ART. II.—*On the Diagnosis and Treatment of Uterine Polypi.*

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UTERINE polypi are found either within the uterus, or partly within and partly without, or completely without, growing from the vaginal portion of the cervix. In the following observations I propose to refer chiefly to the diagnosis and treatment of those found in the first of these situations, that is, of polypi growing from the inner surface of the uterus, and still retained within its cavity, but as there are many features in the histories of some of the uterine polypi in other situations that have come before me, which illustrate important points of both diagnosis and treatment, I shall also relate some of these cases as I proceed.

Intra-uterine polypi may grow in any of the regions of the uterus into which anatomists are in the habit of dividing that organ, that is from the fundus, the body, or the cervix; as they enlarge they may gradually pass downwards till they escape through the os and come to lie in the vagina or even protrude through the vulva; or they may give rise to a train of symptoms involving the comfort, health, and even life of the patient before they pass out of the region within which they had their origin. They commence either in the mucous membrane or in the uterine substance itself, especially in its connective or submucous tissue. Of those which spring from the mucous membrane three varieties are met with, of each of which examples will be found in the following cases. Of those that grow in the uterine tissue authors describe two forms, one of very frequent occurrence—the fibrous, and the other rare, the muscular—but the distinction is more of anatomical than practical importance, and we may safely use the term fibrous to include both. The truly extra-uterine polypus, or that which grows from the vaginal portion of the cervix, also has its origin in the uterine tissue, and is almost always fibrous, but may also have so much muscular substance in its structure as to deserve the name of muscular in an anatomical description.

Hemorrhage is the symptom that first attracts the patient's attention in cases of polypus, and in no case of persistent and uncontrollable bleeding, in non-pregnant women, should the probability of the existence of a polypus in some part of the uterine

canal be forgotten, especially if no other cause for the hemorrhage be apparent. Leucorrhœa is another very constant symptom, the discharge having the peculiar character of the cervical leucorrhœa of authors—ropy and tenacious, very difficult of removal, resisting even rough rubbing with sponge or cotton, clear and transparent, resembling, as it escapes from the os, the white of an unboiled egg, and often streaked with blood. This symptom exists chiefly with the small cystic polypus that grows in the canal of the cervix, and it is accompanied with a patulous condition of the os. When the polypus is small and still in the cavity of the body of the uterus, the os is generally of the normal size, or may be even less. When the polypus is situated so as to obstruct the exit of fluid from the uterus, it may give rise to excessive pain in menstruation, and expulsive, or bearing down pains may also occur where the uterus is enlarged, either by the retention of fluids in its cavity or by the growth of the tumour, but none of these symptoms, nor yet the reflex irritations that generally accompany them, are sufficient to prove the existence of a polypus. In all cases, however, in which such symptoms, or some of them, are present, and do not yield to treatment, the existence of polypus should be suspected, and a careful physical examination of the uterus be made.

A polypus in the cavity of the body of the uterus causes the whole organ to grow in the same way that the ovum does in early pregnancy. Hence the cavity becomes enlarged and elongated, and the walls thickened and hypertrophied. If the polypus be of any size the fundus of the uterus will be felt in the hypogastric region, of irregular form, it may be, depending on the form of the polypus. When the enlargement is not so great it may still be recognized by the finger in the vagina, and the fundus may be traced by the bi-manual method of Marion Sims, but even though we have hemorrhage and the other symptoms enumerated, along with an elongated uterine cavity as measured with the sound, and an enlarged and irregular fundus, we cannot absolutely declare the existence of a polypus, inasmuch as all these signs, like the symptoms, may depend on other causes.

Moreover, not only may these signs and symptoms exist without there being any polypus present, but we may have a polypus without any enlargement of the uterus, as when it grows in the cervix, and is of the small size usual in this situation, or when, even though in the cavity of the body of the uterus, it is of such small size that the elongation of the cavity, as measured with the sound,

is scarcely appreciable; and yet, small as the growth is, it may, if not removed, run the patient down by hemorrhage.

The only certain proof of the existence of a polypus is the detection of it by the eye or finger, and, therefore, when from persistent hemorrhage or other cause, we suspect the presence of such a growth, and cannot otherwise discover it, we must dilate the uterine canal so as to be able to pass a finger to the very fundus, and make a minute and careful digital examination of the cavity throughout its whole extent.

The use of prepared sponge for the dilatation of narrow passages dates from the earliest ages of surgery, but, till suggested by Sir James Simpson, the exploration of the uterus by its means had not been attempted; and of the many improvements in surgery for which we are indebted to him, this is not the least important. His original paper describing this method was read before the Medico-Chirurgical Society of Edinburgh, in 1844, and in a second paper read before the same society, in 1849, Sir James has shown that till then intra uterine polypi "were generally considered as placed beyond the pale of any certain means of detection, or any possible means of operative removal." Though the dilating of the uterus, to allow of its being explored by the finger, marks the commencement of a new era in uterine surgery, and the principle must ever stand, yet the precise method first adopted is open to many and serious objections, so much so that Dr. Marion Sims, notwithstanding his warm advocacy of their use, states in his "Notes on Uterine Surgery," that he never introduces sponge tents if he can possibly avoid it, and declares that "he who gives us an efficient, pleasant, and cheap substitute for them, will confer a great boon on surgery." These objections have been set forth at length in a paper read by me at the meeting of the British Medical Association in Oxford, and they may be summed up as follows:—

1. Sponge tents become abominably fetid when a few hours in the uterus.

2. By the retention of fetid and offensive discharges in contact with the interior of the uterus, they not unfrequently give rise to metritis of an unhealthy character, and sometimes, by poisoning the blood itself, to fatal pyemia.

3. Repeated and prolonged applications of them are required to get at the cavity of the uterus.

4. They dilate the os externum far beyond what is required, before they open the os internum.

To examine the interior of the uterus, "the persevering use of a series of larger and larger tents for several days" is, according to Sir James Simpson, usually requisite; yet, so much is Marion Sims afraid of metritis, that he does not allow the first tent to remain in the uterus for more than six to eight hours, and if the second tent fail to dilate the cervix sufficiently, he directs us not to persevere further, but to wait a few days and then resort to it again.

Since Dr. Sloan introduced the dried sea-tangle to the notice of the profession it has been very much adopted instead of prepared sponge for surgical purposes; but in uterine cases the same objections apply to it, as it is ordinarily used, as to the prepared sponge, except that it does not become fetid. The persevering use of a series of larger and larger tents, with its accompanying risks, is still required, and the canal is so irregularly dilated that the os internum may not be large enough to admit the point of the finger, when the os externum is much wider than there is any necessity for it to be; but applied in the manner described in the paper referred to, the sea-tangle is free from all these objections, and seems to me not only to supply the boon to surgery desired by Marion Sims, by being an efficient, pleasant, and cheap substitute for sponge tents, but to be more easy of application, more prompt in dilating the uterus, and, above all, more safe in its action.

