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ON POLYPUS UTERI.

By P. MURPHY, M.D., of Liverpool.

Polypus uteri is a rare disease. Many medical men have passed a long life in extensive practice without this complaint having once fallen under their observation. Through the kindness of my medical friends, I have had the opportunity of treating several cases. It is understood that the diagnosis is easy, and that the disease can be mistaken for inverted uterus only; but the polypus, when small, I have known to be mistaken for prolapsus, and in two instances I have met with fibrous tumors presenting almost all its characters, filling nearly the whole of the vagina, and having only a narrow attachment to the angle behind the posterior lip of the os tincæ, and uppermost part of the vagina. Of these tumors, the first which presented itself to me I attempted to surround with a ligature, and it was only after a failure that its exact nature was ascertained. A few cases, briefly related, may serve to confirm what is already known of its nature and treatment, and also aid in coming to a conclusion in what manner it may be most easily and safely removed.

Excision.—Mrs. F., aged thirty nine; May, 1838. Has had two children. Profuse discharge of blood from the vagina, during and occasionally in the intervals of the menstrual period. Leucorrhœa: This discharge is *slightly* fetid, and gushes out when she rises, after having been in the recumbent position for a few hours. Loss of blood always follows a long walk, which her business, as a hawker of soft goods, requires; a dragging sensation in the loins; great debility; feet œdematous; face pallid, and other symptoms of anæmia. Three years since was delivered of a healthy child; fourteen months afterwards the child was weaned, and the menorrhagia then commenced, which she attributes to her time of life.

A polypus, the size of a large plum, soft, compressible, and attached to the inner surface of the anterior lip, is easily detected; os tincæ so dilated as to readily admit the point of the finger. The tumor was easily seized near its origin between the thumb and two fingers of the left hand, and drawn down so as to be partially visible. She immediately vomited, and complained of faintness. It was divided with the convex, probe-pointed scissors, used for the removal of enlarged tonsils. The resistance scarcely equalled that of the liver. There was neither pain nor hæmorrhage.

Four hours afterwards hæmorrhage commenced, and before I arrived her state was alarming. The vagina was filled with strips of lint wet in alum water; the feet were raised, and the head placed below the horizontal position; cordials were freely exhibited, and she slowly rallied. The tampon was renewed in twenty-four hours, and in about ten days she was sufficiently strong to attend to her domestic duties.

Ligature.—A case nearly similar to the preceding was treated by a ligature. On the fourth day the instrument and the polypus were found in the bed. A perfect recovery followed. The ligature was preferred from apprehension of hæmorrhage.

Torsion.—Mrs. M., aged forty, has had seven children. August 1, 1838. During the last twelve months profuse leucorrhœal discharge, without fœtor, and occasional menorrhagia; anæmic symptoms; great debility; œdema of feet. A firm polypus, the size of a turkey egg, with a very narrow pedicle attached to the posterior lip of the os tincæ, is easily felt. It was seized in a lithotomy forceps, and strongly twisted on its axis both ways previously to its being excised. Accidental circumstances induced the postponement of the operation for about a month, when it was found that not the slightest trace of a polypus remained. The woman stated that very little blood escaped since the last visit, but that ten days afterwards a dark clot came away, which gave great relief from an uneasy sensation in the loins, and that since she has been gradually improving.

Ligature.—Mrs. S., aged forty-one. August, 22, 1840. Has had eight children. A tumor, the size of the fœtal head, smooth, firm and painless, fills the vagina, presses on the urethra, and impedes the flow of urine; the anterior lip of the os tincæ cannot be reached with the finger; a profuse, fetid, chocolate colored discharge, of twelve months' duration, constantly escapes from the vagina; flooding for the last three years; emaciation; perspires frequently great exhaustion; syncope on exertion; has slept but little for the last fortnight; thirst distressing; tongue natural; pulse ranges from 128 to 144; bowels constipated. The catheter has been required for some time.

The bowels were opened by an enema. A double thread ligature, waxed, was applied with the aid of Gorch's canula. The first ligature having given way, it was renewed with very little difficulty; not the slightest pain followed or attended the tightening. A morphia draught; moderate diet; quinine mixture.

