The Caliph Omar, most uncharitable monster, said of the ladies, that they were great evils, but that the greatest of all evils was that they were necessary. Had the Caliph lived in this day, and supplied the words, "scientific discussions", for the word "ladies", he would have spoken much more worthily as a successor of the prophet, and much more to our taste, and idea of truthfulness. Can anything, for example, be more distasteful and at the same time more necessary than discussions on the value of quarantine? Honest and competent men have for centuries past been inquiring into the origin of pestilences; and yet, out of every six of these men with whom one may commune, three shall be found offering incontestible proofs that pestilential disorders come in on the right hand, and the remaining three offering proofs as incontrovertible that the same disorders come in on the left. The story of the chameleon controversy is forced on the mind as it meets these differences and difficulties, together with the moral of the story, viz., that both parties, perhaps, are right, and both wrong, and that both will continue in the same unsatisfactory predicament, until some leading fact, as yet hidden, comes to the light and explains the causes of difference.

We briefly allude to the subject of quarantine on this occasion, hoping to be able to discuss the matter at greater length at some future day. Meantime we direct the attention of all our readers to the importance of the subject, and repeat a remark made by Dr. Milroy, that "until the question of the value of quarantine has been settled in a satisfactory manner by the medical profession, a great duty which the profession owes to the world, and which it alone can perform, remains unfulfilled."

ORIGINAL COMMUNICATIONS.

CONTRIBUTION TOWARDS A PATHOLOGICAL HISTORY OF UTERINE "VIVACES".

By EBEN WATSON, A.M., M.D., Professor of the Institutes of Medicine, Andersonian University, Glasgow.

M. LEVRET, in the *Mémoires de l'Académie Royale de Chirurgie* for 1777, published an elaborate paper *Sur les Polypes de la Matrice et du Vagin*, in which he makes mention of a kind of polypus under the name of "vivaces".

The following is an abridgement of his description of them. They are, he says, ordinarily unattended by lancinating pains, or by sanious discharges, such as occur in malignant diseases of the uterus; but they cause frequent hæmorrhages, like common polypi. They differ from them, however, in having no enveloping membrane, or, at all events, a very delicate one. They are found in two forms; either like *digital vegetations*, more or less long, thick, and numerous, parts of which break off, and come away from time to time with a hæmorrhage; or they may be found in one mass, somewhat globular in form, and rendering the womb large and painful: and, though the vagina be found full of this mass, the womb is not at all emptied of it—"ainsi, comme il est communément impossible de parvenir à détruire la cause immédiate de ces fongosités, c'est peine perdue de travailler à les retrancher". "Ces excroissances", he writes at another place, "doivent être censées incurables, parceque ces ne sont que trop communément des végétations de quelque ulcère de l'intérieur de la matrice."

M. Herbiniaux, in his *Traité sur divers Accouchements laborieux, et sur les Polypes de la Matrice*, published at Brussels in 1794, gives a more lengthened account of vivaces. He expresses the same opinion with M. Levret, of their origin and incurability. He says that he never found

them single; i. e., more than one tumour always occurred in the same case; and they were sometimes in the vagina as well as in the uterus. The former are easily recognised by the touch, but the latter are more difficult of diagnosis. He accordingly gives the following marks as distinctive of uterine vivaces:—1. The tumour is almost always *within* the womb; because, not being attached by a pedicle, it is not permitted to escape from the viscus, except in a few cases, in which it grows from the neighbourhood of the cervix uteri. 2. The os uteri is more or less open, and the tumour which remains inside is felt by the finger to be soft, and less united than the common polypus. 3. The womb is so voluminous as to form a tumour in the hypogastrium; and, during the whole course of the disease, that external tumour is very painful; while the vivace is insensible when touched through the os uteri. (*Op. citat.*, vol. ii, p. 39).

