ON THE
OPERATIONS FOR THE RELIEF
OF
CHRONIC INVERSION OF THE UTERUS;
WITH
THE HISTORY OF A CASE SUCCESSFULLY TREATED
BY A NEW METHOD.

BY
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THREE most valuable memoirs on chronic inversion of the uterus are contained in the 'Medico-Chirurgical Transactions.' The first by Mr. Windsor (vol. x) embodies a case in which the uterus was removed successfully by the ligature gradually tightened. The second is by Mr. Gregory Forbes (vol. xxxv). This embraces the result of much valuable research, a judicious appreciation of the value of the ligature and excision, and the detailed record of a case which ended in death without being subjected to any surgical operation. The third memoir is by Dr. Tyler Smith (vol. xli). This

contains "a case of complete inversion of the uterus nearly of twelve years' duration, successfully treated."

The treatment was based on a new principle—that of sustained elastic pressure—and gave hope that this terrible accident, for the relief of which hitherto, the only choice lay between different modes of extirpating the uterus, might be remedied by restoring the uterus to its normal condition. Subsequent experience has, to a great extent, justified this hope. Still, the method of restoring the uterus by the simple action of sustained elastic pressure, may sometimes fail; and a return to the repulsive proceeding of extirpation may still be necessary, unless pressure be assisted by other means.

In the memoir which I have now the honour to submit, I shall relate a case which illustrates a means of restoring the uterus even in those cases which will not yield to simple sustained pressure. I think it will appear that this means is so effectual that we may now fairly hope to abolish the operation of extirpation altogether.

As cases of reduction of the inverted uterus after the lapse of several days are still rare, I beg leave to use this opportunity of putting on record a case in which I successfully restored the uterus after it had been inverted nine days, and had baffled many attempts by others.

I do not propose to touch the history of recent inversion, but simply to discuss the merits of the different modes of dealing with chronic inversion. With this object in view, I shall endeavour to extend the information contained in Mr. Forbes's memoir by adding, in a condensed form, cases of inversion treated by operation, which have either been published since he wrote, or had escaped his research.

It will be useful before proceeding, to define the terms "recent" and "chronic" inversion. I would submit that "recent" inversion terminates with the completion of the process of involution of the uterus, and the return of the organ to the ordinary condition of non-impregnation. This condition is commonly attained in about a month. Until it is attained the uterus exceeds the normal bulk; and probably the cervix remains more distensible. Within this period, reduction by

taxis simple will often succeed ; although where there is much resistance it would generally be better to use sustained elastic pressure.

The following case comes within the definition of " recent inversion."

CASE.—Inversion reduced on the tenth day.—Mrs. A—, pluripara, was delivered on the 13th December, 1866, by a midwife, who is reported to have pulled at the placenta, which came away much torn ; the patient was also told to cough ; she does not remember having strained much.

The uterus became quite inverted ; deep collapse followed, in which state she was seen by a surgeon. Considerable prostration with some oozing, but no marked flooding continued for nine days. When I was called in many attempts had been made to reduce the uterus. I found her blanched ; pulse 120 ; weak ; complaining of pain in the pelvis. The uterus had been quite external ; and its surface was thought to be gangrenous. When I saw her, the uterus was in the vagina ; it was a solid but flaccid mass rounded, prolonged by a stalk, and closely resembling a polypus ; the size was that of a small cocoa-nut, just as much as the hand could grasp. The diagnosis from polypus was clearly made out by tracing the pedicle, when a circular groove was felt all round the spot whence it sprang, giving no passage to finger or sound beyond ; and by the absence of uterine tumour above the pubes, ascertained by the fingers of the right hand pressed into the pelvis above, encountering the examining fingers in the roof of the vagina, and feeling the uterus below in the pelvic cavity. The funnel formed by the inverted os uteri was also plainly felt through the abdominal wall.

The patient was placed under chloroform and laid on her left side, inclining forwards on the abdomen. Then, by left hand in the vagina, compression was exerted on the pedicle near the constricted os, so that one or two fingers passed within the os ; then, continuing this grasp, and pushing the mass of the tumour upwards and towards one side of the brim of the pelvis by the palm, in about ten minutes I felt

the cervix begin to yield, and presently the mass went through, my hand following into the cavity of the uterus, which was restored. I applied a sponge saturated with perchloride of iron to the inner surface of the uterus to correct fœtor and to promote contraction of the uterine fibre. This it did almost immediately; for the uterus previously flaccid, became firmer. When restored, the uterus was easily felt, as a firm globe through the abdominal wall rising above the pubes.

