

around the hips, which was necessarily tightly strapped in order to obtain a firm purchase for the compressing strap, has from time to time caused sores which have been difficult to heal. There has been no complaint of numbness of the limb, nor any tendency to paralysis. The diseased leg, at the calf, is one and three fourths inches larger than the other.

TWO CASES OF POLYPUS.

By T. H. CURRIE, M.D., Enfield, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE recently been called to treat two cases of polypus that were of great interest to me, as they presented some features that I had never met with before.

CASE I.—Mrs. S., aged 38. Has had four children, the youngest of which is 8 years old. Four years ago she had difficulty in passing water. At one time she was obliged to call in a physician, who tried to introduce a catheter, but not succeeding in relieving the bladder of its contents, he decided that there was no urine in it. A few hours after she voided water, and it did not pass with the usual sensations. She remarked that it passed into the vagina, and felt as it did when she used warm-water injections. She also suffered severe pain when the catheter was used. There has been soreness in this region ever since. From about that time she has suffered very much from what she supposed to be menorrhagia, which at times entirely prostrated her and confined her to bed. I saw her two years since, and made a vaginal examination, and discovered a tumor attached to the anterior wall of the vagina, about two inches from the meatus, where she said there had been soreness since the catheter was introduced. I proposed a removal of the tumor, which was about the size of a man's fist, but she declined.

Dec. 25th, 1865.—I was called to see the patient again, and found her very low, looking as though she had lost the last drop of blood. There was a stench in the room such as I had never met with before under any circumstances. She gave me the history of her case for two years past, and it was terrible from beginning to end, she having suffered severe pain all the time, except when under the influence of opiates. The tumor had steadily increased in size. For a year past it had protruded beyond the labia, and so impacted the vagina that she was obliged to press it back from the urethra with her finger in order to evacuate the bladder. I found a portion of the tumor between her limbs as large as a pint bowl, black, and insensible to the touch. The vagina was so filled that I could not reach the attachment or pedicle to remove the whole mass at once, therefore I cut away about two pounds with the scissors and knife. Whenever there was bleeding I used ferri persulphas. She seemed so exhaust-

ed that I deferred the completion of the operation until the next day. I then cut and removed enough of the tumor to permit me to reach the pedicle, and applied a ligature close to the walls of the vagina and cut it off with the scissors without losing an ounce of blood. In four days the ligature came away with what remained of the pedicle, without any bad consequences whatever.

I prescribed quinine and iron, with wine, and she began to improve immediately. In about four weeks she was able to sit up a part of the time, and since then has gained rapidly. Now, Feb. 21st, she is able to do most of her work, walks about the streets with ease, and has no difficulty in evacuating the bladder. Four weeks after the operation I examined the vagina with the speculum, and found the cicatrix looking perfectly healthy. The tumor was fibroid.

CASE II.—Jan. 25th. Mrs. C., aged 45. Has had two children, the youngest now being 16 years old. Has menstruated regularly up to November last. Never had any difficulty in menstruation. The last of December the catamenia appeared, but did not stop as usual. She kept about house until the above date, when I was called to see her. She was confined to the bed from the loss of blood. After trying the usual remedies for such cases without any benefit, I made an examination per vaginam and found the uterus considerably enlarged, leading me to suspect pregnancy or polypus. Prescribed one drachm of wine of ergot every half hour until she should have severe and regular pains, when it was to be stopped. The flooding continued, however, notwithstanding the pains, requiring the use of injections of persulphate of iron to check it. About six hours after, the pains commenced again. The os became dilated, and a tumor protruded about an inch. I called the venerable Dr. Clough, of Lebanon, in consultation, and he recommended to inject the womb with a strong solution of alum and wait for further developments. In six hours I visited the patient again, and found the os contracted firmly around the tumor, with continued flooding. The patient was so reduced that there was constant faintness, with extreme restlessness. Thinking there was no time to be lost, I introduced my hand, which is not very large, into the vagina, well oiled, and commenced dilating the os with the ends of my fingers and thumb. It yielded readily, and as soon as it was sufficiently dilated to allow me to pass up my index finger and thumb between the tumor and the walls of the uterus I did so, and found the tumor attached to the fundus of the organ by a pedicle the size of my finger. With the thumb and finger nails I commenced amputating it close to the uterus. The operation did not cause the least pain nor increased flooding. I continued the operation until the tumor was disengaged, and removed it with my thumb and finger. It was four inches long and three and a half in diameter. The bleeding ceased immediately, and did not return.

Feb. 21st.—She is now able to sit up most of the time, and has not had the first symptom of metritis. The tumor was fibroid.

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For a year past the patient has been afflicted with dyspnœa much of the time, with severe palpitation of the heart, but since the operation she has had no attack of either.

Query.—Had the catheter anything to do with the tumor in the first case?

February 21st, 1866.

ALUMINUM IN DENTISTRY.

By AUGUSTUS MASON, M.D., Brighton, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

THE medical profession, in its medico-legal and hygienic departments, has very intimate relations with dentistry. As custodians of the public health, physicians should be thoroughly acquainted with the metals and alloys used for dental plates, and with the safe or pernicious character of all substances used in the mouth. Dentistry, in some form, has become so indispensable and universal a requisite of our social condition, that in addition to the obvious local effects of cheap or poisonous dentistry, the physician may as wisely interrogate the mouth for an explanation of obscure constitutional affections as he has heretofore suspiciously criticized the wall-paper, the water, or the culinary implements.

I have strong reasons for believing mercurial pastes are still clandestinely used for plugging teeth, though they have long since ceased to be used openly, professional and public opinion having secured their merited condemnation.*

The use of red vulcanite as a base for artificial teeth is open and universal, and if there is any virtue in homœopathic triturations, or the cumulative effects of minute doses, the experiment of constitutional poisoning by cinnabar is being tested by this generation on a most stupendous scale.

I am aware that most physicians, even the best informed generally, were until lately (if they are not now) ignorant of the composition of the red vulcanite, though the medical journals have repeatedly called attention to the subject;† and that to arouse the profession and the public to any source of danger requires persistent effort or the panic of some startling development.

Certain qualities have introduced the vulcanite to popular favor (in ignorance of its composition), and the introduction of some desirable and equally efficient substitute will hasten its disuse.

Dr. Keep's brief paper on the use of aluminum as a base for ar-

* The day after this was written, a gentleman came to my office to consult me about an aching tooth. I found it recently plugged with an amalgam of mercury and silver. In such cases the tooth must generally be lost, owing to the difficulty of removing the filling.

† Vide London Lancet, American reprint, vol. ii., No. 1, 1861, p. 64; Boston Medical and Surgical Journal, vol. lxi., p. 164, et al.