This method of using sea-tangle tents is shown in the following figure, which represents a uterus containing a number of polypi, and having six tents passed through the os up to the fundus. It is founded on an observation, the correctness of which is easily ascertained—that when the uterine tissues are relaxed by hemorrhage, a fine tent can be passed at once through the whole length of the cervix and on to the fundus, and by a little care a number of fine tents can be packed alongside of one another in the canal, when a single large one, though not nearly of the size of the bundle so formed, could not be passed at all. The first tent introduced serves as a guide to the others, and when they absorb fluid and swell out, they not only dilate the os internum as much as the os externum, but also the cavity of the uterus itself, and thereby provide room for the manipulations necessary for the removal of the polypi, if any are found to exist.

I first used sea-tangle tents in the manner now described in the case of a lady, residing some miles out of Dublin, whom I was asked to see by my hospital colleague, Dr. Sawyer, on the 4th of May, 1867, on account of persistent hemorrhage, when it answered

the purpose so well that I have ever since adopted the same method, and with the most satisfactory results. In one case, the

Fig. 1.

full particulars of which will be found further on, where the patient, though married seven years, had never borne children, the os was so small that it was necessary to leave a single fine tent in it for some time before a sufficient number could be got in to effect a dilatation large enough to admit the finger, but it is the only case I have met with out of a large number where such a proceeding was necessary.

When it is determined to explore the uterus after this manner

the patient is placed in the usual obstetric position, and the length of the uterine cavity is carefully measured by means of the sound. A No. 5 or 6 sea-tangle bougie is now cut into pieces a little longer than the uterine cavity, and the ends rounded off and smoothed. The patient is now desired to put her left arm behind her back, and to lie almost completely on her face, with her right leg drawn up and thrown in advance of the other—that is, in the semi-prone position of Sims. The “duck-bill” speculum is now introduced and given to an assistant to hold, the anterior lip of the os uteri seized with a fine tenaculum, the os having been brought into view and steadied in this manner, as many of the pieces of sea-tangle as can be got in without using force are passed one after another, till they almost touch but do not press on the fundus. Five or six pieces of a No. 6 bougie will dilate the uterus sufficiently for all purposes; and when these have been got in, the tenaculum and speculum are withdrawn and the patient is settled in bed, when a morphia suppository may be administered. If the uterus make expulsive efforts, it may be well to leave a pledget of cotton in the vagina; but if the tents do not actually touch the fundus the uterus does not generally try to expel them.

At the expiration of twenty-four hours the exploration may be proceeded with. The tents are easily removed by seizing them, one after another, with a toothed forceps. The patient must now be brought fully under the influence of chloroform, and then placed in the semi-prone position as before, when the anterior lip of the uterus must be laid hold of by means of a large strong vulsellum, and slowly and gradually, but steadily, drawn down to the vulva. If the blades of the vulsellum be not strong and firm they will spring at this stage of the operation and tear the uterus, and the instrument must be made so that the points when closed will fairly meet and glide past one another without making fresh openings in the tissues, and when completely closed the blades must have ample space between them for the lip of the uterus, that it may not be in any way compressed, no matter how firmly the handles are held. This stage of the operation is clearly shown in the following figure.

The uterus being brought down and fixed in this way, the vulsellum is given over to an assistant, who is directed to hold it steadily, and the forefinger of the right hand is now passed up into the uterus and its interior carefully examined, which will be much facilitated by placing the left hand over the fundus and pressing

Fig. 2.

this part down on the finger. If a polypus be discovered a tolerably fine vulsellum is now passed along the finger in the uterus, and guided by it to the tumour, which is then seized. The finger is now withdrawn, and an ecraseur, armed with a single soft iron wire, is passed in, guided by the vulsellum in which the polypus is held. The loop of the wire is first passed over the handle of the vulsellum, and then the point of the ecraseur is placed against the blades of the vulsellum and run up as far as it will go. This stage of the operation is also shown in Fig. 2.

The finger may now again be passed into the uterus so as to press the wire well down on the polypus; but if the eye of the ecraseur be passed well up to the uterine wall it will of itself draw the wire into its place. In the engraving the ecraseur is shown as just about to be pressed up "home" to the root of the polypus. When the ecraseur is fixed in its place it is held steadily, and the wire slowly screwed up till it cut through the peduncle, when ecraseur, polypus, and vulsellum all come away together. The finger should now be again passed in, and if no more tumours be discovered the interior of the uterus may be brushed over with a saturated solution of the perchloride of iron in glycerine, and the patient may be put to bed and allowed to sleep off the effects of the chloroform. For a few days the vagina should be syringed out with tepid water.

I have now operated in many cases by this method, and I have also tried the plan of passing the entire hand into the vagina instead of drawing down the uterus, and also the plan of pressing down the uterus by a hand placed over the hypogastrium without passing the hand into the vagina or using any vulsellum for drawing it down, and am convinced that these methods do more violence to the surrounding parts, are less efficient, and are more irksome to the operator than the proceeding just described. If the polypi be large and come into view, or can be seized, the drawing down of the uterus is, of course, unnecessary; but when they are small and concealed from view, I am convinced the foregoing is the safest way of operating.

INTRA-UTERINE FIBROUS POLYPI.

Intra-uterine fibrous polypi arise most frequently from the fundus of the uterus, or that portion lying between and above the openings of the Fallopian tubes, but they may also arise from some portion of the walls of the body, and are very rarely met with springing from the

walls of the cavity of the cervix. Arising in any of these situations the polypus commences as a round submucous elevation which in general becomes pedunculated, and suspended with its largest portion free in the distended cavity of the uterus, but it sometimes remains sessile. In either case it may in the progress of its growth come to rest on and close the os internum, forming there a sort of ball valve, and preventing the exit of any fluid that may be poured into the cavity of the uterus, as occurred in Case No. II., where a remarkable train of symptoms arose from this cause. More frequently the tumour passes through the os, and (the peduncle becoming elongated) is gradually extruded from the cavity of the uterus, when it may be found either completely or partly protruded through the os externum, and may be easily recognized and easily removed. Generally speaking, they are single, but not unfrequently we find rudiments of smaller ones, consisting of submucous round elevations adjoining large polypi. Klob,^a indeed, says that sometimes two are found flattened from contact, but rarely more than two, and in the majority of cases only a single one; and West, contrasting them with fibrous tumours on the outer surface of the uterus, which are seldom solitary, and often very numerous, says,^b it is rare to find more than one projecting at the same time into the cavity of the uterus. This he thinks due probably to there not being room for more than one tumour at a time within the cavity of the womb, for it is not a very uncommon thing, he says, some months after the removal of one growth, to find another occupying the same situation, producing the same symptoms, and calling once more for a recourse to the same operation. In one of the following cases, however, twenty-nine fibrous polypi were removed within twelve months, at four operations, three at the first, nine at the second, eleven at the third, and six at the fourth. In this respect the case is, so far as I can learn, unique, no similar one having been recorded by any author with whose writings I am acquainted.