30. Discharge continues; the ligature has been daily tightened; urine flows freely. Full diet.

Sept. 5. The instrument is loose; the polypus could not be removed, neither by a tenaculum nor by the large lithotomy forceps. The midwifery forceps was next introduced, but the rolling of the tumor prevented its locking. One blade was reintroduced with its concavity towards the rectum, and was passed over the tumor, protruding it to the external orifice, but the expulsion could not be completed until the finger was passed into the rectum, so as to meet the extremity of the blade, when, after some delay and much pain, the tumor was forced out.

11. Discharge ceased; pulse 118; feels stronger. To get up.

Ligature.—Mrs. C., aged forty-three. June 12, 1840. Married, and has had a family. A large pyriform tumor, the size of a closed hand, occupies the vagina. On separating the labia, the tip of the tumor, which is very narrow, is seen of a dark color, nearly similar in appearance to that of the umbilical cord. Menorrhagia three years; the blood flows for several hours, and more especially at the menstrual period. A transparent discharge, which stains her linen; no pain; urine escapes freely; tumor insensible; bowels open; face pale; œdema of eyelids and ankles; dyspnoea and palpitation on exertion; profuse perspirations; emaciation; vision and hearing impaired; pulse 108; the pedicle is within the os tincæ; the body of the uterus cannot be reached posteriorly.

14. With the aid of Gooch's canula the tumor was easily surrounded by a waxed double thread ligature. No change of color took place.

19. Has had an attack of bronchitis, which yielded to a solution of tartar emetic; pulse 100.

21. On yesterday was ordered ale, which was too freely taken; a severe rigor ensued, followed by perspirations. To-day there is vomiting, and a tenderness of the abdomen, especially in the hypogastric region. The diet was lowered; calomel and opium were freely given, and on the succeeding day the vomiting and pain had ceased. The ligature was then tightened, and the diet increased.

25. The canula was removed without effort; the discharge has been foetid since the operation; the polypus is shrunk; pain is felt in the epigastric region.

26. The pain continued, increased, and was attended with vomiting. Owing to a mistake on the part of the friends, no remedies were used, and she died at half past two o'clock, a.m.

Necrotomy.—Abdomen distended; adhesion of the peritoneum was general, slight, and recent, but more firm in the pelvic region; some sero-purulent fluid in its cavity. Liver small and pale. Left ovary converted into numerous thin, transparent cysts, containing a viscid, straw colored fluid. Right ovary could not be traced, but in its site, and close to the uterus, was an abscess, which had given way, and, on being fully opened, its walls were found gangrenous. It was removed along with the uterus, and it was plain it had no communication with any of the viscera. It was evidently gangrene of the ovary. The uterus was thrice its usual size. On being opened, the attachment of the polypus was inferred to have been on the posterior surface beneath and between the Fallopian orifices, and about one inch above the os tincæ, for there was a rough, flocculent appearance, about the size of a crown-piece, and resembling that which is noticed when the placenta is removed. The polypus lay loose in the vagina, and it required some degree of force to draw it through the os externum with a tenaculum. Not the slightest portion of it could be discerned in the uterus. Her death was solely attributable to a gangrenous abscess of the ovary, bursting into the abdominal cavity, and it is remarkable that this should have taken place almost simultaneously with the detachment of the polypus. I subsequently learned that she was a woman of intemperate habits and licentious passions. The appearance of the ovary is curious, as supporting the observation of Dr. Davis,

in his *Obstetric Medicine*, "that in cases of nymphomania the ovary has cysts.

I have treated seven cases of polypus uteri; the termination of all was favorable, excepting that just related. In each case the woman was married, had a family, and had not ceased to menstruate. The symptoms were similar—namely, hæmorrhage and leucorrhœa, producing anæmia. The discharge, unless retained by the size of the tumor, was not foetid; and this need not excite surprise, as the surface of the polypus is similar to that of the lining membrane of the uterus.

