

## UTERINE POLYPI.—NEW INSTRUMENT FOR THEIR EXCISION.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. A——— was visited, at the request of Dr. Cyrus Weeks, of this city. She was the mother of several children, and had been for a year or more the subject of constant hemorrhagic discharges from the uterus, accompanied with expulsive pains. An oval body, of pyriform shape, projecting slightly through the os tincae, had been mistaken by the two attendants who preceded Dr. Weeks, for prolapsus uteri. A pessary being applied, no relief followed, and Dr. W. was consulted. He detected polypus; only the most depending portion could be reached, whilst the patient was standing, the neck being evidently attached at or near the fundus. The ligature was passed by me with great facility by the accompanying instrument. The polypus came away on the second day, the ligature having fairly encircled the neck. The patient is now quite well—nearly three years after the operation. The mass was about the size of an egg, and of the fibrous kind.

Dr. Isaac Wood, of this city, very kindly consented to apply the instrument to a case under his care. The patient was about 35 years old, and a mother. Drs. John W. Francis, R. K. Hoffman, Benjamin Drake and myself, were present. The polypus was attached within the uterus, the neck being beyond the reach of the finger. Scarcely sufficient time for ordinary examination, certainly not over two minutes, had elapsed from its introduction by Dr. Wood, when it was successfully applied. This also came away on the second day, and was of the fibrous character, about the size of an egg. The ligature encircled the neck completely, and is still attached to the tumor, in my possession.

Dr. J. P. Stryker, of Newtown, L. Island, requested me to visit a patient who had irregular menstruation, accompanied with great hemorrhage and expulsive pains. The polypus was so far within the womb that it could only be reached by using much exertion, the patient standing; it could barely be touched with the forefinger. Drs. Wright, of Newtown, and Stryker, were present and examined the patient. The ligature was passed with great facility. The tumor came away on the third day, the neck being fairly encircled. The patient recovered. This was of the cellulo-vascular character, about the size of a black walnut, and of a deep red color. It is now in my possession.

I have likewise had occasion to excise small fibrous polypi in three instances, attached to the neck of the uterus, and in one case to the posterior wall of the vagina. In these cases more or less hemorrhage existed. My object in mentioning them is to show the necessity of investigation—for polypi are certainly more frequent than they are supposed to be. Dr. Dewees, as late as 1831, had seen, as he supposed, but one case. (See his work on Diseases of Females.) Now in his vast practice, more than this, it is almost certain, must have occurred. The only way to account for the smallness of the number, is to suppose some of his cases of menorrhagia to have been caused by polypi. Indeed, in their incipient state, being entirely intra-uterine in many cases, and menorrhagia a constant attendant, it is more than probable that this is the correct explana-

tion. Dr. Denman reports nine cases. This would seem to confirm the above supposition, as the practice of the two gentlemen could not have been numerically dissimilar.

Dr. Dewees remarks that a ligature "cannot be applied till the polypus descends into the vagina." Mr. Cooper (See his Dictionary) also denies its possibility. Dr. Denman, though he experienced great difficulty and lost several patients, succeeded in one or two instances. The instruments of Drs. Clark and Gooch are familiar to surgeons. I have only adopted my own, because, like all *one's own* devices, it is a favorite. Its self-opening power, its facility of entrance and application, and last, not least, its cheapness, recommend it in some degree to use. My preceptors, Drs. Valentine Mott and J. W. Francis, consider it a valuable improvement. The drawing will explain it sufficiently.