Some time afterwards as the patient remained weak, and was badly nursed and nourished, I took her into St. Thomas's, where she made a good recovery. The uterus returned to its normal size; but she afterwards complained of dysmenorrhœa.

TABLE I.

Chronic inversion of the uterus treated by ligature.

A.—Successful.

No.	Age.	No. of Pregnancy.	Author and reference.	Summary of history.
1	22	Second labour.	C. G. Putman, Amer. Jour. Med. Sci., 1856.	Inversion of three months; ligature tightened by a screw; uterus came away on eleventh day.
2	23	Second labour.	Ibid.	Inversion of one year; ligature; uterus came away at end of two weeks.
3	22	Second labour.	W. Channing, Boston Med. Jour., 1859.	Inversion of eighteen months; taxis failed; ligature; uterus came away on the twentieth day.
4	24	—	Ibid.	Inversion of one year; ligature; uterus "came away in due time."
5	22	—	Ibid.	Inversion of one year; ligature; ligature and uterus came away on thirtieth day.

B.—*Unsuccessful.*

No.	Age.	No. of Pregnancy.	Author and reference.	Summary of history.
1	46	—	Symonds, Med.-Chir. Rev., vol. xiv.	Inversion for nine months; uterus ligated and tightened every other day; uterus came away on fifteenth day; death on sixteenth day of peritonitis.
2	25	First labour; twins.	C. G. Putman, Amer. Jour. Med. Sci., 1856.	Inversion of eight months; ligature tightened as patient could bear it; tumour detached; death from exhaustion on ninth day.
3	35	—	W. Channing, Boston Med. and Surg. Jour., 1859.	Inversion of one year; ligature tightened daily; on the tenth day being moved, she fainted and died; uterus almost separated.
4	—	—	W. Hunter, MSS. cited by Gooch.	Ligature applied; death.
5	—	—	Marion Sims (same case related under "Excision").	Ligature tightened, had to be removed in two hours, the "Constitutional disturbance being so intense and alarming."

TABLE II.

*Chronic inversion of the uterus treated by ligature and excision.*A.—*Successful.*

No.	Age.	Author and reference.	Summary of history.
1	66	McClintock, Diseases of Women, 1863.	Inversion caused by a polypus; polypus first removed by écraseur; then the uterus removed by chain, a ligature having been on previously, and tightened for three days.
2	Coloured un-married woman	E. Geddings, Amer. Jour. Med. Sci., 1854.	Inversion of twenty years; a strong ligature applied to the neck, when it was cut through below ligature by a bistouri.
3		Mr. Dale, of Scarborough, Lancet, 1862.	Inversion of nine (?) months; a tumour attached to the fundus; tumour first removed; then the uterus by Gooch's ligature; uterus came away on eleventh day; lived three months.
4	22	McClintock, loc. sup. cit.	Inversion of fourteen months; excision below a ligature, which had been on forty-eight hours, by chain-écraseur.

TABLE III.

*Chronic inversion treated by excision.**A.—Successful.*

No.	Age.	Author and reference.	Summary of history.
1	—	Luytgaerens, Edinb. Med. and Surg. Jour., 1840.	Inversion caused by a large polypus; extirpated by strong curved scissors.
2	39	Marion Sims, Notes on Uterine Surgery, 1866 (same case as No. 5, B, unsuccessful, Table I).	Inversion of more than six months; by chain-écraseur; opening made into peritoneal cavity; "frightful hæmorrhage;" it was closed by silver sutures.
3	42	A. Baker, Brit. Med. Jour., 1868.	Inversion (not complete) of nine months' duration; uterus drawn down and removed by écraseur.

B.—Unsuccessful.

1	—	Seanzoni, Beiträge, 1868.	Chronic inversion caused by a polypus; uterus removed by écraseur; peritonitis; died. There was an opening into the peritoneum.
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TABLE IV.

*Inversion treated by sustained solid pressure.**A.—Successful.*

1	—	Borggreve, Brit. and For. Med.-Chir. Rev., 1842.	Inversion of three days ("recent"); a stem with an egg-shaped knob kept pressing on the fundus three days; reversion effected.
2	—	Marion Sims, Notes on Uterine Surgery, 1866.	A stem-pessary, with an external support, for "some days;" the uterus was re-inverted, and the pessary was taken up into the uterine cavity.

