ART. XX.—*Contributions to the Pathology of the Uterus.*

By JOHN BROWNE, M. D., one of the Medical Attendants of St. Mark's Hospital and Dispensary, &c.

[Read before the Surgical Society of Ireland.]

FOUR specimens of different uteric lesions are here laid before the Society, and as I possess a history of every case, which in itself presented circumstances more or less interesting, I am in hopes that the entire may not prove unworthy of the attention of this meeting.

I shall first explain each preparation, next give a detail of the symptoms and treatment, and lastly make a few observations on such facts as appear to me worthy of notice.

The first is a fine example of laceration of the vagina and uterus during parturition. The vagina is observed to have been extensively torn in front and laterally, almost all round, and nearly in a transverse direction; pretty much about the place of its junction with the uterus. The peritoneum is seen to have been torn also in front and laterally, for about six inches in length, and on the left side the muscular tissue of the uterus has been implicated for an extent of three inches, but here the uterine cavity was not exposed, one-half of the thickness of the organ only having suffered.

The torn peritoneum and uterus seem to have formed a sort of flap directed somewhat towards the left side, while the laceration of the vagina inclined more downwards and towards the right; the edges of the wound are observed to be separated about four inches.

The other necroscopic phenomena noticed at the *post mortem* examination, (which took place but two hours after death,) were these: two pints of bloody fluid within the abdominal cavity; the omentum gathered up into a mass and lying to the right side, the lower half of this membrane, the entire of the jejunum and ileon, the cæcum and appendix, and about six

inches of the commencement of the ascending colon, of a dark mahogany colour, as if gangrenous ; slight marks of inflammation on the abdominal peritoneum and peritoneal covering of the uterus. The last named organ, contracted to about its usual size at the fourth month, lay superficial at the lower part of the abdomen, rather to the right side, having the omentum in contact with it ; on removing which a large, bloody coagulum, covering the rupture, and in contact with the peritoneum, was discovered.

The particulars of the case were these : she was woman of middle size, sanguine temperament, fair complexion, aged thirty, and this was her fourth pregnancy.* Twelve hours after the commencement of labour she was seen by a midwife, who stated the pains to have been strong, the head and funis presenting. In twelve hours more, the membranes ruptured, with a large discharge of liquor amnii, recession of the presenting parts, sudden cessation of pains, and the ordinary phenomena of a ruptured uterus. The next morning (thirty-six hours from the commencement of labour) she complained of abdominal soreness near the pubes, with vomiting and slight hæmorrhage ; for which symptoms she was bled from the arm to ℥xviij. and had an enema administered.

It was not until the fourth day of her illness, or about ninety-four hours from the commencement of her labour, that she came under my care ; she then had some of the symptoms of strangulated hernia, such as stercoraceous vomiting and hiccup, besides a general soreness and flaccidity of the abdomen ; some portions of the foetus were felt superficially through the abdominal coverings. The laceration was detected by the finger, on the left side of the vagina, extending upwards about two inches, and no part of the foetus could be felt presenting. The pulse was 160, soft and very weak, and the respiration forty-four.

* I am unable to give any particulars of her previous labours.

Hopeless as the case was, I considered it to be my duty to perform the operation of turning, which was accordingly effected in the usual way, and well sustained by the patient, who, although the pulse ceased, survived about four hours.

The distance between the pubes and sacral promontory was less than usual, so that the passage of the hand was impeded. The cavity of the uterus was large, relaxed, and filled with coagula, in the midst of which was found the placenta detached. A discharge of half a pint of venous blood followed the extraction, and several folds of intestine were felt towards the fundus, both before and after the operation.

The foetus had been dead several hours, and was much decomposed, having been probably deprived of life, soon after labour commenced, by pressure upon the funis. It appeared to have presented naturally with the vertex, but the left lower extremity at this time had passed through the rent; among the intestines, there was no perceptible uterine action.