CASE I.—Menorrhagia lasting Fourteen Years—Twenty-nine Fibrous Polypi Removed from the Cavity of the Body of the Uterus at Four Operations.

Miss A., an unmarried lady, aged thirty-six, was placed under

^a Pathological Anatomy of the Female Sexual Organs. Translated by Kammerer and Dawson, p. 153.

^b Lectures on Diseases of Women. 3rd ed., p. 264.

my care by Dr. Martin, one of the physicians to Jervis-street Hospital, on the 22nd August, 1867, and admitted by me as a patient into the ward for diseases of women, in the Coombe Lying-in Hospital. She had been a governess, but had been reduced to poverty by ill health, consequent on menorrhagia, from which she had suffered for fourteen years. During this time she had been treated by several physicians, and in many hospitals; but, till she came under my care in the Coombe Hospital, and I insisted on being allowed to do so, no examination of the uterus had been made. When I examined it I found it enlarged so that the fundus could be felt above the pubes. It was somewhat irregular in its outline, and its cavity measured an inch longer than it ought to do, but the os and cervix were apparently quite healthy. She was blanched from the loss of blood, her extremities were œdematous, her breathing was short and panting, and her debility was extreme. On consultation with my hospital colleagues, Drs. Ringland and Sawyer, and with Dr. Beatty, who kindly saw the case with us, it was agreed to explore the cavity, and for this purpose six pieces of sea-tangle were introduced on the 5th of September, 1867, in the manner just described. On the following day the finger was passed into the cavity up to the fundus with great ease, and so well was the canal dilated that we could even see one of the tumours lying above the os internum. Three tumours, each as large as a pigeon's egg, were found and removed with the ecraseur. The patient was kept in bed for a week, but suffered no pain or inconvenience, and at the expiration of ten days left the hospital.

For a time the menorrhagia ceased and she improved in health, but the hemorrhage gradually returned, and in the month of March, 1868, she applied to be re-admitted into the hospital. The uterus was enlarged even more than it had been before, and again we dilated it and found a group of tumours filling it up. Dr. Beatty was still good enough to lend his valuable assistance, and with his help and that of my colleagues, I removed nine polypi, some of them large and pedunculated, others as small as a pea and sessile.

She recovered from this operation quite as well as on the previous occasion; but, although every tumour that could be discovered was carefully removed, the uterus never resumed its normal size; it remained large, and could still be felt above the pubes. The next menstruation was, however, healthy, both as to the quantity and character of the discharge; but in April the hemorrhage returned, and in May it was as bad as it had ever been, if not worse. The

uterus was now greatly enlarged; it could be felt above the pubes as large as a man's shut hand, and the sound passed into its cavity nearly four inches. On the 16th May we again dilated the os, which was as small and apparently healthy as ever. We now removed eleven tumours, four of which were pedunculated and grew from the fundus, and were nearly as large as any of those that had been previously removed; the others were smaller and sessile.

After they were all removed we painted over the whole surface of the uterus very freely with a saturated solution of the perchloride of iron in glycerine. For some days after the operation there was fulness, with pain and tenderness, in the lower part of the abdomen; but these symptoms quickly yielded to the use of poultices and injections of tepid water into the vagina, and on the tenth day the patient was able to be up and going about. The uterus, however, scarcely diminished in size. The os closed completely, and got into its normal state, as it did after the previous operations, but the body remained large and prominent above the pubes. No menstrual or other discharge took place till the 29th June, when it again occurred, and became hemorrhagic in character and very profuse. Consequently, on the 11th July, I again dilated the uterus, assisted as before by my hospital colleagues and Dr. Beatty, and by Drs. Churchill, M'Clintock, Atthill, and Collis, and I removed six tumours, one as large as a hazel nut, the others smaller in size.

After their removal I applied strong nitric acid freely over the whole of the inner surface of the uterus. On the next day the patient expressed herself as feeling less uncomfortable than after any of the previous operations; the pulse was 104; there was no tenderness of the abdomen; and the only complaint she made was of having a very offensive discharge from the vagina. I had ordered her a grain of opium every second hour after the operation. I now prolonged the interval to every fourth hour, and ordered the vagina to be syringed out, and a poultice to be applied over the hypogastrium. The following day the pulse was down to 96, and there was no fulness, pain, or tenderness, and the day after the pulse was down to 80. There was some purulent discharge from the vagina, but not offensive, and she wished to sit up, which, however, was not allowed, but the poulticing and opium were discontinued. I believe this is the first time strong nitric acid has been applied to the interior of the uterus. I used it at the suggestion of Dr. Ringland, to whom we are, I believe, also indebted for the first suggestion to use this acid in affections of the os and cervix.

The uterus diminished much in size after this operation; it sunk down into the true pelvis, and could no longer be felt above the pubes. On the 1st of August, exactly three weeks after the operation, I made a careful examination. The os was closed, the cervix was in its normal condition, there was no discharge. Examined by the bi-manual method of Marion Sims the fundus could be found regular in its outline, but rather larger than natural, and when measured with the sound its cavity was found to be nearly an inch longer than it ought to be. This patient was kept in the hospital, partly that she might have the benefit of good nourishment, and partly to watch the case; but as the next menstruation was perfectly healthy, she became anxious to leave, which she did on the 9th of October, 1868, and in a short time afterwards undertook engagements as a visiting governess, which she has since continued to fulfil. On the 6th January, 1869, she called on me at my own house, and reported that her menstruation had continued quite healthy—that the periods since she had left the hospital had lasted only four days each, and that she only required to use two napkins each day, notwithstanding that she had to walk a great deal, even during the period, in attending to her pupils. She said she felt strong and well, and “had got a blush in her cheek,” all of which her appearance confirmed.

The wood-cut No. 1, at page 14, is a diagrammatic view of the condition of the uterus ascertained by the finger to exist at the third operation; but seven of the polypi are shown, the others having been attached to the anterior wall, which is here supposed to have been cut away. The uterus and polypi are shown of the actual size, and six pieces of sea-tangle are shown traversing the whole length of the cavity, and projecting some distance beyond the os, as they should be when first introduced to effect dilatation.