TABLE V.

*Chronic inversion treated by sustained elastic pressure.*A.—*Successful.*

No.	Age.	Author and reference.	Summary of history.
1	—	Tyler Smith, Med.-Chir. Trans., 1858.	Inversion of twelve years; Gariel's air-pessary used for more than a week; complete reversion took place.
2	25	Charles West, Med. Times and Gaz., 1859.	Inversion of nearly twelve months; air-pessary used for "a few days;" reversion effected.
3	25	Bockenthal, Monats.für Geburtskunde, 1860.	Inversion of six years; Braun's caoutchouc bag for six days; reversion effected.
4	—	Pridgen Teale, Med. Times and Gaz., 1859.	Inversion of six months; air-pessary for three days; reversion effected.
5	—	Birnbaum, Monats.f. Geburtsk., 1862.	Inversion of three months; air-pessary and bulbed sound for some days; reversion effected.
6	—	James Hakes, Liverpool Med. and Surg. Jour., 1868.	Inversion of nine (?) months; air-pessary for fourteen days; reversion effected.

B.—*Unsuccessful.*

1	—	Robert Barnes. (This memoir.)	Inversion of six months; water-pessary for four or five days; at length cured as related.
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The case of Mr. Hakes I have thought desirable to quote in greater detail. It is very instructive, as demonstrating the value of a steady perseverance in sustaining elastic pressure for a considerable time.

A primipara, æt. 23, was delivered naturally on the 4th March, 1867; a moderate flow of blood followed the expulsion of the placenta. An attack of secondary hæmorrhage set in about a month afterwards. "The doctor who came

to see her, introduced his hand and arm into the vagina, and brought away an immense quantity of clotted blood." From that time a sanguineous discharge persisted. She was admitted into the Liverpool Hospital, when a tumour was found in the vagina; the os uteri formed a ring round the neck of the tumour, so that the finger passed through this contraction at every part, into a cul-de-sac about half an inch deep. Taxis under chloroform made no impression. Continuous pressure was then applied by an air-pessary in the vagina for about a fortnight, at the end of which time the tumour was found to be gone; the vagina was very much distended, and the os uteri was large and puffy. There was great anæmia. She made a good recovery.

It does not clearly appear when the inversion took place, but it was probably immediately after labour. I believe the reduction in this case was effected after a longer subjection to elastic pressure than in any other recorded case.

That even after fourteen days, success has followed elastic pressure, is a strong ground for increased confidence in this method.

Of late years attempts have been made to raise the once-exploded method of restoring the inverted uterus by forcible taxis to the rank of a scientific operation, and even to show that it ought to be preferred to other proceedings. It will, therefore, be useful to pass under review the histories of those cases in which it has been applied.

Cases treated by Forcible Taxis.

1. A chronic case of fifteen years' standing was replaced by Professor White, of Buffalo, in fifty minutes. The patient died of peritonitis sixteen days afterwards.

2. Dr. Noeggerath, of New York, reduced an inversion of thirteen years' standing. Recovery.

3. Dr. Marion Sims relates the following case:—A woman, æt. 39, had inversion of six months' duration. Forcible taxis was tried during four hours without success. It was

feared that the vagina had been stretched to the verge of being ruptured. After eighteen days, another effort, lasting one hour, was made to replace the uterus, without success. A ligature was passed round the cervix and tightened. The constitutional disturbance was so intense and alarming, that he was compelled to remove the ligature in two hours.

Ten months after the occurrence of the inversion, the uterus was removed by the chain-écraseur. The "most fearful hæmorrhage" took place; this came from a part of the broad ligament still adherent to the severed uterus. Dr. Sims stopped it by compressing the remains of the ligament against the edge of the cervical opening. The blood was then sponged out of the vagina, and the undivided portion of the broad ligament was tied; after which a few sponge probangs were passed into the peritoneal cavity, and the blood that had found its way there, was carefully removed. The divided edges of the cervix were united by five or six silver sutures. The edges united by first intention. The patient recovered.

4. Dr. M. Sims relates another case. It was of twelve months' duration. He replaced it in five minutes under ether. The patient recovered.

5. Dr. McClintock, in a case of fourteen months' standing, made three persevering attempts on White's plan, without success. He had to desist in consequence of the "supervention of a state of prostration bordering on collapse." The uterus was ultimately removed by ligature and écraseur.