M. Levret mentions having had several cases; but, strange to say, he does not give the details of any. M. Herbiniaux has given the particulars of two cases. The subject of one was an old lady, aged seventy-four years, in whom the disease had existed for three years, and who had been worn to a shadow by frequent and severe hæmorrhages, one of which, when M. Herbiniaux was called, had lasted for forty-eight hours. He found a tumour presenting in the orifice of the uterus, free from its walls, of the size of an orange, and with a very *short pedicle*; so that he could not move it in the uterus. It was soft, and its surface was irregular.

Considering this tumour a vivace, and that the constitution of the patient was already affected, seeing that the nostrils were filled with polypi, M. Herbiniaux declined operating; but, being urged, he yielded, and applied first one ligature and then another. The state of the patient was almost immediately improved by this measure. The tumour separated on the seventh day after its strangulation, but grew again; and the woman died at the end of six months.

M. Herbiniaux does not mention the age of his other patient, nor the duration of the disease. When he first saw the case, there were two tumours, each of the size of a hen's egg, in the vagina, with almost no necks. The orifice of the uterus was open, and its walls, as far as could be felt with the finger, were healthy; but there was a swelling in the hypogastrium, extremely painful on pressure. This he considered to be the body of the womb, swollen and inflamed. He applied the ligature, and the tumour came away; but others similar to it soon formed; and the woman died in about four months afterwards.

Dr. Gooch relates a case of vivace at p. 300 of his work on the *Diseases of Women*. The subject of it was seventy years of age, and had for only a few weeks been terrified by the occurrence of several profuse hæmorrhages. Dr. Gooch found the os uteri dilated to the size of half a crown, with *thin edges*, and a substance slightly protruding through it. It had a rough cauliflower feel, and bled on being touched. It was round and large. "I could", he says, "pass my finger within the orifice, and some way up between the thin walls of the uterus and this globular body." The tumour never projected enough into the vagina to admit even of its tip end being included in a ligature. About eighteen months afterwards, the patient died dropsical. "Since this case," he adds, "I have seen two similar to it."

Dr. Jas. Hamilton, in his *Practical Observations* (part i, p. 51), mentions a case which fell under his observation. The subject of it was mother of three children, and "*not above thirty-three years of age*." She had been for two years subject to hæmorrhages when Dr. Hamilton first saw her. He "removed the excrescence, and applied various local remedies to the uterus"; but with only temporary benefit. She, however, lingered for two years after the commencement of his attendance, and died in great suffering.

Dr. D. D. Davis also relates a case, which was probably of a similar nature with those just given. (*Principles and Practice of Obstetrics*, vol. ii, p. 610). The tumour in this case grew very rapidly, and filled the whole pelvis before the lady expired. No inspection was made.

Dr. Bullen, of Cork, records two cases under the name of cauliflower polypus; but they appear to have been identical with vivaces, although the symptoms were of a somewhat doubtful kind. In each case, the tumour originated from the inner part of the cervix, and in one case, it implicated part of the margin of the orifice. It might, therefore, have been easily mistaken for the true cauliflower excrescence of the os uteri. (*Dublin Quarterly Journal of Medicine*, vol. xxv, p. 414.)

The following case, which I venture to class along with those already noted, occurred to me some years ago:—

CASE. The patient had never been married, and was about forty-five years of age. She had always enjoyed good health, and had menstruated regularly till three years before I saw her, when the function ceased to be performed.

About Christmas 1848, after leaping from a table, hæmorrhage to considerable extent took place from the womb, and a bloody discharge had continued to flow constantly and profusely, but varying in its colour, sometimes being bright red, at others less so, until I saw her on the 9th of August, 1849. At that time, her chief complaint was of intense pain in the lower part of the abdomen; so intense, indeed, that she could not lie still in bed, but rolled about from side to side. The lower part of the belly was very tender and painful on pressure; but, on examining *per vaginam*, I could discover no abnormality of the uterine neck. The womb was quite moveable, and did not seem to be enlarged; and it had no tendency to expulsive contractions—a fact which seemed to indicate that there was no polypus of any great size within the organ. These circumstances were all confirmed by my father, who examined the patient, at my request, the day after my first visit.