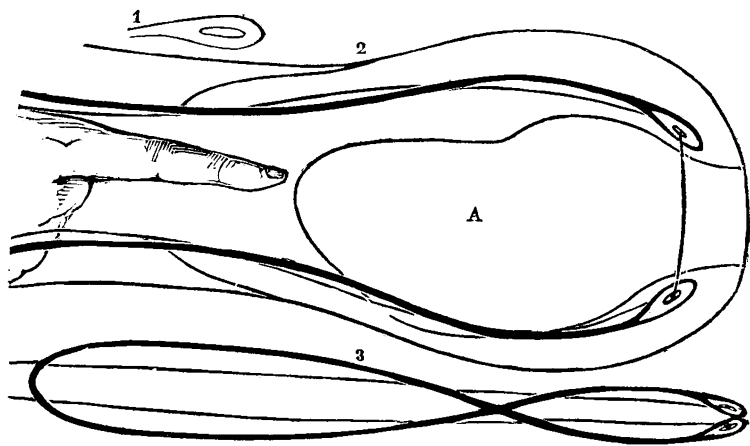


Fig. 1. Size of the probe-points, which are made of common solder, and should be flattened.

Fig. 2, shows a section of the uterus, with the polypus, A, so situated that the finger in the vagina can scarcely reach it, and the instrument applied.

Fig. 3, is the instrument *shut*, ready for application.

It is to be made of stout wire, *hard drawn*, about one twelfth of an inch in diameter; twelve inches long, and to retain the proportions of the cut. It should always be passed over the abdominal aspect of the tumor, as far as it will go without force, and suffered to spring open. The elevation of the handle will depress the points, bringing the ligature athwart the neck of the tumor; two or three turns will then strangulate it. Should the patient complain of *acute pain*, slack up and withdraw it a little, then turn again; if no pain follows, twist it again two or three times, and leave the instrument within. The patient must lie down till the tumor comes away. The complaint of pain is of great importance, as it proves part of the uterus to be included—which for the most part will prove fatal if suffered to remain included. An instructive case may be found in Denman, where the patient complained of pain, and a post-

mortem proved part of the uterus to be included. There can be no pain of an *acute* kind on passing the ligature over the polypus alone, as it has no nerves.

In selecting the ligature in preference to the knife, as the proper means of removing polypi, we shall certainly effect the object desired in a manner far the safest and most agreeable to the patient. Indeed, how a polypus attached to the fundus can be removed with the knife, without drawing the fundus on a level with the external parts, we believe surgeons have yet to learn.

EDWARD H. DIXON.

New York, Nov. 25, 1841.

#### FRACTURES NEAR THE WRIST.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—As I happened to be present at one of Dr. Mott's Clinical Lectures to his class in the University of this city, on a late occasion, and as several inquiries have been made of me respecting the substance of those remarks which related to the difficulties of the surgical treatment of fractures near the wrist, I have supposed it might be of interest enough to the profession, as a matter of medical jurisprudence, to warrant an insertion of those remarks in your Journal. Under the hope that you would concur with me in this view, and that I might do exact justice to Dr. Mott, I called on him this day, and he had the goodness to repeat to me the substance of his clinical remarks, as follows: "That fractures of the radius within two inches of the wrist, when treated by the most eminent surgeons, are of very difficult management so as to avoid all deformity, and that more or less deformity may occur under the treatment of the most eminent surgeons; that more or less imperfection in the motion of the wrist or radius is very apt to follow for a longer or shorter time; that even where the fracture is well cured, an anterior prominence at the wrist, or near it, will sometimes result from swelling of the soft parts, &c."

As the above opinion of Professor Mott coincides with my own observations, both in Europe and in this city, as well as with many of our most distinguished surgical authorities, I venture to hope that this very brief communication may assist in removing some of the groundless and ill-merited aspersions that are occasionally thrown on the members of our profession by the ignorant or designing. Very respectfully yours,

New York, Oct. 1st, 1841.

W. J.

#### CASES OF SCROFULA CURED BY THE XANTHOXYLUM FRAXINEUM.

PHYSICIANS, I believe, agree, that many of their most valuable remedies were discovered and first used by empirics; and hence the necessary conclusion that the use of a remedy by an empiric is only *prima facie* evidence against its efficiency. It is my wish to direct the attention of physicians to a remedy, which appears to have been used by quacks,