6. Dr. Noeggerath ('Amer. Med. Times,' 1862).—V. R., æt. 38, had inversion of thirteen years. Dr. Noeggerath reduced it by the hand; he made pressure in such a manner, that one corner of the uterus only was pressed upon. The patient did well.

7. Dr. Praël ('Monatsschr. f. Geburtshk.,' 1865).—A woman, æt. 20, inversion of several months' standing. Attempts were repeatedly made to reduce it by an egg-shaped instrument, but had to be abandoned on account of gastric disturbance. Peritonitis and death followed.

8. Dr. George Mendenhall ('Cincinnati Lancet,' 1859).

—Æt. 24; second labour, seen on the sixteenth day; the uterus occupied the entire vagina, it was reduced under anæsthesia by hand, and a rectum-bougie applied to the fundus of the uterus. Successful. (This case, the uterus not having undergone complete involution, ought perhaps to be subtracted, as not being one of chronic inversion.)

8a. Professor White ('Amer. Journ. of Med. Sc.,' 1858).—Æt. 32; second labour; uterus reduced in about fifty minutes under anæsthesia. Died of peritonitis; no laceration or injury found.

9. Professor White ('Amer. Journ. of Med. Sc., 1858).—Æt. 19; first labour; profuse hæmorrhage. Dr. White reduced it on the eighth day by hand and rectum-bougie on the fundus of the uterus. She died two days afterwards; the uterus showed no injury; death ascribed to anæmia. Probably shock had a share in fatal result. It ought to be regarded as a case of "recent inversion."

9a. Dr. Fisher, of Chicago ('Chicago Med. Journ. 1858), quoted by Dr. C. A. Lee, relates a case of inversion of four months; replaced by hand. Woman recovered.

Adding the cases cited and tabulated by myself to those of Mr. Forbes, we get the following summary:—

I. Cases treated by ligature.	A. Successful	26
	B. Unsuccessful	10
		—
		36

Of the unsuccessful, 8 died; 2 recovered without extirpation.

II. Ligature and excision.	A. Successful	9
	B. Unsuccessful	3
		—
		12

The three unsuccessful cases died.

III. Excision simple.	A. Successful	4
	B. Unsuccessful	2
		—
		6

The 2 unsuccessful cases died.

IV. Sustained solid pressure.	A. Successful	2
V. Sustained elastic pressure.	A. Successful	6
	B. Unsuccessful	1
		<hr/> 7
VI. Forcible taxis.	A. Successful	4
	B. Unsuccessful	5
		<hr/> 9

Of the unsuccessful cases, 3 died.

It would be idle to deal with these cases in statistical fashion. But a clinical comparison will lead to sufficiently definite indications for practice.

As to *ligature simple*.—Although ligature shows a large number of successes, these are balanced by lamentable failures. A large proportion of cases ended fatally; and in two the ligature had to be taken off on account of the intolerable pain. That is, the method had to be abandoned. The ligature applied after the plan of Levret and Gooch, that is, by gradually tightening it round the neck, and so causing the uterus to drop off by mortification, is presumed to be better than the immediate abscission by the chain or wire-écraseur, by favouring adhesive inflammation of the peritoneum above the ligature, and thus sealing up the abdominal cavity. But this result has not always been attained. And where inflammation has followed, it has not seldom exceeded the wished-for limits.

Dr. Ramsbotham relates a case of ten months standing, in which the ligature had been removed in twenty-four hours on account of the pain. Health was restored, although the uterus was not removed. Mr. Forbes reasoning partly, I believe, upon this case, has suggested that “the simple application of a ligature round the neck of the tumour, in order to destroy its vitality, appears to possess more advantages than the other modes of operating.” But to stop short at such mere palliation, is but a sorry achievement for modern surgery.

As to *ligature and excision*.—This combined plan seems to offer more prospect of success than the ligature simple. Still it is vitiated by uncertainty. The ligature alone has caused death from the shock of intense pain, although it has been removed quickly. And when ablation has been accelerated by excision below a ligature a fatal issue has resulted.

As to *excision simple*.—The successful cases have been very few; and the perusal of the histories justifies the conviction that success, although partly the result of skill, was in great measure due to good fortune, or to extraordinary power of endurance on the part of the patient.