Seeing, then, that the pulse was full and quick, the pain great, and the tenderness of the abdomen excessive, we came to the conclusion that, however the hæmorrhage was to be explained, we had at present to deal with a severe attack of acute metro-peritonitis. Our patient was therefore cupped and blistered over the sacrum; and, as her digestive organs were very much in fault, she took a mild course of mercury with opiates and laxatives. She used the tepid, and ultimately the cold water hip-bath, with vaginal injections of the same fluid. By these means, the pain was completely removed; and I put her on a tonic plan, and recommended change of air.

She accordingly went to reside on the sea-coast, at Helensburgh; and I heard no more of her for nearly three months: she then again consulted me. Her general health was much improved since I had last seen her, and the pain had never returned; but I was astonished to learn that she still had a constant bloody discharge and frequent profuse hæmorrhages. On examining *per vaginam* I now found the uterus distended by a growth within it, so that the neck was rendered thin and tense, with a small hole—the os uteri—in its centre. Through this I could pass my finger, and I felt a soft, granular, roundish body occupying the interior of the womb. I could pass my finger nearly round the growth; for it was unconnected with the anterior wall of the uterus as far as the finger could reach; but I could not reach its back part.

A few days afterwards, I had the advantage of consulting both with Dr. James Wilson and with my father. On that occasion, I used a uterine bougie, which passed freely between the growth and the uterine wall anteriorly, but not posteriorly. The case was so far therefore clear. The patient had a growth of a soft, granular nature, distending the womb, and apparently attached by a broad base to the interior of its posterior wall. My consultants recommended me to dilate the os uteri, in the hope that the tumour would descend into the vagina, so as to admit of the more easy and effectual application of a ligature round its base.

The ordinary methods of dilatation gave my patient great pain; and I had obtained the consent of the experienced gentlemen above named, to slit up the thin and tense cervix uteri, and apply a ligature round the tumour *in situ*, when the patient was attacked by severe diarrhoea, which

soon rendered her condition hopeless. She, however, lived for several weeks, during which the uterine discharge became thick, grumous, and extremely fetid. She died about the middle of January 1850.

On inspection, I found the intestines matted together by the lymph of old inflammatory effusions. The solid viscera were pale and bloodless. The uterus was enlarged to five or six times its usual bulk in the virgin state; its walls were thinned and hardened throughout their whole extent. The cavity, internally, was occupied by a mass of long fungoid vegetations, matted together, but apparently springing individually from a sloughy, rather than an ulcerated, portion of the posterior wall. The whole was so softened and infiltrated with fetid pus, that it was quite unfit for more minute examination.

Perhaps I may now be allowed to generalize some of the chief features of vivaces, as these may be gathered from the preceding isolated observations.

In the first place, then, vivaces generally indicate their presence suddenly and without previous warning. There are no symptoms as yet recorded, from which any physician can infer their presence within the womb, until a discharge of blood occurs; and even then the diagnosis is obscure. The excessive pain in the lower part of the belly, taken along with the profuse hæmorrhages, seems, at this period, to be the only mark fitted to excite a suspicion of the real nature of the case. But we are not kept long in suspense, for the progress of the growth is always very rapid. Within three months, in my case, it had fully distended the womb. The physical signs are then sufficiently marked; viz., the bloody discharge, the stretching of the uterine neck so as to form a tense diaphragm with an aperture in its centre, and the granulated and insensible growth, felt through it, fixed by a broad base to some part of the internal surface of the organ.

The termination of the case has hitherto been invariably fatal, sooner or later: death being caused either by gradual exhaustion, or, more rapidly, by the occurrence of colliquative diarrhoea, which is the common liberator of the victims of inveterate uterine disease.

What, then, is the nature of this growth? Is it composed of vegetations from an ulcerated surface, as supposed by Levret, or, is it identical with the cauliflower excrescence of Dr. Clarke, as has been asserted by Dr. Gooch?