The tumours when removed were subjected to careful microscopical examination, both by myself and Dr. Maurice Collis, and found to be simple fibrous tumours, consisting chiefly of convoluted fibres. The case is thus removed from the class of recurrent fibroids, described by West, Atlee, and Hutchinson.

CASE II.—Symptoms of Cancer of the Uterus.—Small Hemorrhages and Offensive Purulent Discharges, lasting Eighteen Months, caused by a Polypus lying on the Os Internum—Polypus Removed by the Ecraseur.

Mrs. B., aged sixty-four, consulted me on the 2nd April, 1868.

She stated that she had had five children and four miscarriages, the last about nineteen years ago. Since that miscarriage she had never been pregnant, and it was then fourteen years since she had finally ceased to menstruate. She enjoyed very good health till within the last eighteen months, when she began to notice a semi-purulent discharge and occasional small hemorrhages from the vagina, especially after much exertion or intercourse; and soon afterwards a constant brownish-green watery discharge, peculiarly fetid and offensive. Exercise sometimes caused rather free bleeding, and also increased the quantity of the sero-purulent discharge; but there had never been anything of flooding, or a continuous discharge of blood. Sometimes she saw small flakes of reddish skin in the chamber after passing water. When lying in some positions she suffered slight pain, but never of any great amount; and it was evident from her description that the pain was not uterine and not at all severe. She was a healthy active woman, looking some years younger than her stated age; and she informed me her mother was still alive, aged eighty-eight, and healthy and active.

A narrative such as this, notwithstanding the absence of pain, could not fail to raise in my mind apprehensions of cancer; and I fully expected to find this condition on examination, and in rather an advanced stage. The lady's own idea was that something had remained in the uterus since her last miscarriage, which had undergone decomposition and was coming away. She thought the substances observed in the urine were evidences of this; but she was very apprehensive, too, that she had cancer, and begged that I should tell her fully and plainly what I thought of her case.

On examination I found the os and cervix almost quite healthy. There was hypertrophy and induration, but merely such as would be caused by slight chronic inflammation. There was neither scirrhus hardness nor lobular enlargement, and the cervix was quite movable. The appearances presented when the speculum was introduced were those of an almost quite healthy os. When a sound was introduced a hitch was found in passing the os internum. The point of the sound had to be pressed well forwards to get past the obstruction, but, once beyond this, it entered the cavity of the uterus with ease, and showed its length to be more than double what it ought to be. The sound passed in between five and six inches.

It was now evident that, notwithstanding the presence of so many of the symptoms, there was no cancer of the os or cervix, the most usual seat of this disease; but the great enlargement of the cavity of the uterus made me fear there might be a cancerous or other tumour growing at the fundus, and I declined expressing any opinion as to the nature of the case till I should have an opportunity of examining the abdomen when the lady was undressed and in bed. Accordingly, an appointment was made for me to visit her the next day; and when she got up to leave my study I observed that a considerable sized clot of blood fell on the floor, showing that the use of the sound had caused free bleeding, although I had introduced it most carefully and gently.

When I examined her in bed I failed to feel the uterus in the abdomen, either by ordinary palpation or by the bi-manual method of Sims. She was in very good condition, and had a large amount of sub-cutaneous adipose tissue; but still I was sure that if there had been any solid enlargement of the uterus I should have felt it. I now again introduced the sound, and I could plainly feel its point near the umbilicus, but could not trace the outline of the uterus, proving the absence of any solid deposit, and I concluded there was no cancer of the fundus, and that the enlargement did not depend on a large fibrous tumour, or on the presence of the remains of a retained fetus, as the lady herself had suggested.

On withdrawing the sound I found blood was again escaping from the os, and to control this I passed a bit of cotton wet with a solution of perchloride of iron up the canal of the cervix, fixed in a caustic-holder. When it arrived at the os internum its further progress was obstructed in the same way that the sound had been, and when I pressed it on, the obstruction seemed to yield, and immediately a stream of thick puriform matter escaped, which ceased to flow when I withdrew the instrument. I now passed a tubular sound (Simpson's *porte caustique*) into the uterus, and immediately matter of the same character began to flow, of which I collected between ten and twelve ounces. This fluid was of a thick consistence, of a brownish red colour, with streaks of fresh blood clots through it, and had an abominably offensive odour. It seemed to be decomposed and broken down fibrin, or partially decolourized blood clot.

It was now evident that the enlargement of the uterus was due to its having been distended by fluid, the hematometra or pyometra

of systematic writers, but the source of this fluid, and the cause of its being retained in the uterus, had still to be ascertained.

The mobility of the obstruction, its situation at the os internum, its evident attachment to the posterior wall, the freedom with which it bled on being touched, and the quantity and character of the fluid accumulated in the uterus, along with the occasional free bleedings described by the patient, could only, it seemed, be accounted for by the existence of a polypus of small size growing from the posterior wall of the uterus, close to the os internum, and it appeared probable that when hemorrhage arose from this, the blood instead of escaping externally collected in the cavity of the uterus, and gradually distended it, till it had acquired the large dimensions described. The polypus, from its situation at the os internum acted, it was probable, as a ball-valve, so as to prevent the escape of the blood, which, when effused, coagulated, and the serum trickled past the valve, and the retained coagulum became decomposed and broken up into the offensive grumous fluid, of which so much had been drawn off with the hollow sound. Before proceeding further in the investigation of the case, I asked to have another medical man associated with me, and Dr. Denham was selected for the purpose.

We met on the 27th of April, and I explained my views, and pointed out in a sketch where I believed the polypus to be. After a careful examination Dr. Denham quite agreed with me as to the propriety of making the exploration, and we introduced the sea-tangle tents for this purpose. Next day we again met, but found it necessary to introduce fresh tents and dilate the os still further, which we did, and on the 29th we proceeded to explore the uterus. The patient being placed under chloroform, we drew down the uterus with a vulsellum, assisted by a hand placed over the fundus, and so were enabled to get a finger through the os internum and into the cavity, where a small tumour was found growing from the posterior wall at the point I had indicated in the sketch. It was about the size of a small bean, was sessile, but had an elevated fold of mucous membrane running down from it into the canal of the cervix. When Dr. Denham examined it he felt this fold more distinctly than the tumour, and recognized it to be a fold of membrane from being able to press it back into its place. He now held the uterus firmly, and I ran a vulsellum up on my finger, and seized the tumour, which I then surrounded with the loop of a single wire ecraseur, and removed, along with the fold of mucous

membrane. We now washed out the uterus and mopped it all over with a solution of perchloride of iron.

