ART. X.—*Case of Polypus of the Uterus expelled by the action of Ergot.* By THOMAS J. GARDEN, M.D., of Wyllesburg, Va.

IN the summer of 1841, I was requested to visit a coloured woman, about thirty years of age, whose disease, from the description given me at the time, I supposed to be menorrhagia. On examination, I found her with leucorrhœa; and, at intervals of two or three weeks, a pretty copious, and long continued discharge of blood from the uterus, attended with pain. These pains she described as resembling those of labour, though not so violent. The discharge was at times fluid, at others, it consisted of coagula. The foregoing symptoms had existed eight or ten months before I was consulted, but had been increasing in intensity up to the time of my visit. The pulse was active, with cough; and the breathing greatly embarrassed on slight exertion. There was œdema of the feet and legs, with a pale bloodless tongue, indicating anæmia.

I was not so critical in my examination of the case as to examine the uterus with the hand. The state of the pulse, cough, and hurried breathing, seemed to require the use of the lancet; she was accordingly bled two or three times, and purged with a compound of calomel, rhei, and *sapo. venet.* Some object to aloes in states of the uterus analogous to the one I am describing; but the same objection applies theoretically to ergot, both being uterine excitants. The above combination was intended to exert a twofold action, as the bowels were torpid, and the functions of the liver deranged. Those means being premised, 5 gr. doses of ergot were given at each return of the hemorrhage, and repeated four or five times each day, as long as the discharge continued. The effects of the ergot were felt generally, at the end of the fifth day; the medicine was then suspended, but its use resumed upon a return of the discharge.

The woman's sufferings were greatly aggravated by this treatment; still she was directed to persevere, as I did not yet suspect the existence of polypus of the uterus, and had never been disappointed in the powers of ergot, in any case of chronic discharge from that organ. During a period of uncommon suffering, I was requested to visit her, as she had become averse to further use of the ergot; and as an additional reason for seeing her at that time, I was informed that a tumour of uncommon magnitude had presented itself in the vagina. I now made an examination with the hand, and found the vagina and mouth of the uterus occupied by a dense fibrous tumour, nearly as large as a child's head at birth. Several small portions of this mass had been cast off during the preceding night, in a half putrid state. The odour was very offensive, and the tenderness of the parts so great, that I was not permitted to conduct the examination in such manner as to satisfy myself to what part of the uterus its pedicle was attached;

whether to its fundus, or neck. As the stench was considerable, and the woman's sufferings at this moment intense, I determined to take a little time for further reflection and examination; contenting myself with the use of such means as would give some respite from pain, and correct the fœtor. Pills of relative proportions of ext. cicuta and gum camphor were directed to be given every hour or two, until rest was procured. The bowels were to be kept free by mild laxatives and injections, and the vagina to be syringed frequently, with an infusion of flor. chamomile, with a little lime dissolved in it. In a few days, the whole mass, having continued to decay, was cast off; leaving some leucorrhœal discharge from the parts, for some time after. The offending cause being removed, the woman soon regained her health, which continues permanent, all her former complaints having left her.

ART. XI.—*On the Extraction of Retained Placenta in Abortion*. By
HENRY BOND, M. D.

THERE is one class of uterine hemorrhages which every practitioner of much experience must have met and been perplexed with; and, although less profuse and alarming at first than that which occurs at the full term of pregnancy, it is described by the best authors as more obstinate, and sometimes attended with danger. I refer to that which occurs in cases of abortion, where the ovum is broken, the fœtus discharged, and the placenta retained. In some cases it will be found that all the means employed to arrest the hemorrhage, with perhaps the exception of the tampon, will be unavailing so long as the placenta is retained.

Baudeloque says, if there are cases of uterine hemorrhage where we may be compelled to commit the delivery of the placenta to the efforts of nature, and to acknowledge the insufficiency of art, they most frequently occur in cases of abortion; since, *for operating in such cases*, we have almost none of the resources, which are available, when retained placenta and flooding occur at the full period of utero-gestation. He says, that Levret's abortion forceps, (*pince à faux germe*) if they be useful in any case, can only be used when a portion of the placenta projects through the os uteri into the vagina—that they can never be used when the placenta is included in the body of the uterus,—that when the discharge is so profuse that we cannot temporize, nor trust to the remedies which he has before indicated, and which he denominates *foible secours*, we must resort to the tampon.

Dr. Hamilton says, “the placenta, after the ovum is broken, may be retained for a week or more, during which time the flooding continues to be excessive—that the placenta is liable to become putrid—that inflammation,