In attempting to answer this question, I would observe that I do not regard the obvious difference of position or site as establishing any essential difference between vivaces and the cauliflower excrescence. At all events, as Dr. Gooch has remarked, they do not, in that respect, differ from each other “more than polypus of the neck and orifice from polypus of the fundus of the uterus”. And Sir B. Brodie’s case, referred to by Dr. Gooch (*op. cit.*, p. 304), would seem to be an instance of the occurrence of the cauliflower excrescence *within* the womb.

But, while I acknowledge that the growth just named may occur, though very rarely, within the uterus, still I believe that certain marked differences exist between it and vivaces. The most important of these is the pre-existence of ulceration of the internal surface of the uterus. This occurrence was very clearly evinced in the case, which I have narrated as having occurred in my practice, by the pain and tenderness on pressure above the pubes. But I must confess that the profuseness of the hæmorrhage, at this stage of the affection, remains unexplained; nor do I know of any circumstance capable of throwing light on the phenomenon. There was no evidence, at that period, of a growth within the womb; and the pain of the fundus uteri was not felt until after several severe hæmorrhages. If we could suppose that some one or more enlarged and atheromatous vessels had been ruptured by the shock of the patient’s fall, and that the wound, thus occasioned, ulcerated instead of healing, we might, perhaps, explain the history of the case: and, although it is a theoretical, it is the only feasible explanation I am able to give. But, however this may be, there can be no doubt of the reality of the inflam-

matory action which speedily ensued, and which, though actively treated, terminated in vegetations.

On the other hand, the cauliflower excrescence of Dr. Clarke is seldom accompanied by pain; indeed, I may say, never by pain so severe as that which precedes the formation of vivaces. The former is a still more insidious disease than the latter: and hence Dr. Clarke, in his original paper, lately republished by the Sydenham Society,* informs us that he had never found it less in size than a blackbird's egg.

Another remarkable point of distinction seems to flow from the preceding. It regards the nature of the discharge. That from cauliflower excrescence is generally limpid and watery, hardly soiling the linen, and becomes only occasionally bloody, as at the menstrual periods, which are not often disturbed at the first, or after some violent bodily exertion, capable of breaking the delicate structure of the growth. Whereas, in cases of vivaces, the discharge is either bloody or purulent, and ere long it becomes very fœtid; evidently proving the much greater amount of vascular action going on in the latter than in the former instance. The watery discharge from the cauliflower excrescence seems to be a mere mechanical transudation of serous fluid mixed with the increased mucous secretion of the irritated vagina, and sometimes, also, with the cast off cells of the growth itself. In all such cases, too, when hæmorrhage occurs, small brainy masses may be found in the discharge, identical in structure with the cauliflower excrescence. Such hæmorrhage, therefore, is likewise mechanical, flowing from ruptured substance of the growth. But it is far otherwise with vivaces. They often die and come away as putrid matter, but never seem to break from delicacy of structure; and the hæmorrhage in these cases must proceed either from the progress of the original ulcer, or from the smaller vegetations from its surface, which still retain their vascular nature. The longer and more bulky growths are to all appearance *evascular*, being white and spongy, and filled with cheesy substance like concrete pus. For, as I remarked above, the ordinary discharge, in cases of vivaces, is always purulent when it is not bloody; this, of course, arises from the progress of the ulceration; which is continually sustained and prevented from healing by the mass of its own unhealthy vegetations.