Fig. 3 shows the position and size of the polypus, with a fold of membrane running down into the cervix. The uterus is shown of the full size, as ascertained by measurement, with its walls thinned by distention.

Fig. 3.

There was no bleeding, and no inflammatory action, pain, or discomfort, followed the operation. For two days there was a rather copious discharge of offensive sero-purulent matter, containing small clots blackened by the perchloride of iron; this gradually ceased, and the uterus, when measured on the 4th of May, was of its normal size.

A careful examination of the tumour after its removal showed it to be a simple fibrous polypus of the submucous variety.

So far as regards the polypus the case may be regarded as terminating here, but it would not be complete without the further history of the patient, which is far from being satisfactory. Though all the symptoms arising directly from the polypus itself, as well as those due to its peculiar situation, disappeared when the tumour was removed, chronic inflammation of the lining membrane of the cavity of the uterus, which had been set up by the long-continued contact of the putrid fluid, remained. This extended to the substance of the uterus itself, and gave rise to a considerable amount of hypertrophy and induration, so great as to impress both Dr. Denham and myself most unfavourably as to its nature, and though both the induration and hypertrophy have considerably lessened under the influence of treatment, and the general health is good, we are not yet satisfied that it is not gradually degenerating into malignant disease. There is one remarkable circumstance that we have observed in the after-treatment of the case, that I may pause to mention, though it does not belong to the present subject. On three occasions applications were made to the interior of the uterus; on the first of these it was strong nitric acid, and afterwards the solution of perchloride of iron, and immediately after each application, almost before the speculum could be withdrawn, she fell asleep, and remained so till spoken to, though she had been chatting the moment before. The first time this occurred both Dr. Denham and I were present, and neither of us had ever seen it occur before.

CASE III.—Menorrhagia for Four Years, followed by an Attack of Excessive Flooding, and afterwards increased Menorrhagia—Fibrous Polypus in the Fundus of an Ante-flexed Uterus—Portion of Tumour Removed by the Ecraseur—Disappearance of the Remainder.

Mrs. C., wife of a Naval Surgeon, first consulted me in October, 1867, and subsequently in May, 1868. She stated she was twenty-nine years of age, and had been married seven years, but had no family. Menstruation, till about four years before she came to me,

had been healthy in quantity, but painful. About three months after marriage she thought herself pregnant. The abdomen enlarged, but she did not cease to menstruate, and the enlargement proved to be caused by a phantom tumour, which disappeared at the end of nine months. After this she had good health for two years, but the menses then became too abundant. In March, 1867, she was startled, when menstruation was due, and flooding soon afterwards occurred, to a very alarming extent, causing very prolonged fainting at the time, and subsequently much debility and prostration. After this the menstrual discharge became very much more profuse than it had hitherto been, and she was seldom a fortnight at a time free from it. During the six weeks prior to the 1st February, 1868, there was only one week that it was not present.

When I first saw this patient I found the fundus of the uterus enlarged, and bent forwards on itself. The uterine cavity measured more than three inches in length. The os was exceedingly small, but otherwise healthy. The hemorrhage, enlarged fundus, and lengthened cavity, led me to express an opinion that there was probably a polypus at the fundus, and to recommend an exploration. The lady was, however, obliged to leave Dublin before this could be done, but she returned for the purpose in the following May, when Dr. Ringland was kind enough to lend me his valuable aid in the operation.

On the 13th May we proceeded to introduce the sea-tangle; the os was so small that we could only get in one piece of No. 4 size. We left this in the uterus till the following day, when we removed it, and introduced five pieces of a No. 5 bougie. Next day we were able to introduce a finger up to the fundus, having first drawn down the uterus, as already described. We found a fibrous polypus occupying the flexed portion of the uterus, as shown in the drawing (Fig. 4). This was seized with a fine vulsellum, and drawn as well into reach as possible, and the loop of the single wire *ecraseur* passed around it, but only a small portion could be encircled, owing to the peculiar situation in which it grew. We removed in this way about a quarter of the growth, after which we mopped out the uterus with the solution of the perchloride of iron. The recovery from this operation was very rapid and satisfactory. The next menstruation took place early in June, and the following one at the end of the month, both of which were quite natural and healthy. But the uterus remained ante-flexed, and we still thought the fundus somewhat enlarged; and as the lady was likely to be

obliged to travel about a great deal, we thought it advisable to make a second exploration before allowing her to pass from under our observation. This we proceeded to do on the 8th July, when we had the benefit of Dr. Beatty's assistance and co-operation.

Fig. 4.

The os had now become as small as ever, and we had again to introduce a single tent, as in the first instance, but at the end of six hours we took it out and got in the bundle as before. After

twenty-four hours these were removed, when both Dr. Beatty and Dr. Ringland, as well as myself, explored the whole uterine cavity minutely, and were convinced there was no trace of the polypus that had before existed in the anteverted fundus. The recovery after this operation was protracted by the occurrence of an attack of enteric fever, but was complete, and on the 4th September menstruation again took place in a natural and healthy manner.

This case presents several features of great interest; first, the ante-flexion of the fundus, a condition that is, in my experience, exceedingly rare, though stated by Klob to be more frequent than retroflexion, which is in this country very common; second, the complete disappearance of the tumour after the removal of a small portion. It has long been known that the peduncle of a fibrous polypus will disappear after the removal of the body of the tumour, but in this case the removal of less than a fourth part caused the total disappearance of the whole; third, the return of the os to its original pin-hole size and shape after the first operation affords a valuable lesson as to the instability of the dilatation that can be procured by dilating tents in cases of dysmenorrhea.

FIBROUS POLYPI—EXTRA-UTERINE.

In the foregoing cases the polypi lay within the cavity of the uterus; in the following one the tumour grew from the anterior lip of the uterus and lay in the vagina. The polypi met with in this situation belong to the class of fibroids; they grow most frequently from the anterior lip, and may either be pedunculated or sessile. They are generally easily recognized and easily removed, and it is not easy, with our present knowledge and means of examination, to understand the difficulty that was even recently experienced in their diagnosis. Sir James Simpson^a quotes Gooch as saying "he has seen the most experienced practitioners in London puzzled to tell what was the nature of the tumour in the vagina, and what ought to be done for it;" and he refers to Lefauchaux as describing the appearances, on dissection, of a case of this form of polypus, which during life could not be discriminated from complete inversion of the uterus. The use of the uterine sound has now, however, enabled us to overcome the difficulties which obscured Lefauchaux's case. Marion Sims^b has described a case the

^a Obstetric Memoirs, Vol. i., p. 120.

