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POLYPUS UTERI; ITS DIAGNOSIS AND TREATMENT.

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"Removal of polypi by ligature is really a dangerous operation, resulting not unfrequently in pyæmia and death, which seldom happens when the *ecrasicur* is used."

THE above is copied from the London *Lancet* of Oct. 15, 1864, being the introductory remarks by J. M. Sims, M.D., of New York, to a paper on the treatment of Polypus of the Womb. The important contributions of Dr. Sims to modern surgery have placed him among the distinguished surgeons of the age, and give to his opinions on surgical subjects important practical weight. It is on account of this influence that I beg to communicate the results of ligation in many cases which have been treated by myself by this method. Before doing this let me allude to cases in which the ligature was unsuccessful—in which death followed its application.

"Dr. Duncan passed a ligature round a polypus of the fundus. As soon as he tightened it, he produced pain and vomiting; as soon as the ligature was slackened, these symptoms ceased; but whenever he attempted to tighten it, the pain and vomiting returned. The ligature was left on, but loose; the patient died about six weeks afterwards, and on opening the body it was discovered that the uterus was inverted, and that the ligature had included the inverted portion." Mr. Abernethy and Dr. Wm. Hunter both give cases of death after the application of the ligature for polypus, in which dissection showed that the polypus in each case had dragged down and partially inverted the womb, which had been encircled by the ligature, which had produced death. Roux published a case of fatal convulsions and hæmorrhage. Examination discovered a polypus and a tubercle of a similar character in the anterior wall of the womb. Roux infers that the removal of the polypus would have done no good, as the woman would have died of *tumor*—a practical error which a writer says he wonders that Roux could have fallen into. And so must any one say who reads the case and knows how success-

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ful has been the ligature in the treatment of polypus. Cases will be given which will show this.

Do these cases of death after ligature affect the question of the safety of using the ligature for the removal of polypus? Death in them was the consequence of applying the ligature in cases of inverted womb. Not that the use of the ligature in cases of inverted womb is always fatal. In no case has death followed such application of the ligature in this inversion, in the cases in which the writer has either applied it, or has aided in its use, as will more fully appear in the sequel.

What is polypus uteri? It is an *insensible* tumor springing by a *pedicle* from the fundus—the body—the cervix, or the os uteri. I say “by a *pedicle*.” And this is the only mode of origin and growth in the books. I have met with at least one case in which the polypus was *sessile*—having no pedicle, and forming a very striking exception to the received origin.

Polypus uteri is *insensible*. This is not only an idiopathic fact in our history, but has important practical bearings. There is one other uterine disease which has the same characteristic—*insensibility*—viz., cauliflower excrescence of the os uteri. The symptoms of the latter aid the diagnosis. Among these is profuse *watery discharge*, attended occasionally by hæmorrhage; but except in one case I never knew the first to accompany polypus, which case will be reported hereafter. There is another fact in the history of cauliflower excrescence, which, though post-mortuary, is not without interest. No matter how large and how firm during life the mass may be, nothing will be found in the vagina after death, except a small shreddy mass, with scarce any resemblance to the organized substance which existed during life.

I have seen but one case of cure of cauliflower. This occurred many years ago. The late Prof. J. C. Warren surrounded the tumor by ligature. Mrs. — recovered. Some patients have derived benefit from the ligature. Two were able to be about and apparently well for several months. At length the disease recurred. The ligature was again used, and various means to check growth were also employed. These cases were fatal.

Prolapsus uteri may be mistaken for polypus. The os uteri will correct the error, provided sufficient care be taken to ascertain what the tumor really is. I have known *proidentia* uteri to be mistaken for *uterine inversion*.

CASE.—I was walking in a neighboring city, when I met a physician of the place well known by me. He expressed great pleasure in meeting me, as he had a case of chronic inverted womb under his care, which he wished me to see with him. Before reaching the address, Dr. — said that his patient had a child about three years ago, and that the womb was inverted at the time, or soon after, since which she had scarcely left her bed. “Has she had much, or any

hæmorrhage?" asked I. "No," said he, adding that her general health had been and was very good.

I found Miss —, for she had not been married, looking as well as any perfectly healthy person could look. She had been well cared for, and had done nothing to diminish flesh.