It is a fault that attaches to all the three foregoing methods that the highest success attainable involves the loss of the uterus. The woman is mutilated, unsexed; whilst if they fail: in the case of ligature, life is probably sacrificed, and in the case of excision, death is the certain penalty.

The methods of reducing the uterus to its normal position have this very great advantage, that success restores the woman in all her integrity. Many cases are now known in which women who have been the subjects of inversion have afterwards borne children happily. But the various methods of reduction are not all of equal merit. In cases of quite recent inversion direct taxis will generally be the method. In cases where the inversion has lasted three days or more, but which are still "recent," it will be proper to attempt, in the first instance, direct reduction by taxis, steadily but prudently avoiding excessive force; and if the resistance is not so overcome, then to apply sustained elastic pressure, occasionally trying the taxis. It is not improbable that the case (No. 9) in which Professor White reduced an inverted uterus of eight days' standing by taxis, and which ended fatally, might have been saved had elastic pressure been trusted to. But in chronic cases the taxis too often means violence, which it is easy to carry beyond the limit of endurance. Thus out of nine cases recorded here three ended fatally. In two others the method was abandoned as impracticable. And in many more cases in which ligature or excision was ultimately adopted the taxis had previously

failed. Nor can we look with unalloyed satisfaction upon such successes as those related by Professor White and Dr. Noeggerath; we cannot help feeling that the patients had a narrow escape from fatal injury. Hitherto the forcible taxis can hardly boast more success than extirpation.

The method of *keeping up pressure* upon the constricted cervix *by a solid body* is based upon a sound and safe principle. There can be little doubt that if pressure could be sustained acting directly upon the cervix for a sufficient length of time that its resistance would be worn out, either by direct stretching of its tissues or by the gradual structural change. The choice of the particular means for sustaining pressure must be determined by circumstances. Evidence seems to be in favour of elastic pressure.

Dr. Tyler Smith's example has been imitated in five other cases, thus amply proving the safety and efficacy of the new method. It has one advantage, also possessed, indeed, by the ligature; during the application of the air-pessary, the hæmorrhage is restrained, so that the patient can generally afford to wait and to give the method time. But it has advantages over and above the preservation of the uterus, which the ligature has not. The pain can be made very endurable. It can rarely be necessary to abandon the pressure on account of suffering or injury.

The time during which it may be reasonable to keep up pressure is not easy to define. In Mr. Hake's case success rewarded a fortnight's perseverance. I am willing to believe that, in my own case, had I persevered for a longer time the uterus might have been reduced.

Certainly, I think, there is now evidence enough to warrant the dictum, that ablation of the uterus is not justified until after reduction by elastic pressure has been steadily tried.

And when elastic pressure has failed there is still another resource that stands before amputation: this is the method adopted by myself in the case I will now narrate.

Sarah C—, æt. 29, was admitted at St. Thomas's in November, 1868. She has had two children, the last in May, 1868. She had flooding at the time, and the placenta had

to be detached from a tumour which was taken to be a polypus. This tumour was believed to be returned into the uterine cavity; and hence a confirmation of the opinion that it was really a polypus was drawn. I am inclined to think that it was the inverted uterus which was re-inverted or restored, and that the uterus became again inverted. Hæmorrhage returned at the end of a month, and continued more or less, so as to induce extreme anæmia and emaciation. It was obvious that she could not hold out much longer against the increasing exhaustion. A tumour the size of a hen's egg was felt in the vagina, connected by a neck narrower than the body of the tumour to the os uteri; at one point the sound seemed to penetrate half an inch beyond the edge of the os. The tumour was not sensitive, it was taken to be a polypus, and it was determined to remove it by the wire-écraseur. The wire was applied on the 12th November. At the first gradual tightening, the patient complained of acute pain. It immediately occurred to me that I had made an error in diagnosis, and that the wire had encircled the uterus. I removed the wire, and having passed a sound into the bladder and finger into the rectum I turned the point of the sound backwards, when I readily felt it by the finger in the rectum just above the root of the tumour. I subsequently felt the point of the sound by a finger in the vagina carried up behind the root of the tumour, thus clearly determining that the uterus was absent from its normal place. The patient was sent back to bed; an opiate was administered, and further proceedings adjourned. No bad symptoms followed. On the 14th November I resorted to elastic pressure. A caoutchouc bag was placed in the vagina and kept distended with water. This was kept up during five days. Twice during the interval I tried to reduce, by taxis, under chloroform. At one time I thought I had made some impression upon the constricted os, but fatigue compelled me to desist. The taxis was performed by passing the left hand within the vagina, grasping the circumference of the tumour and trying to squeeze the root of it through the ring of the os, whilst the tips of the fingers of the right hand

pressed down through the abdominal wall, dipped into the funnel formed by the inverted uterus and gave a counter-pressure and support to the hand inside.