This case adds but another to the many already on record of one of the most lamentable casualties to which the human female is liable during the whole period of her parturition. The deplorable ignorance of the attending midwife is much to be regretted.* Had she called in medical assistance at first,

* I have often thought that much mischief might be prevented by an improved system in the education of our midwives, similar to that adopted in France and Germany. They are, in those countries, of a better class in society, taught their profession more extensively and carefully, and commence their studies at a period (fifteen or sixteen years) when the mind is ripe for learning and susceptible of retaining it. I shall never forget the surprise and gratification which I experienced whilst going through the obstetric wards at Vienna, on being addressed in French by a modest and elegant young female, (one of the midwifery pupils,) who politely explained the economy of the department; my imperfect knowledge of the German language preventing me from comprehending Professor Klein in his vernacular tongue. Could our national customs permit us to substitute intelligent and educated young *ladies* for stupid and ignorant old *nurses*, a great national benefit, I have no doubt, would be achieved. Dr. Granville laments the evil of which I complain, and gives some frightful examples, but without suggesting, as it seems to me, a sufficient remedy. (See his Report of the Practice of Midwifery at the Westminster Dispensary, page 201.)

the accident might have been prevented ; and after the occurrence of the rupture, the delivery of the foetus and replacement of the intestines would have given the woman a much better chance of her life than she ultimately had, by the removal of the two principal causes of the violent abdominal inflammation discovered after death, namely, the contact of a foreign solid with the delicate peritoneal covering of the intestines, and the constriction of so many of their folds by the edges of the lacerated opening. As long too as the uterus was prevented from contracting, more or less of bloody effusion was allowed to go on, which must necessarily have added to the inflammation. The laceration was not, it is probable, so extensive originally as it here appears, but must have been materially augmented by the continuance of a great portion of the foetus between its lips for the long period of seventy hours.

Pelvic deformity appears to have contributed to produce this laceration, and to have been of a comparatively recent development, as it is probable that had any of her previous labours been difficult, she would have mentioned the circumstance, which it is believed she did not. Such deformities some authors suppose to be a frequent cause of this accident.* The phenomena, well marked, were followed by those of inflammation, to which succeeded symptoms of intestinal strangulation.

Writers state the fatality in uterine and vaginal lacerations, to depend on three causes, viz. collapse, hæmorrhage, and inflammation ;† of these the last appears to be the most general,‡

* Robertson in *Edinburgh Medical and Surgical Journal*, vol. xlii. p. 49.

† Ingleby in *Dublin Medical Journal*, No. XXIV. p. 451.—Maygrier *L'Art Des Accouchemens*, tom. ii. p. 271, &c.

‡ “ In every case which I have seen, the intestines were chiefly affected, being much inflamed.”—*BURNS' Midwifery*, p. 495. “ If the patient survive the more immediate effect of the accident, symptoms of abdominal or peritoneal inflammation presently supervene, and are gradually progressive.”—*RAMSBORNAM'S Practical Observations in Midwifery*, Part 1, p. 387.

and most alarming, and as such should be the chief object of our attention.

I shall not occupy the time of the Society by insisting on the propriety of immediate delivery, such a practice being, I believe, generally approved of at the present day ; but I do think it expedient to say a word or two on the necessity of the subsequent employment of bleeding, both topically and generally, as an idea has prevailed that such depletions are often uncalled for, and may, therefore, safely be dispensed with.*

On referring to Doctor Collins's valuable observations,† I find that two cases which recovered had, the one six dozen, and the other nine dozen of leeches applied to the abdomen ; and that six other cases which were similarly treated, (two of them being also bled from the arm for convulsions,) held out to a longer period than the subjects of such untoward accidents usually do : some of them dying of accidental complications, as lumbar abscess, &c. In Dr. Ramsbotham's Observations,‡ three cases of recovery are given, in two of which venesection, and in the third leeches to the abdomen were employed ; in Doctor Frizell's case§ bleeding from the arm was used, and the subject of the present history probably had her life prolonged by a similar measure.

Truth, however, compels me to state that recoveries have taken place under opposite circumstances, or without the employment of such measures ;|| but in such instances the symp-

* "There is certainly little chance of any person surviving a rupture of the uterus ; it therefore might be doubted whether it would be more eligible to suffer the patient to die without giving her further trouble," &c.—DENMAN'S *Practice of Midwifery*, p. 328, 4to.

† *Practical Treatise on Midwifery*, p. 248.

‡ *Opus citatum*, Part 2, pages 484 to 498.

