to be distinctly understood, that I speak of the utility of *Indian-rubber cloth* only in cases of chronic rheumatism.

This disease is frequently, at the commencement, accompanied by symptoms of fever which require to be treated in a proper manner. When, however, it degenerates into its chronic type, the cloth will be of service, especially when the symptoms enumerated in my case are present; and in many cases the secretions require attention, previous to its application.

For a few years, I had the medical charge of above five hundred prisoners, among whom many cases of rheumatism occurred. In a few instances surprise was created by finding the patient salivated, although no mercurial preparation had been prescribed;—on inquiry, however, I found that some *Ung. Hydr.* had been secretly obtained, and applied to the affected part; these patients immediately got well. Since then, many cases have been cured by the same remedy, even when the gums were slightly affected I remain, Sir, your most obedient servant,

G. RUSSELL MART, Surg.

49, Frith-street, Soho-square,
December 17th.

TRUSS PADS.—In No. 7 (Nov. 8th) of the present volume, is a note signed "W. H. O.," inquiring whether *Indian-rubber cloth* had been used in forming pads for trusses, to contain water. Experiments of that nature were made months before the date of your correspondent's letter. The result is, that a most beautiful elastic (water) pad is now manufactured. I have in my possession an umbilical truss, with a pad so constructed, which requires the spring to be weakened. When applied, the lady who wears it is quite unconscious of the pressure of a pad. It is filled with water, and there is a valvular opening, by which contrivance the quantity of fluid is regulated.

REMOVAL OF POLYPI

ATTACHED TO THE

FUNDUS OF THE UTERUS.

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To the Editor of THE LANCET.

SIR,—In No. 24 of THE LANCET (September 6th, 1834), which I have lately read, are these words under the head, *Hôpital La Pitié, Paris*, "Herbinau was the first who had the boldness to attack a polypus above the os uteri, in a case where the orifice of the neck was only partially dilated by the tumour; but what is to be done where the polypus is perfectly inaccessible,—situated so high that the finger can barely reach its base, while the patient is worn down and exhausted by frequent loss of blood, pain, and general irritation?"

As I have the notes of two cases of a nearly similar character to the one here supposed, and which but for meeting with the above paragraph might have lain dor-

mant, I beg to transmit them to you for publication, I am, Sir, your most obedient servant,

JOHN WALLACE, Surgeon.

Denny, Nov. 18, 1834.

Case 1.—The patient was about 40 years of age, of a stout, masculine frame, unmarried, and had not borne any children. Her health had never been materially interrupted until the end of March last, when, after some fatigue, consequent on walking, she was attacked with a sanguineous discharge from the vagina. It continued pretty profuse for a few days, but was easily got under, when perfect rest was enjoined, and laxatives, with the *Tinct. Mur. Fer.*, were administered. From the same cause, however, in the course of a few weeks, the hemorrhage reappeared, and was again subdued by the same means. Recurring in a short time afterwards, without any evident cause, and resisting the usual remedies, I “touched” the patient. Nothing uncommon being detected in the vagina, the finger was forcibly carried for about an inch into the uterus, and finding it nodulated, I resolved the cause of hemorrhage into irritation; from this peculiar condition, various internal remedies were then tried, with injection into the vagina, which always lessened the discharge for a few days; but it returned with increased violence. Not satisfied with my former examination, and more suspicious on maturer deliberation that some small morbid growth might still be the cause of all the mischief, I “touched” the patient a second time. The os uteri was now more dilated, so that with one hand pressing on the hypogastrium, the finger was easily introduced into the uterus, till it came in contact with the termination of a small body. Forcing the finger still further up, the tumour was found adhering to the very fundus, and conjectured to be about half an inch in length, and three-quarters of an inch in circumference, tapering towards its fixed point.

Several attempts were made to take it away by ligature, &c., but to no purpose, and the exclamation now was, “What is to be done?” The patient was nearly exsanguineous, restless, and anxious; countenance perfectly pallid, and pulse small, quick, and weak.

As soon as practicable, I had a pair of light forceps constructed, eight inches in length, and a quarter of an inch of their point turned into a right angle. With these I endeavoured to twist off the polypus, but was unsuccessful, in consequence of the inability of the slim forceps to retain a sufficient hold. I ultimately got

them fixed, with some difficulty, at its very root, and binding a tape firmly round their handles, I allowed them to remain. This was at mid-day, on the 17th of July. At my visit on the 19th, the patient took the forceps from under her pillow, with the polypus in their grasp. It had come away during the night, and was dry and shrivelled. In three weeks the patient was out of bed, and she is now exercising herself with light work.

I leave the foregoing case to the consideration of the reader, without note or comment, and proceed to relate another, somewhat allied to it, which occurred nearly at the same time.

Case 2.—In this case hemorrhage took place three weeks after the delivery of a second birth, by a young and comparatively healthy woman. Assistance was not applied for until the patient and her attendants were convinced that death was fast approaching, when the first salutation I received from the dying woman, on visiting her, was, “Ah! doctor, I am gone.” Her pulse was perceptible, but excessively weak and fluttering. On ascertaining the cause, I introduced my finger into the vagina, and detected a round hard substance filling up the os uteri. After proper arrangements, my hand was introduced and carried up forcibly into the uterus.

The body of the polypus, as in the foregoing case, was found attached by a pedicle to the fundus, and I succeeded in bringing it away, by twisting and cutting it with my nails, and the polypus was about three inches in length, one in diameter, pear-shaped, of a fleshy cavernous structure within, and covered externally with a smooth thin membrane.

The extraction was followed by no bad consequences; and although the practice may be thought rude, yet I conceived that it was called for in the present instance, where flooding had been allowed to continue unrestrained for eight days, aggravated by the occasional exhibition of whiskey-toddy, the treatment adopted by her ignorant and thoughtless nurse.

The subjoined engraving presents an outline of the plum-stone mentioned in the second case related by Mr. Heath, in the next page (558), but which was accidentally prevented from occupying its proper situation.



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