This failing, and the patient being too much prostrated to justify further delay, I determined upon making one more effort to reduce the uterus by the aid of a plan which I have advocated in my lectures for the last twenty years, and which has been suggested by Huguier, Simpson, Sims, and others. This consists in incising the os uteri at two or three points of its circumference, so as to relax the constriction formed by the circular fibres of the cervix, before applying the taxis.

This I accordingly did on the 23rd November. I drew down the uterus outside the vulva by means of a sling of tape passed round its body, preferring this to seizing it by hooks or vulsella. The neck being on the stretch, I made three longitudinal incisions into it, one on each side and one behind. The incisions were about a third of an inch deep and two thirds of an inch long. I then passed the uterus back into the vagina, followed it with my hand, and proceeded to re-invert. I was surprised to find how readily the uterus went through the os, but I was not a little uneasy at feeling that the uterine tissue gave way, as if the excisions were extended by laceration. No bad symptom, however, followed, and there was but little hæmorrhage. She had an opium suppository and opium by the mouth from time to time, and perfect rest was enjoined.

On the 1st December, that is eighteen days after the operation, she had three attacks of rigors with pain in the abdomen and tenderness on pressure; no vomiting.

On the 5th there was some heat of skin; the temperature was 100; pulse 110.

On the next day the pulse dropped to 100.

On the 11th the temperature was 99.5° , and the pulse remained at 100. The abdominal tenderness subsided.

On the 23rd I made the first examination; the uterus was *in situ*; the os was a transverse fissure; all seemed to be in healthy condition. Some days later I introduced the sound. By this it was ascertained that the cavity of the uterus was

somewhat shorter than normal. This I had observed by the finger at the time of reducing it. It was, I believe,* the result of the long standing inversion.

This, I believe, is the first and only case in which the operation described has been performed.

Reflecting upon my own experience and that of others, I should now be disposed to modify the plan pursued in the case narrated above. Failing with simple elastic pressure, I should make a shallow incision on either side of the os uteri, omitting the third incision behind ; then, instead of resorting immediately to taxis, I should re-apply the elastic pressure. The gradual gentle action thus obtained would be safer from the risk of laceration.

I would also insist upon the expediency of swabbing the interior of the uterus after restoration, with a solution of perchloride of iron. In recent cases especially, this application will be useful in preventing hæmorrhage, in promoting contraction, and in obviating the re-occurrence of the inversion.

In conclusion I wish to submit two or three propositions bearing upon the important point of the diagnosis of inversion of the uterus from polypus. The means of distinguishing the two affections are entirely satisfactory ; but inversion is so rare, and therefore so little looked for, that these means are apt to be neglected. Dubois and others relate cases in which surgeons of the greatest celebrity would have been saved from the fatal error of tying an inverted uterus for polypus, had they explored by the finger in the rectum and the sound in the bladder.

Many observers bear testimony to the fact that the sensitiveness of the inverted uterus is not to be trusted to as a diagnostic sign. In many cases no pain is complained of when the body of the uterus is handled. But the case is very different when compression is applied to the neck of the tumour. The round ligament, the Fallopian tubes, perhaps the ovaries, are compressed, and agony inducing prostration is the immediate result. This is truly diagnostic ; and it may perhaps be turned to account without the dangerous test

of the ligature by squeezing the neck between the finger and thumb.

Even where the diagnosis of polypus is made clear beyond doubt, it is possible that the ligature may seize a portion of the uterus beyond the stalk of the tumour. Gooch especially warns against this risk, and relates cases in point. Desault, Denman, and others give similar examples.

2. Before ligaturing a presumed polypus, if the sound cannot be passed two inches or more beyond the os uteri, where it embraces the stalk of the tumour, the sound should be passed into the bladder, and its point felt for by a finger in the rectum above the tumour.

3. Never induce anæsthesia for the removal of a polypus. If the ligature be tightened round a polypus it gives no pain ; if it be tightened round the uterus the pain produced gives warning and the opportunity of retrieving error.