§ *Dublin Medical Transactions*, vol. ii. p. 15.

|| *Duncan's Annals of Medicine*, vol. iii. p. 277. M'Keever in *Dublin Medical Transactions*, vol. iii. p. 280. *Memoirs Medical Society London*, vol. iv. p. 253, &c. Labatt in *Dublin Medical and Physical Essays*, vol. i. p. 348.

toms have been unaccountably, mild ; and I merely wish to add my conviction to that of more experienced practitioners, that, after delivery, to be effected in the manner best suited to the circumstances of the case, the chief danger to the patient, in the majority of instances, will arise from abdominal inflammation ; and that the more promptly such symptoms are met, the greater chance will be afforded to the patient of recovery.

The next preparation displays an extensive ulceration of the uterus ; the cervix and the os uteri have been completely destroyed, and the ulcer occupies half the remaining portion of the organ. Inferiorly it is seen to extend one-third upon the vagina all round, being at one part quite superficial, as if a portion of the lining membrane had been but just abraded.

The surface of this ulcer had the white, yellow-greenish aspect of a scrofulous sore, and it discharged a copious thick curdy secretion : to the touch it gave the sensation of an irregular border, extremely soft, and easily breaking down.

The uterus (at least what remains of it) is seen enlarged to twice the natural size, or to about its ordinary bulk at the second month of impregnation. Its upper third retained a natural consistence, but the middle was somewhat firmer than is usual ; the vascularity of this portion of the organ was much increased, and its texture, on being cut into, resembled that of an impregnated uterus, the walls being from half an inch to three-quarters in thickness. There was also a distinct line of demarcation between this part and the superior or more healthy portion of the organ, which occupied the entire thickness of the walls. When the finger was passed into the vagina, it readily entered the uterus through a large relaxed opening, surrounded by a soft irregular border.

In regard to the uterine appendages, the tubes and ovaries were nearly normal, the latter, however, of a size less than usual, and a small tubercle was developed in the left. The disease had not extended either to the bladder or rectum.

The abdominal viscera were healthy, with the exception of

the liver, upon the convex surfaces of which marks of former inflammation were evident.

The thorax, unfortunately, was not examined.

The body was plump and loaded with fat, which also occupied the abdominal cavity. The left lower extremity and corresponding labium pudendi were anasarcaous.

The subject of these observations was aged 40, of middle size, and stout make, and the mother of eight children; she had been attacked six months before with hæmorrhagia, which continued profusely and almost daily, for five months, when it ceased, and was followed by the anasarca and great exhaustion, but without pain at any period.

When I saw her she was moribund, her countenance anemic, like that of a person who had lost a large quantity of blood, she spoke with difficulty, appeared greatly exhausted, and survived but four hours. Under such circumstances no vaginal examination was instituted.

What was the nature of this sore? Scrofulous, I reply, well marked! indeed so clearly characterized, as to be beyond reach of being confounded with any other species of ulceration!! It may be said that it was nothing more than an instance of the corroding ulcer so well described by Dr. Baillie* and Sir Charles Clarke;† I admit a resemblance in some respects, but there are differences in others;‡ at the same time that I object to the employment of the term "corroding ulcer" altogether, as both unscientific and inexpressive. What ulcer is there which is not corroding? in fact all ulcerations are nothing more in common language, than corrosions of the parts which they

* *Morbid Anatomy*, vol. ii. p. 337.

† *Diseases of Females*, vol. ii. p. 185.

‡ The time of life of the patient, the extent of the destruction of parts, and the profuseness of the hæmorrhage, coincide with Sir Charles Clarke's description; but there never was any burning pain in the present instance, "as if a hot coal were within," and we find an enlargement and thickening of parts, of which he does not admit the existence.

attack. I can conceive a corroding ulcer of the uterus to be scrofulous, syphilitic, or cancerous in its nature, without losing its characteristic peculiarity, but should be glad to see a more physiological designation adopted for it.