^b Clinical Notes on Uterine Surgery, p. 73.

diagnosis of which was attended with great difficulty from the polypus being of a mushroom shape, and covering the os and cervix so completely that when the finger was passed into the vagina a knobby hard growth was found occupying the place of the cervix, and the os could not be felt. The woman was forty-eight years of age, and from prolonged hemorrhage presented almost the complete physiognomy of carcinoma. When the ordinary speculum was introduced the tumour filled up its area, so that its true nature could not be ascertained; and the fears that had been entertained as to its being a case of carcinoma seemed to be confirmed. The true nature of the case was at once discovered when the parts were brought fully into view by means of Sims' duckbill speculum, and the removal of the tumour exhibited an os tincae perfectly free from all appearances of malignant disease. In the following case an error of another description occurred, and not unnaturally, but was at once cleared up by a careful digital examination.

CASE IV.—Large Fibrous Polypus growing from the Anterior Lip of the Uterus, discovered immediately after the Expulsion of a Four Months' Fetus, and Mistaken for the Head of another Child—Frequent Miscarriages—Removal of the Tumour by the Ecraseur two Months after Delivery.

In February, 1863, I was sent for to see Mrs. D., an out-patient of the Coombe Lying-in Hospital, who was stated to be sinking from hemorrhage after a miscarriage. I found her in a state of semi-collapse, with frequent partial convulsions of a hysterical character. The students in charge of the case showed me a fetus of about four months that had been expelled, and stated that there was another partially in the vagina, but the placenta had not come away, and there was still considerable hemorrhage. On examination I found a tumour in the vagina, hard, round, and movable, of about the size of the head of a four months' fetus, and on passing my finger round this tumour I found a slightly narrowed process that had been mistaken for the neck of the supposed child, but which was inserted into the anterior lip of the uterus and was continuous with it, showing the true nature of the case. The funis lay behind this tumour. By traction on this and pressure on the fundus, the placenta was extracted, when the hemorrhage ceased. The woman made a good recovery.

Two months afterwards this woman applied at the hospital to be relieved of the tumour, when she stated that she had had three

full-grown living children, and afterwards six miscarriages in succession, at the third or fourth month, but had never had any unusual hemorrhage or derangement of menstruation, and did not know of the existence of the tumour till told of it at the time of the miscarriage. On the 17th April, 1863, I proceeded to remove the tumour, assisted by Drs. Ringland and Sawyer, and in presence of Drs. Churchill, Jameson, Johns, and the class. The woman being placed in the semi-prone position, and the duckbill speculum introduced, I seized the tumour with a vulsellum, and, giving the instrument to Dr. Sawyer, got him to make slight traction. I then passed the chain of an ecraseur over the vulsellum and tumour, and carrying the point of the ecraseur well up above the tumour, removed the entire mass. No hemorrhage followed the operation, but on the third day, considerably before its time, menstruation set in, but was not excessive. About twelve months after the operation this woman was delivered in the hospital of a healthy full-grown child.

SOFT OR MUCOUS POLYPI.

The soft polypus, or that composed of mucous membrane enclosing cellular or connective tissue, generally springs from the fundus of the uterus; it may, however, have its origin in the cervix, where it is formed by hypertrophy of the folds of mucous membrane constituting the *arbor vitæ*. In either case, but especially when springing from the cervix, the glandulæ of the mucous membrane may become distended with their own secretions in consequence of their mouths being obstructed, and then the polypus assumes more or less of a cystic formation. When growing from the fundus the soft polypus is generally single, but not always. I have in my collection a uterus containing two soft polypi attached to the fundus. When growing from the mucous membrane of the cervix they are, as a rule, numerous, and spring from different points, as figured by Madame Boivin and others. They are generally pedunculated, or become so in the process of growth, the peduncle being formed by an elongation of the mucous membrane. When long enough they pass down so low as to appear at the os externum, and have even protruded through the vulva. When they come within reach in this manner they may be removed with great ease and safety by torsion, by seizing them, as close to their origin as possible, with a fenestrated or broad-pointed forceps, and twisting them slowly till they are torn away.

They have sometimes, however, a broad basis of attachment in

the fundus, and do not pass out of the cavity, when the uterus must be dilated and the tumour removed by the ecraseur.

CASE V.—Menorrhagia for Eight Months, followed by Continuous Uterine Hemorrhage, Metrorrhagia, which lasted Seven Months; Soft Polypus at the Fundus of the Uterus—Removal by Ecraseur.

Mrs. E., aged twenty-nine, married, and has several children; admitted into the ward for the diseases of women in the Coombe Lying-in Hospital, on the 12th May, 1868. This woman's last child was born on the 12th July, 1866, soon after which she accepted a situation as a wet-nurse, and held it till 24th June, 1867. The first menstruation after the birth of her child occurred in February, 1867, and the second in April; after this she menstruated every month regularly as to time, but the discharge was very profuse. In December, 1867, she menstruated twice, and soon afterwards bleeding became constant, and continued so till the polypus was removed. In May she consulted Dr. Mason, who advised her to come into the Coombe Hospital and place herself under my care.

On examination the uterine cavity was found to measure three inches, only half an inch more than it ought to do. By the bi-manual method of Sims the fundus was found enlarged and thickened, but to so slight a degree that it was thought exceedingly improbable there was any polypus; and it was determined to try to check the bleeding without exploring the cavity. She was kept under treatment for two months with this view; but, though local applications, would check the bleeding it always returned after a short time, and therefore it was agreed, on consultation with my colleagues, Drs. Ringland and Sawyer, to explore the uterus. On the 3rd July seven pieces of a No. 5 sea-tangle bougie were introduced, and on removing them next day a finger was passed into the uterus, and a soft polypus discovered at the fundus, to the left side. It was not larger than a French bean, but had a broad basis, and we thought it better to remove it with the ecraseur than attempt to do so by torsion. The operation was performed in the method already described, and is shown in Fig. 2, p. 16, which also shows the position of the polypus. The drawing is half the actual size.

After the removal of the tumour the uterus was mopped out with the saturated solution of perchloride of iron in glycerine, and the patient put to bed. On the eighth day after the operation she was able to be up, and on the twenty-second she left the hospital

perfectly recovered. She reported herself after each menstruation for the next three months. There was no further bleeding, her menstruation was natural and healthy. Her general health was good when she was last seen, and she was rapidly regaining her strength, which had been greatly reduced by the long-continued hemorrhage.

In the following case the tumour was removed by torsion:—

CASE VI.—Large Soft or Mucous Polypus, Springing from the Fundus Uteri, and extending through the Os Externum, Causing Profuse Hemorrhage—Removal by Torsion.

On the 31st January, 1864, I was sent for late at night to see Mrs. F., an American lady, who had recently come to live near Dublin.