My attention was soon called to the *inversion*. A large tumor, reaching half way to the knees, was lying between the thighs. No os uteri was seen, and even upon examination one was not at first discovered; but upon raising the tumor a rough spot of an inch or more diameter was seen, which exactly resembled one which is very well represented in a drawing of chronic procidentia in Clarke's plate of that displacement—which spot, in my case, looked very much like a superficial cicatrix, in the centre of which was a slight depression. I asked Dr. — if he had a probe, or a female catheter, for I had neither. He said he had not. I asked the lady of the house if she had a lead pencil. She said yes, and brought me one of Faber's, of good length and size. It was soon cut into good shape, and was applied to the centre of the depressed spot above referred to. Slight pressure there made entrance into a cavity which admitted its whole length—six inches or more. It was next withdrawn, but nothing followed it. It had entered the os uteri. Pressure was now made with both hands upon the tumor in an upward direction, when the tumor gradually rose and entered into the cavity of the pelvis as high as was judged necessary. A compress was applied to the external organs, which was kept in its place by a T bandage. Miss — was directed to keep quietly in bed, and carefully avoid all exertion. I saw Dr. — some time after, and learnt that his patient had recovered perfectly.

Suppose for an instant that I had, on the representation of Dr. —, proceeded to apply a ligature, what would, under the circumstances, have probably been the result? Suppose the ecraseur had been used, as recommended by Sims, or rather as was recently done here, as I have been informed; would not the result have been the same, viz., death from hæmorrhage in two hours, more or less? How could such a mistake have been made? The tumor in that fatal case was in the vagina. It was inverted womb, taken for polypus, and the ecraseur was used under that terrible error in diagnosis. I cannot understand how such a mistake could have been made. Polypus is insensible. Inverted womb is exquisitely sensible. I have had abundant opportunities to ascertain these points. Four cases of chronic inversion of the womb have come under my notice. Three of these were treated by myself, with the ligature, and in one I was an assistant. They were all of them successful as far as the operation went, but the friends of this one against positive orders raised the patient up to arrange her dress, and that of her bed, when she fainted, and at once sunk and soon died. It is singular that of the attending physicians in these four cases not one knew what was the

pathological condition of his patient. Two, who were told what it was, denied the statement, saying that they had attended the patients long enough to know that their disease was nothing but chronic uterine hæmorrhage. The pain which the application of the ligature and ecraseur always produces one would think would be enough to make the operator stop, and to learn whether it be *insensible polypus* or *sensitive womb* he has to deal with.

The latest and best English authorities tell us that when we know we have inverted womb to deal with, as a precautionary measure a ligature should be applied, lightly, for three or four days before we apply either excision or stronger ligation. This measure prepares the womb for the severer and more dangerous one to be adopted for cure. My cases occurred before this important preparation of the womb for the operation had been suggested; and it was so far anticipated by the manner of using the ligature (the ecraseur being then unknown) as to prevent dangerous, sudden strangulation. Let me add that if another case come under my care I shall apply the *ligature*, which has always in my hands been entirely successful.

In my first case of inversion I consulted one of our best surgeons as to the best mode of applying the ligature. He advised me to use force enough to strangle the organ. There would be much suffering for a short time, but the rapid removal of the inverted organ would be accomplished. I adopted his method, and to prevent suffering etherized the patient. Mrs. — came soon out of this state, but was at once seized by most severe suffering, apparently threatening death. The pain was referred to the abdomen—the whole of it—as if sudden and violent peritonitis had occurred. She grew rapidly cold—the pulse quick and scarcely to be felt; severe nausea; pallor. She could not speak, but expressed her sufferings by screams. Warmth was immediately applied; fomentations to the abdomen; stimulants, &c. &c., till reaction occurred. Mrs. — had a slow, but perfect recovery. In a case of unquestionless polypus much pain was felt from the ligature. I at once slackened it, when the pain ceased. Upon examination, the tumor was either sessile or the pedicle very short. Moderate drawing of the ligature was now used and well borne. Recovery was perfect. This is the only case of polypus in which any trouble has followed the use of the ligature.

Many cases of polypus have fallen under my observation and care. Two of the patients furnished five cases: Miss —, 2; Mrs. —, 3. In the last case I removed two, by ligature, one of which was sessile, or had a very short pedicle. Its situation was peculiar. It lay *across* the pelvis, from side to side, springing from the left and crossing to the right. There was one other novel symptom, or fact, in this case. The tumor always appeared during the catamenia and disappeared in its absence. Dr. —, living in the country, having described the case, I advised him to give Mrs. — ergot in fair doses, and if the polypus appeared, to let me know. This he did;