Scrofula in the form of ulceration has seldom been observed to affect the inferior portion of the uterus, and this part of our system seems but little obnoxious to its attacks :* Andral, however, notices an old woman dying of phthisis, in whom the uterus was found full of pus and lined with a false membrane ;† and Louis reports the case of a woman, aged twenty-four, also dying of phthisis, in whom the interior of the uterus and upper half of its neck were of a dull yellowish colour, and studded with tubercles.‡ Two similar instances are given by M. Renaud, also occurring in phthisical females, aged thirty-nine and forty-five years, in one of whom numerous ulcers existed in the vagina, and in both the uterus was enlarged with tuberculous matter in the fallopian tubes.§ Madame Boivin too, in her valuable work, gives us the case of a girl, aged sixteen years, constitutionally scrofulous, and dying, like the others, of consumption, in whom both ovaries were tuberculated, and the uterus lined with a white granular matter, spongy and softened.||

Such particulars, added to the numerous facts generally diffused in M. Louis's interesting work, as to the coexistence of

* "Il est rare d'ailleurs que ce viscère présente des signes locaux pour faire reconnaître cette affection."—*Nauche Maladies Propres aux Femmes*, tome ii. p. 531.

† Anatomie Pathologique, tome ii. p. 681.

‡ "La cavité de l'utérus et la moitié supérieure de son col étaient d'un blanc jaunâtre, avaient un coup d'œil mat et une surface inégale ; ce qui provenait de la transformation de leur couche superficielle en une matière tuberculeuse très-ferme d'une ligne d'épaisseur environ. Au dessous de cette couche qui formait un plan non interrompu se trouvaient encore des granulations miliaires de la même nature."—*Recherches Anatomico-Pathologiques sur la Phthisie*, p. 405.

§ Archives Générales de Médecine, tome xxvi. p. 493.

|| Maladies de l'Uterus et de ses Annexes, tome i. p. 307.

scrofula in several of our tissues, at one and the same time, afford but little encouragement to our hopes of cure in such cases; nevertheless the usual constitutional treatment, together with the local employment of the preparations of iodine, might occasionally be found advantageous, and therefore would at least deserve a trial.*

The third preparation displays an example of the large, white, fleshy tubercle or fibrous tumour of the uterus, combined with a polypous growth from the inner surface of the fundus. The uterus is seen to be generally enlarged, probably as much so as at the fourth month of pregnancy, and this enlargement is found to depend on hypertrophy of its tissue above and in front, from the development in those situations of fibrous matter. On cutting through this enlarged part a considerable polypous growth was discovered, irregularly lobulated and fissured, and growing, by a broad basis, from the fundus and one side of the body of the uterus. This tumour is softer and less firm than the general uterine growth, though they may be nevertheless, identical in structure.

As this case did not occur in my own practice, I am unable to give a very accurate account of it; thus much, however, I can state, the woman was advanced in life, say fifty years of age, and had laboured under a morbid growth, impeding the due evacuation of the bladder and rectum, for at least two years. On examination *per vaginam*, the os uteri was not to be felt, being supposed to have been displaced by a tumour

* Since these remarks were put together I have discovered three or four preparations in our museum, of scrofula affecting the uterus or its appendages; in the most conspicuous of these the disease appears in the form of tumours filled with soft matter situated in the uterine substance, and combined with hepatic disease of a like nature, in the same subject; in the others the tubes or ovaries are occupied by similar productions. In the same collection is to be seen the uterus of a Barbary ape, occupied almost entirely by a large softened tubercle; and similar affections have been noticed, along with phthisis and other forms of scrofula, in several of the other varieties of the quadrumani.

which had descended between the bladder and rectum ; true it was such a tumour existed, but it was not at the time discovered to be incorporated with the uterus, but on the contrary considered as a distinct growth, probably capable of removal by a surgical operation ; the woman, however, gradually declined, and died before the operation was decided on.

At the *post mortem* examination "the uterus was found retroverted and pushed down, so as to press on the perineum, and had formed adhesions with the surrounding parts ; its bulk was nearly that of the head of a full grown fœtus, its walls were thickened to about three inches at the fundus, and it contained a dark-coloured fleshy excrescence of the polypous kind, but with a broader base and irregular ; one of the ovaria was occupied by a small fibrous tumour."

I consider this to be an interesting specimen of morbid uterine structure, in two points of view : first, as an example of the fibrous growth from two distinct portions of the uterus at the same time ; and secondly, as an instance of retroversion induced by causes independent of pregnancy. Authors* have usually confined the fibrous growths of the uterus to three situations, viz. the external surface under the peritoneum, the internal surface beneath the lining membrane, and the substance of the organ between the muscular fibres ; or they may occupy all or any one or two of these positions together, as in the case before us. Most generally their seat is confined to some one place, perhaps we might say that those growing from the inner surface are most frequently met with, and it is fortunate that such is the case, as they are necessarily more within reach than when developed in other situations.