She was forty-five years of age; had had one child eighteen or twenty years ago, but had not since been pregnant. For some years past the menstrual flow had been much more abundant than formerly, and for the last six months there had been almost continuous hemorrhage, and consequently great debility. A short time before I arrived at the house she had a prolonged fainting fit in consequence of a sudden increase of the bleeding, after making a slight exertion. On examination I found a soft polypus hanging out of the os externum; but as she lived at a distance from town, and no arrangements had been made for an operation, I plugged the vagina for the night to prevent further hemorrhage, and arranged to remove the polypus next morning. Next day the polypus was still protruding through the os, and hanging down nearly an inch in length into the vagina. The os was patulous, and the polypus could be traced by means of the sound up to the fundus of the uterus. I seized it with a fenestrated polypus forceps as near its origin as possible, and twisted it off with great ease. No blood was lost during the operation, nor after it. The lady gradually regained her strength, and has had no return of the hemorrhage since.

POLYPI REMOVED BY PRESSURE.

We are indebted to Marion Sims for drawing attention to the power of sponge tents in obliterating some polypi. In one case described by him, where the sponge had by accident been left in the uterus for a week, a fibrous polypus, the size of a pigeon's egg, disappeared; but this prolonged use of the sponge is attended with too much danger to be adopted as a mode of treatment. The

soft polypus is very easily removed in this way, but, as already said, its removal by torsion or the ecrasure is to be preferred when it can be caught. It is, however, to be borne in mind that this polypus very constantly disappears under pressure, for otherwise disappointment, and not a little vexation, may occur.

CASE VII.—Profuse Menorrhagia passing into Metrorrhagia—Mania—Soft Polypus Growing from the Fundus of the Uterus, and Removed by the pressure of Sponge Tents.

Mrs. G., a lady approaching the climax of life, was placed under my care on the 29th April, 1867, by Dr. Cummins, of Cork, suffering from menorrhagia and well-marked mania, which he believed to be due to some uterine or ovarian irritation, but in her then state of mind she would not allow him to make a vaginal examination. This lady had suffered from puerperal mania in 1864, having had internal hemorrhage after her labour, but she perfectly recovered from this after four or five weeks' treatment.

In September of the following year, 1865, when the catamenia had for some time been returning too frequently, she again became maniacal, but recovered under the use of bromide of potassium.

In October of the following year, however, the catamenia again became too frequent, and also very profuse, and her mind once more gave way. This attack did not yield to treatment as the previous one had, and when I saw her in 1867 the bleeding from the uterus was almost continuous. I found the os patulous, the cervix enlarged and abraded, and the cavity an inch and half longer than it should be, with the fundus, as felt above the pubes, enlarged. I introduced a sponge tent, and on removing it the following day distinctly felt a soft polypus growing from the fundus. A larger sponge was now introduced, and arrangements made for removing the polypus next day; but when I came to do so the polypus was completely gone, no trace of it could be found, so I mopped out the cavity of the uterus with the solution of perchloride of iron, and directed the patient to keep in bed for a few days. The hemorrhage completely ceased—the mind quickly recovered—the abrasion at the os yielded to a few applications of nitrate of silver; and the patient has remained in good health ever since.

The connexion of the symptoms in this case is very evident. A patient pre-disposed to insanity gets severe flooding after labour, and in the weakened condition thus induced the insanity becomes developed, but disappears under appropriate treatment to reappear

when the system is again depressed by hemorrhage, and cease when the hemorrhage is stopped.

In the following case there can be no doubt as to a polypus having been present, though it was never actually seen or felt.

CASE VIII.—Uterine Hemorrhage for Nine Months—Soft Polypus Removed by Pressure of Sea-Tangle Tents.

Mrs. H., aged twenty-six, a theatrical dancer by profession, consulted Dr. Rogers for hemorrhagia, and was advised by him to apply to be admitted into the Coombe Hospital under my care. She stated that she began to menstruate at twelve years of age, but had always been very irregular, four months sometimes passing without any appearance; that she had been a widow for the last five years, and had two children, the youngest seven years old; and that for the last nine months she had had a constant bloody discharge from the vagina, sometimes very profuse after much exertion, and never stopping for more than a day at a time, though she had been under the care of some of our most skilful physicians.

On examination the uterus was found enlarged, the cavity measuring three quarters of an inch more than it should; the os and cervix healthy. On consultation with Dr. Sawyer it was determined to explore the uterus, and on the 11th December the sea-tangle tents were introduced. Next day these were removed, and the uterus carefully explored, but no polypus or tumour of any kind could be found. The uterus was mopped out with the solution of perchloride of iron, and the patient returned to bed. After this there was no return of hemorrhage, and the uterus was exactly its normal length and size when measured on the 26th December.

CYSTIC OR GLANDULAR POLYPI.

The cystic or glandular polypus also grows from the mucous membrane, or rather from the glandulæ imbedded in it. Of this polypus there are two varieties, one is formed by enlargement of the glandulæ Nabothi, and is composed of cysts varying in size from that of a hazel nut down. Polympi of this description are sessile, and in general several lie together in a group, and they are most frequently found close to the os internum. Their contents consist of clear mucus, and their walls are thin and easily ruptured, and when ruptured collapse. Rokitsansky believes them to be absolutely new formations, but whether this is the case, or they

are formed by the distension of the normal mucous follicles of the part, they do not seem to fill up again once they have been ruptured. They frequently occur along with some of the other forms of polypus. In a uterus in my possession, a group of three lies in the cervix close to the os internum, while two rather large soft mucous polypi spring from the fundus; and there are two fibrous tumours in the same uterus, one intramural, and the other, a tolerably large one, sub-peritoneal.

This polypus does not cause any enlargement of the body of the uterus or any elongation of its cavity as measured by the sound. It may cause, or co-exist with, cervical leucorrhœa, but in general its only symptom is hemorrhage, and it should always be sought for by dilating and exploring the cervical canal when uncontrollable hemorrhage cannot be otherwise accounted for.

CASE IX.—Cystic Polypus of the Cervix in a Girl aged 14-15—Menorrhagia from commencement of Menstruation—Metrorrhagia Eleven Months—Removal of Polypus by the Action of Sponge Tents.

This case is of great interest from the early age at which it occurred, and from showing that it may sometimes be absolutely necessary to dilate and explore the uterus even in young girls barely entering on puberty. Fortunately such cases are very rare, but those who saw this one had no doubt as to the imperative necessity of so doing.

