A CASE OF FIBROID POLYPUS WITH INVERSION OF THE UTERUS; REDUCTION OF UTERUS AND REMOVAL OF THE TUMOUR.

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As a pendant to the case of "Fundal Fibroid Polyp and Inversion of the Uterus," reported by Mr. Briggs in the February number of the JOURNAL, the following case may be of interest:—

I was asked by Dr. Graves, of Westbourne Square, to see with him, on December 28, 1899, Mrs. T., aged about 30, whose last child was born in New Zealand about two years previously. From that time she had been the subject of excessive menstruation, with occasional intercurrent sanguineous discharge. Within the last three months this intermenstrual discharge had become more abundant and gradually offensive. On entering the room the mal-odour was at once perceived, and it was certainly about the most offensive I had ever encountered. It was impossible to make a satisfactory examination, and I was only able to ascertain that there was a large mass which filled the vagina, and was of the size of a large orange. I got the impression that it was only an inverted uterus. In spite of the horribly offensive character of the discharge, which at first suggested the idea of ulcerating malignant disease, there was no constitutional disturbance in the way of fever. I advised that the vagina should be washed out three times a day with a solution of sulphurous acid—1 in 40 of the pharmacopœial preparation—and prescribed *tr. fer. mur. m10*, *extr. erg. liq. m10* in chloroform water three times a day. In the course of a few days there was a decided improvement in the character of the discharge, so that before her next period it was no longer offensive. The amount of loss at the following menstrual period was decidedly less, and there was no recurrence of the offensive odour. On the 18th January, 1900, I was able to make a more thorough examination, and arrived at the conclusion that the mass in the vagina was a large fibroid polypus, which, springing from near the fundus, had been gradually extruded and had drawn the uterus down with it. On introducing the hand into the vagina and grasping the tumour I found that, with upward pressure (and counter-pressure in the hypogastrium) it receded to some extent, but immediately returned when the pressure was eased. I therefore determined to try the effect of

Aveling's repositor. This was applied next day, and after 24 hours I found it had pushed up the polypus and corrected the inversion, and I proceeded to remove the polypus. For this purpose it was necessary to pull it down again, and by cutting against the tumour with a stout pair of curved scissors I was able to get it away without any material damage to the uterus itself. The base was about an inch and a half across. The uterus at once regained its normal position, and the cavity was mopped out with a strong solution of perchloride of iron. The sulphurous acid and the iron and ergot were continued. At the end of another week there were no symptoms requiring any further attendance. I cannot but believe that the method employed facilitated the restoration of the uterus, and that if I had cut away the polypus at once I might still have some difficulty in correcting the inversion.

I leave it to the reader to form his own opinion as to the proper method of treating cases of this kind, and as to the necessity or desirability of such a serious mutilation as is involved in the removal of the uterus, to say nothing of the risk.

It is an interesting point to note that the symptoms began immediately after the confinement. The natural conclusion seems to be that the polypus was already of considerable size, and it does not appear to have complicated the puerperium to any marked extent.

This seems a favourable opportunity for calling attention to the value of sulphurous acid as a vaginal douche, under which the discharge lost its offensive character in the course of a few days. It is far more efficacious than any of the coal-tar preparations, corrosive sublimate or any other substance in general use. It has this special advantage in that it does not coagulate albumen as the others do, but is a powerful solvent of blood. This can be proved in the following manner:—If sufficient fresh blood be added to a glass of water to make it the colour of, say, tawny port and then carbolic acid or a solution of corrosive sublimate be poured into it the fluid at once assumes a milky appearance. Treated with sulphurous acid it becomes quite clear. Hence it will be found the best medium for washing out the cavity of a foetid abscess, in which case it must be used stronger, say, 1 in 10 or even 1 in 5, finishing up with 1 in 20. It has the further advantage of being perfectly harmless.