A question here arises, are we, in cases where fibrous tumours (or polypi), growing from the inner surface of the uterus,

* Dupuytren, *Leçons Orales de Clinique Chirurgicale*, tome iii. p. 454. Boivin et Dugès *Maladies de l'Uterus et de ses Annexées*, tome i. p. 301. Desault, *Œuvres Chirurgicales* par Phil. Jos. Roux, tome iii. p. 378, &c.

produce such symptoms as to demand an operation, but are, at the same time, complicated with similar growths on the outer surface or in the uterine substance, to take the ordinary measures for their removal ; or are we not to interfere, on the principle that it is useless to remove disease from one part, when it must necessarily soon appear again in another ?

On this subject some of our highest authorities are at issue, for while the late Doctor Gooch* and Professor Roux† advocated the latter practice, the former was clearly and strenuously insisted on by the late Baron Dupuytren,‡ one of the highest authorities, it must be allowed, on this as well as most other surgical subjects. The reasons which the Baron assigns I consider to be cogent ; “ you excise such polypi,” says he, “ *because* you thereby remove the local inconveniences arising from their bulk, pressure, discharge, &c., and prevent their possible degeneration into cancer, to which they are very liable ; and *because* in the other situations they are often extremely indolent, of a very slow growth, becoming sometimes bony or cartilaginous, and seldom shortening life.”

Let us now turn to the case as one of retroversion. To produce this displacement writers appear to be agreed in assigning one necessary condition, viz., that of enlargement,§ to which some|| add another, that of relaxation of the ligaments. Such enlargement must take place to a certain extent, and not be in excess.¶ The production of retroversion by uterine polypi

* Diseases of Women, p. 279.

† Œuvres Chirurg. de Desault par Ph. J. Roux, tome iii. p. 382.

‡ Leçons Orales, tome iii. p. 564.

§ Burns' Principles of Midwifery, p. 249.

|| Boivin et Dugès Maladies de l'Uterus, &c., tome i. p. 137.

¶ “ The retroversion of the uterus has generally occurred about the third month of pregnancy, and sometimes after delivery ; it may likewise happen when the uterus is, *from any cause*, enlarged to the size it acquires about the third month of pregnancy, but not with such facility as in the pregnant state, because the enlargement is then chiefly at the fundus. If the uterus be but *little enlarged*, or if it be

has been noticed by Madame Boivin* and Sir Charles Clarke,† but I am, in the present instance, more disposed to attribute the occurrence to the fibrous tumour of the body, particularly as it was unusually dense and heavy.

Other sorts of enlargements of the cervix and body of the uterus, whether inflammatory or not,‡ have been known to give rise to retroversion, such as those produced more immediately by exposure to cold and imprudences of various kinds, whether some time after delivery before the uterus has returned to its ordinary dimensions, or as a consequence of suddenly suppressed menstruation, inducing, perhaps, what may be termed a temporary hypertrophy of this part of the reproductive system.§ Certain states of the neighbouring organs, as the bladder and rectum, may also act as exciting causes, from the mechanical pressure to which they give rise.||

In most cases of retroversion unconnected with pregnancy, it will not be necessary to adopt manual efforts for replacement, the removal of the exciting causes, and attention to the condition of the neighbouring hollow viscera being sufficient;¶ but should

enlarged *beyond a certain size*, it cannot well be retroverted: for, in the first case, should the cause of a retroversion exist, the weight of the fundus would be wanting to produce it; and in the latter the uterus would be raised above the projection of the sacrum and supported by the spine."—DENMAN'S *Midwifery*, p. 96, 4to edition.

* Opus citatum, tome i. p. 138.

† Diseases of Females, vol. i. p. 273.

‡ Pearson on Cancer, p. 113.

§ See an interesting paper by Mr. Robertson in *Edinburgh Medical and Surgical Journal*, vol. xviii. p. 520.

|| A case of retroversion fatal from obstipation and vomiting is given by Dr. Marcet in Sir A. Cooper's work on *Hernia*, vol. ii. p. 68.