This leads me to mention, as a fourth distinction between these two kinds of uterine growth, that vivaces do not shrink in bulk after death, as happens in such a remarkable manner with the cauliflower excrescence from the os uteri. But I regret that, for reasons formerly mentioned, I cannot speak with precision on the minute internal structure of vivaces. If, however, I am warranted in concluding from the history of such cases, especially those points in it to which I have just adverted, that vivaces are nothing more than exaggerated vegetations from an ulcer of the womb, matted together by inflammatory effusions, and perpetuating the morbid lesion from which they originated, then nothing can be more different than their internal structure compared with that of true cauliflower excrescence. For, as I have elsewhere more fully explained (*Edinburgh Monthly Journal of Medicine*, for Nov. 1849), the latter growth consists of a congeries of simple and compound cells, some of which are expanded into delicate bags containing blood-corpuscles. These bags exist chiefly on the margin of the excrescence; and when they burst, they leave the fibrils or hair-like processes, which mark the latest period of its history. It seems to be the peculiar property of these cells to withdraw serum from the blood in the uterine vessels, and to permit its exudation through their walls, thus constituting the greater part of the discharge. But of course this ceases at death; and then the cells collapse, or in other words the excrescence shrinks away. But no such function is performed by vivaces, and no such shrinking occurs in them after death; and therefore I do not think the inference unfair, that no such mechanism exists in them as in the cauliflower excrescence.

* Essay on Diseases peculiar to Women.

I have not hitherto introduced the question, whether or not vivaces are malignant in their nature. The opinion of Levret as to their being incurable, and some of the cases recorded by Herbiniaux and others, would seem to indicate that such really was the case. But I am inclined to think that vivaces may or may not be malignant, according to the character of the ulcer from which they spring. This opinion is founded on that which has already been stated and proved, with such data as I possess, regarding the pathological significance of the vivaces themselves: and I think it unnecessary to enlarge upon this point at any greater length. Suffice it to remark, that on this important feature of the case will depend the prognosis and the treatment.

I do not assert that all cases of malignant disease are incurable, when I say that malignant ulcer of the body of the womb belongs to that category. Its advance is generally considerable before it is clearly diagnosed, and even then it is out of the reach of efficient means of eradication. And when the vivaces have sprung from a non-malignant ulceration, it may still be impossible to root out the morbid parts before the patient's condition has become a hopeless one. In some cases, however, it may be attempted by ligaturing the long vegetations—making the cord cut as well as strangulate the growth,—and then cautiously but effectually applying a caustic substance. I should myself prefer the common caustic, because its action, as well as the bleeding, might be conveniently arrested by injections of vinegar and water. As soon as possible thereafter, alteratives and tonics should be given to change and improve the action of the internal surface of the womb. But I feel that I cannot, with propriety, even attempt to frame directions for the treatment of vivaces; and I therefore leave it to others to draw the practical inferences deducible from the preceding pathological data regarding that very rare but most interesting affection of the uterus.

Glasgow, June 1853.

METHODS OF EXPRESSING THE PHENOMENA OF AUSCULTATION.

By W. O. MARKHAM, M.D., Assistant Physician to St. Mary's Hospital.

Nothing more fully demonstrates, if any demonstration of the fact were needed, the incompetency and faultiness of our present methods of expressing the phenomena of auscultation, than the circumstance, that each successive writer upon the subject finds himself compelled, as he proceeds in his task, either to criticize, or alter, or entirely renovate the existing nomenclature as it falls into his hands. The particular terms of it fail to express, or express but feebly, his idea, or perhaps pervert it altogether; or they are made to indicate something very different from their essential meaning. The structure is thus, in his sense, weak, and he endeavours, by patching, to brace it up for his occasions. How comes it that he fails in being more successful than his predecessors?

If our view of the case be correct, there is a radical defect at the very bottom of our present system, inherent in it, and of necessity tainting every part; so that each addition and alteration, which is made in the direction of the original idea which presided at its establishment, is but a conversion or an engrafting of one defect into another. When a superstructure bears marks of weakness, is it unreasonable to suppose that its basis must be at fault? In the matter of auscultation, I believe that the truth of this may be readily shown. On this point, however, I do not wish to linger here, as I intend soon to bring the subject somewhat more fully before the profession. I would, however, venture briefly to suggest as a remedy for the manifest evil referred to, the adoption of a nomenclature founded on the rational system of observing auscultatory signs, which has been promulgated by the modern German school.

I need hardly observe, that our present method of no-