and I went to —, and found the tumor as described. But how to apply the ligature? The tumor was of large diameter, and prevented much manipulation. I introduced the canulæ of Gooch, and holding one of them at the left extremity of the tumor, in its place, carried the other to its right extremity. Here by dipping it down behind the end of the tumor, the ligature of course following it, the canula was swept along its lower portion till it met its fellow. The rings were now adjusted, the ligature tightly drawn, and the operation was completed. In a few days, the ligature being tightly drawn daily, the polypus was cut off, and recovery without accident rapidly followed. A year or two after, another polypus was discovered, accompanied by its common symptoms. There was nothing unusual in its situation, and the ligature was applied with its usual success. A year after, Mrs. — died of pleurisy. The womb was sent to me. Its cavity was very large. The marks of the place of the former tumors were visible, and from the fundus was hanging, by a long pedicle, a third small polypus. I have operated for many other similar tumors, and all of them have done perfectly well.

Two cases only of internal polypi have come under my care. Of these I will give a sketch.

CASE I.—Mrs. — had been confined a fortnight, and had done perfectly well, when she was seized with severe hæmorrhage. This not yielding, her physician, my friend Dr. York, desired me to see her with him. This I did. He said he believed there was a polypus in the womb. I examined Mrs. —, and was satisfied that Dr. York's diagnosis was correct. I applied a ligature immediately, large hæmorrhage existing, and drawing the ligature firmly, it came away, bringing with it a circular portion of the tumor, of the exact size and thickness of one of my coat buttons. Hæmorrhage at once ceased, and Mrs. — made a rapid and excellent recovery. Taking all the circumstances of this case into consideration, the recent delivery, &c. &c., I cannot but think it one of the most remarkable and interesting instances of uterine outgrowths.

CASE II.—I was desired to see Mrs. — in consultation. She came from the country, and had been several months under Dr. —'s care, and was nothing better. Dr. — said he had discovered in the womb a foreign body, which he thought was a blighted ovum. It was irregular in outline, and was insensible. The more pressing symptoms were accumulations of water, accompanied with severe pain; great distension, which at length was followed by sudden and large discharges of water, and this by temporary relief. She was, however, a permanent invalid. Her appearance was not morbid; she had sufficient flesh, but was incapable of any exertion.

Upon examination, I felt a foreign body in the womb, which was insensible. Dr. — had made many fruitless efforts to bring it away. In some of its characters it seemed to me to partake more of a polypoid outgrowth, and for which I advised a ligature. This

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was agreed on. A small, irregular mass came away. No pain followed the application or use of the ligature. From the time of its removal, Mrs. — began to improve. There were no longer any watery accumulations, and Mrs. — went home. In a year, Mrs. — came again to town and engaged me to attend her in labor, which she soon looked for. This happened in due time, and was favorably accomplished. Mrs. — went home in perfect health. The only anomaly in this case, suppose it to have been polypus, was the watery discharge—hæmorrhage being the common attendant on polypus. It were very easy to add to the above cases of polypus in which I have used the ligature, every one of which has done well—not one fatal case having occurred. Nay, more—no dangerous constitutional disturbance has occurred in one of them.

The JOURNAL contains two cases of believed polypus, which turned out to be cases of inversion. The ligature was employed. Much suffering attended its use, but both recovered. They were communicated to two medical societies as cases of polypus, and upon examination were both found to be cases of inverted womb—bristles readily passing into and through the Fallopian tubes.

To return to the extract from the *Lancet*, in which Prof. Sims, of New York, says:—"Removal of polypi is really a dangerous operation, resulting not unfrequently in pyæmia and death, which seldom happens when the ecraseur is used."

I have never seen the ecraseur used but once, viz., in a case of ovariectomy, and I never wish to see it used again. I am very happy to say that in this feeling concerning this instrument I am supported by one of our ablest surgeons. The case in which I saw it used was one of ordinary ovarian dropsy. The patient died of peritonitis five days after. I do not object to the ecraseur because it was used in this case; for of the other cases I have seen of ovariectomy, only one patient has lived. A few days ago I asked a professional acquaintance if he had seen any instances of this operation. "Oh yes," said he, "I have lately operated three times." "And with what result?" asked I. "They all died," said he. The instrument used was not mentioned, it not being inquired after. I have used the ligature in all the cases of polypus which have come under my care, and I do not recollect a case in which there was the least appearance of local or grave constitutional disturbance. There was not in any one the least sign of *danger*.

THE Medical Department of the Army is engaged in preparing the plans for an immense hospital, to be built upon the Severn river, near Annapolis, Maryland, which will eclipse in extent and accommodation any other institution of the kind in the world—the farm on which it is to be located comprising about one thousand acres.