¶ "But in the unimpregnated state the symptoms never arrive at this melancholy height, and for this plain reason that the uterus in such cases never acquires so much size as to entirely and intimately occupy the lower portion of the pelvis, and consequently cannot completely obliterate the urinal and fæcal canals."—DEWEES' *Essays on various Subjects connected with Midwifery*, p. 263.

such measures be thought proper they ought at once be taken; as the uterus may become adherent in its unnatural position, as occurred in the present instance, and in another related by Dewees.*

I am not aware that a retroverted uterus has hitherto been in danger of removal by operation, but can conceive the adoption of such a measure with impunity to the patient, (particularly if beyond the period of child bearing,) as has been done in certain cases of inverted uterus mistaken for polypi;† at the same time that I would not go so far as to recommend such a practice unless under very peculiar circumstances.

The next preparation exhibits a portion of a fibrous polypus removed from the cervix uteri, possessing an unusual degree of vascularity, so as to endanger the life of the patient, at the time of its removal, and thus becoming worthy of our notice.

On the cut surface may be observed the orifices of two arteries, the larger nearly the size of a crow quill, being the sources which furnished the blood.

Excision by means of a large scalpel was the mode of removal employed, the forceps of Museux being used at the same time to bring down the parts as far as might be. A most profuse hæmorrhage instantly followed, which was so alarming as to demand the instant insertion of a plug in the vagina; an old soft silk handkerchief was used with the desired effect; this, in half an hour, was removed, but the bleeding instantly recurring with unabated violence, a fresh plug was inserted with the same effect in promptly arresting it.

The subject of the case was a stout woman, aged thirty-nine, unmarried, who had been employed as a farmer's servant.—Eight years before she had had menorrhagia, lasting pretty constantly for two years, and succeeded, three years afterwards,

* Dewees' *Essays on various Subjects connected with Midwifery*, p. 263.

† Johnson, in *Dublin Hospital Reports*, vol. iii. p. 481.

by retention of urine, followed by paralysis of the bladder and amenorrhœa. About a year since I examined *per vaginam*, when there appeared to be mere uterine enlargement with a partial closure of the os uteri, and it was not for several months afterwards that the vaginal tumour became perceptible, during a sudden exertion in lifting a weight.

When this woman was admitted into Saint Mark's Hospital, in September last, the tumour had descended to within two inches of the *orificium externum*, its upper part being attached by a broad semicircular base to the left side and front of the cervix; the os uteri appeared to be dilated, and considerable bloody discharge followed all examinations of the tumour, although no such appearances were observed at other times.

She had also, at this period, and of three years' standing, a firm moveable tumour, about the size of a small orange, on the right side of the abdomen, half way between the spine of the ilium and the umbilicus, occasionally the source of much pain and suffering; and a small soft polypus growing from the left side of the vagina.

At the time of the operation, probably from the existence of adhesions in connexion with the abdominal tumour, the cervix uteri could not be drawn down by the hooks, as far as could be wished; from which cause, as well as the unexpected hæmorrhage, little more than one-half of the tumour could be removed. The existence of disease in the body of the uterus or in the ovarium being also demonstrable, and the perfect recovery of the case, under such circumstances problematical, no farther attempts to excise the remainder of the tumour were considered to be advisable.

The vaginal polypus (which appeared of a cellular nature) was torn away, and she was dismissed considerably relieved.

In this case we had the co-existence of the cellular and fibrous kinds of polypi, both growing together from the same species of mucous membrane; and the principal tumour appears

to have been attached immediately within the os tincæ, one of the lips of which had become elongated. Whether a second polypus was developed at the same time within the uterine cavity, as has sometimes occurred,* I shall not pretend to say; neither did I consider myself justified to make particular examination on the subject, both from the hæmorrhagic disposition which existed, and from the relief which had been already experienced.

The presence of the abdominal tumour also complicated matters; whether it was a pediculated fibrous growth from the body of the uterus, or an ovarian tumour, could not be determined, and although the woman was exceedingly desirous to submit to any operation for its removal, and notwithstanding the encouragement held out by the several instances of successful result detailed in various periodicals;† I did not consider that her sufferings from this cause were sufficient in degree to authorize me to lay open a serous cavity of such extent, and so disposed to inflammation, as the peritoneum.‡

This is but the fourth case of alarming hæmorrhage supervening on the excision of a fibrous polypus, which I have been able to find on record. The first is stated to have occurred in the olden time to Zacutus, and to have proved fatal to his patient; but I have not met the details: the two others are recorded by Dupuytren; § in these the bleeding was speedily stopped by the "tampon," but one of the individuals perished on the twenty-fifth day of peritonitis.|| I firmly believe that our

* Dupuytren, *Leçons Orales*, tome iii. p. 432.