J. K. was admitted into the ward for diseases of women in the Coombe Lying-in Hospital on the 2nd of April, 1866. She was in an extremely blanched and anemiated condition from uterine hemorrhage. Her mother stated that she was between 14 and 15 years of age; that she had commenced to menstruate when little more than 13 years old; that the discharge had from the beginning been very copious, and for the last eleven months had been almost constant, except for a short time when she had been under treatment in an hospital, and for a fortnight after her return home.

Every time this girl passed water a large quantity of blood escaped from the vagina, where it had been slowly accumulating during the interval. Her feet were œdematous, her breathing was short and panting, her face, gums, and lips were colourless, her pulse small, quick, and weak, and she was quite incapable of exertion. We learned from her mother that astringents and styptics had been tried in every form, even applied to the os uteri, and on consultation with my colleagues, Drs. Ringland and Sawyer,

and with Dr. Beatty, who kindly saw her with us, it was determined to at once explore the interior of the uterus, though we could not detect any enlargement or external sign of disease. The girl's condition was too full of immediate danger to allow us to spend time in trying less decisive measures to check the hemorrhage, even if we did not feel quite sure that everything of this kind that could be done had already been tried in the hospital in which she had been.

We accordingly introduced a sponge tent to dilate the os. Next day we discovered two glandular polypi in the canal of the cervix, close up to the os internum. Dr. Ringland and I both felt these distinctly, and satisfied ourselves as to their position, attachments, and nature; but as the os internum was not well dilated, and as Dr. Sawyer was not able to be with us, we introduced a larger sponge with the view of exploring the whole cavity of the uterus and removing the polypi next day, if not already broken down by the sponge. Next day the finger passed well up to the fundus of the uterus. The polypi that we had found in the canal of the cervix were completely broken up and gone, and we could find no others, so we washed out the uterus and mopped over the whole of the inner surface with a saturated solution of perchloride of iron in glycerine.

There was no return of the hemorrhage after this. The girl made a good recovery. We kept her in the hospital for some time that a menstrual period might pass over, but there was no return of menstruation, and she went home to Howth on the 24th May much improved in strength and appearance.

For eight months after she left the hospital there was no return of menstruation or hemorrhage whatever. She then began to menstruate regularly and in natural quantities, and now, at the expiration of three years from the operation, she is robust, healthy, and active.

CASE X.—Cystic Polypus, Patient aged 21—Metrorrhagia from the Commencement of Menstruation, and lasting Three Years.

In the case of a young lady that Dr. Denham asked me to see along with him on the 12th January, 1869, a very similar train of symptoms to the foregoing presented themselves. She began to menstruate at seventeen, and since then the discharge had never ceased, though more than three years had elapsed, and all the means of constitutional treatment usually adopted for checking

uterine hemorrhage had been tried. On examination we found the uterus of the normal length, but the os was patulous, and the upper portion of the cervix enlarged, with a bulging outwards at one point, posteriorly. These conditions led us to believe there was a cystic polypus in the canal of the cervix, but on further examination we found three sub-peritoneal fibroid tumours growing from the posterior wall of the uterus and hanging down into Douglas' space, which complicated the case. However, as tumours in this situation do not generally cause hemorrhage, we determined on exploring the uterus, and introduced sea-tangle tents for the purpose. On removing these and passing in a finger, we did not find any polypus or tumour, but near the os internum, corresponding to where the bulging had been on the posterior wall of the cervix, we found a well-marked depression, into which the top of the finger would fit, and which it seemed probable was the seat of a cyst that had been ruptured by the sea-tangle. We brushed over the whole of the inner surface with a solution of the perchloride of iron. If, as I fully expect, the hemorrhage do not return, we may, I think, regard this case as one of cystic polypus, but sufficient time has not yet elapsed to justify any positive conclusion.

22nd January.—When these pages were going through the press, Dr. Denham reports to me that he examined this patient this day; that there has been no return of hemorrhage; that the os is closed, the cervix reduced in size, and the uterus is in a healthy condition.

The second form of cystic polypus is pedunculated; it is of about the size of a split pea, and hangs down from some part of the cervix by a long fine peduncle and generally lies just within the lips of the os. Sometimes it is attached by a fine peduncle nearly an inch long, but more frequently the peduncle is very short. According to my experience this is the most frequent form of polypus, and not unfrequently several of them are found together with peduncles of various lengths.

The uterus does not become enlarged with this form of cystic polypus any more than with the sessile, but there is always a constant hemorrhage, never very copious, but often productive of great debility from its long continuance. On examination the os is found patulous, with a rope of clear tenacious mucus hanging out of it, and there is generally superficial ulceration. When the speculum is introduced the polypus is brought into view on

separating the lips of the os or wiping away the mucus; and it should always be carefully sought for in cases of uterine hemorrhage before proceeding to open up and explore the cavity of the uterus, especially if there be no enlargement of the body or elongation of the cavity. In some cases the polypus is concealed from view by the stream of mucus from the cervix; but on touching this mucus with the solid nitrate of silver it becomes opaque and condensed, and shrinks so as to allow the polypus to come into view. This expedient should always be adopted before giving up the search in suspected cases. The polypus is easily removed by torsion, and after it is taken away it is well to touch the point from which it grew with nitric acid so as to seal up the vessels and at the same time cause the mucous membrane to contract and tighten itself up, and thereby prevent a relapse.

ART. III.—*On Retroflexion of the Uterus.*^a By LOMBE ATTHILL, M.D., Dub. Univ.; Fellow and Censor King and Queen's College of Physicians; Ex-Assistant Physician, Rotundo Lying-in Hospital, &c., &c.

OF all the affections to which the uterus is liable, none is of more importance than retroflexion,^b not only on account of its comparative frequency, but also because of the sufferings to which it gives rise, and the distressing train of symptoms which often follows its occurrence. We meet with it, too, at nearly every period of life, from puberty onwards. It is, however, rare in youth or in advanced age, the great majority of cases occurring during the period of life in which the uterine system is in the state of its greatest activity—namely, between the age of twenty and forty. It is, besides, an affection, the existence of which is more frequently overlooked than any other form of uterine disease, this being due rather to the fact, that the symptoms to which it gives rise have often but little apparent reference to the uterus, than to any difficulty in detecting it when once our suspicions are aroused.

^a Read at the Dublin Obstetrical Society, December 12, 1868.

^b By many writers the terms Retroversion and Retroflexion are used as synonymous. The condition to which I wish in this communication to direct attention is more accurately described as retroflexion, and that term I shall alone employ. Retroversion strictly understood as signifying a turning back of the entire uterus, is applicable rather to the change of position to which the gravid womb is liable when the fundus lies in the sacral hollow, and the os is forced up behind the pubis. By retroflexion, on the other hand, I understand a bending back of the fundus alone, the os remaining very nearly in its natural position.