† *Eclectic Rep.* vol. vii. p. 242. *Edinburgh Medical and Surgical Journal*, vol. xviii. p. 532. and vol. xxii. p. 247.

‡ Since this paper was written, the woman has died, but whether of her old complaint or not, I could not ascertain.

§ *Leçons Orales*, tome iii. p. 450.

|| "A loss of blood" (observes the Baron, talking of some of these cases) "more or less considerable, is always useful after these kinds of operations, and renders much less imminent the consecutive inflammatory accidents to which the patients

patient would have run the greatest risk under the employment of ordinary measures.

Polypi have occasionally been observed to be highly vascular, nay, large blood-vessels have been seen ramifying on their surfaces,* such facts, however,† are no proofs that their pedicles, when divided, may furnish blood, as that is generally not the case; but they have their utility, as they point out to us, at least, that the division of the pedicle of the polypus is not always an operation of such little importance as some practitioners affirm.‡

Hæmorrhage may also occur under other circumstances, hitherto not much noticed, viz. at the period of the falling off of the ligature, when used for the constriction of polypi; thus M. Dubois gives us the astounding information, that at such a period he has many times seen blood issue forth in abundance, and has lost in this way many patients.§ I am happy to say, that I am not aware of the occurrence of any such cases in this country.

So much difference of opinion exists as to the greater or lesser eligibility of the two methods generally employed for the removal of uterine polypi, viz. excision and the ligature, that I shall not enter into the question, but simply express my conviction, that both methods occasionally prove fatal, and much more frequently than has been supposed, more especially when the tumours are of a large size; such fatality appearing to arise

are exposed."—*Leçons Orales*, tome iii. p. 459. But on his own shewing such salutary discharges have seldom occurred to him, such polypi as he had excised in general affording but a very few drops of blood.

* Saviard (*Obs. Chir. Obs. 36*) mentions one with two arteries and two veins; the *Journal de Médecine*, tome xxix. 1768, notices a second with two arteries and one vein; and a third, with pulsations in the pedicle, is described in *Mem. de l'Académie de Chirurg.*, tome iii. p. 533, 4to.)

† *Leçons Orales*, tome iii. p. 459.

‡ Boivin, *Maladies de l'Uterus*, tome i. p. 340.

§ *Dictionnaire des Sciences Médicales*, Art. Polypes.

principally from three causes, viz. inflammation of the pelvic viscera, uterine phlebitis, and low fever.

The pressure of a large polypus upon the parts filling the pelvic outlet, often produces a chronic inflammation of the uterus, small intestines, &c., which only requires the additional irritation of an operation to develop a more acute and fatal form of it: under such circumstances a mere manual examination of a polypus made more forcibly than usual, has determined a fatal inflammation.* Uterine phlebitis, in consequence of operations upon polypi, is more rare, but still fatal cases are not wanting. By the term low fever, I understand, that state of prostration and exhaustion, preceded by rigor, into which patients with large, sloughy suppurating polypi are apt to fall, and of which they die at the end of six or eight days: sometimes marks of inflammation are found, sometimes they are absent, the patients appearing to be carried off under the operation of an animal poison.

The doctrine of the absorption of pus as a cause of fever will not, I know, be generally admitted, nor have I any thing new to offer on the subject, I therefore refer my readers to Baron Dupuytren's valuable monograph on fibrous tumours, in which he tells us of twelve or fourteen patients actually poisoned by putrid absorption.†

ART. XXI.—*Medical Problems*.—By WILLIAM GRIFFIN, M.D.,
Limerick.

(Continued from Vol. XI. p. 17.)

Is Laryngismus Stridulus, or the crowing disease, a spasmodic or paralytic affection?

Before entering on the discussion proposed in the foregoing problem, or again opening a question which seems to have

* *Leçons Orales*, tome iii. p. 494.

† *Ibid.* p. 559.