If a female, after having ceased to menstruate for four or five years, is then attacked with a discharge of mucous blood or pus from the vagina, it may be regarded almost as a fatal symptom. Even if, on examination, the os tincæ be found perfectly healthy, the diagnosis must be guarded; for I have notes of three cases in which, after death, the discharge was traced to ulcerated cancer of the intestines opening into the body of the uterus. Polypus is sometimes a cause of premature delivery. A gentleman sent for me to aid him in checking hæmorrhage after such a case. The placenta was retained, and, as he imagined, adherent; the polypus and placenta were partly in the vagina; there was some difficulty in suppressing the hæmorrhage; and I heard afterwards that she was successfully operated on in Manchester. The removal of a polypus is attended with very little danger or difficulty. If small, it is soft and vascular, its shape is nearly circular, and the ligature does not hold on well, and if excised, there is the risk of hæmorrhage. This is dangerous, for the slightest sudden loss of blood from an operation cannot be well borne, as the woman is anasarctous and exhausted before she submits. However, this may be easily guarded against by filling the vagina with lint or tow, and if torsion be previously practised, the security is increased. The advantages of excision are—its facility, its speediness, its sparing both the patient and the operator the disagreeable task of tightening the ligature daily, its confining the sufferer a shorter time in bed, but, above all, its not being attended with that fetor which contaminates the bed-chamber, and exposes her to an attack of low fever, similar to that generated from the non-ventilation of the lying-in chamber, and which is the unavoidable consequence of the ligature.

When the polypus is very large the ligature must be employed, as it is impossible to reach the pedicle either with the knife or the scissors, nor can we draw it through the os externum. The surrounding it with a ligature is not difficult, for I readily succeeded, but its removal when detached is troublesome. Dr. Gooch mentions one or two cases where uterine pains came on, and assisted the expulsion, and in another he succeeded with his hand.

A tenaculum is not sufficiently strong, and, moreover, sharp pointed instruments should be avoided. On the other hand, it is very difficult to fix the tumor longitudinally in a forceps. In Mrs. S.'s case an expert accoucheur was several times foiled in the attempt to place it between the blades of the midwifery forceps. Some risk must be incurred from the liability to which the canula is subject, of being rudely pressed against the uterus. When Mrs. C. was first attacked with peritonitis, she became so restless that I con-

templated its removal, not from any apprehension that the ligature had produced the disease, but lest in her struggles the uterus might suffer; and I admit that, had I not made a post-mortem inspection, I should have been in doubt whether such a mechanical injury had not produced the fatal result.

The polypus is reduced in size soon after the application of the ligature; this was noticed in Mrs. C.'s case, as the catheter was not required after the fifth day. After an operation the diet should not be lessened; on the contrary, we cannot too soon commence a tonic treatment. The recovery is generally rapid. From the history of these and other cases we may conclude—

First, That polypus is not a disease of the virgin state.

Secondly, That it usually appears before menstruation ceases.

Thirdly, that it is more frequently met with in the parturient than in the barren woman.

Dr. Gooch mentions a case of polypus in an unmarried woman, and also one in a woman fifty-five years of age. The experience of the medical men here, with whom I have conversed on this subject, is similar to my own.

When an artery is tied, the portion above the ligature as far as the next branch becomes obliterated, and the vitality of the neighbouring parts would be lost, only for the collateral circulation; as a ligature thrown round a polypus obliterates its vessels as far as the uterus; and as there is no collateral circulation, it is evident that the portion between the ligature and uterus must die and be separated.

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August 29, 1843.

FURTHER

OBSERVATIONS UPON MALARIA.

By EDWIN MORRIS, Esq., Surgeon, Spalding.

Malaria is more prevalent during a continuation of fine weather than at any other time. This I have repeatedly observed, and it is to be attributed to vegetable decomposition going on more rapidly. When the drains are nearly empty of water, and the dead reeds and weeds are fully exposed to the sun, the water is gradually evaporated, and a thick slime is left at the bottom of the ditch, which is continually bubbling up, and emits forth a most disagreeable odor, which may be perceived at a great distance in the direction of the wind. If we are long without rain, the slime becomes dry, and large fissures are observable in various directions, out of which an abundance of deleterious gas ascends, for the mud is a concentrated mass of vegetable corruption, and is in the most favorable state for the production of it. In the beginning of the autumn of 1842, we had a succession of fine weather; the drains became quickly empty, at a time, too, when vegetable life was fast losing its vitality. I never knew malaria so prevalent as at this time, particularly in certain localities. Where a large drain had been neglected cleaning out in one place, this was most remarkable; a large sewer extends about a mile along its bank; a number of cottages are erected for the whole distance, and it

is the receptacle for all the refuse from them. The stench from this drain was beyond description; families after families were suffering from malaria. Application was made to the proper authorities for leave to draw up a sluice, so as to admit the water from the river Welland, when the tide flowed. Permission was granted, and at the next flow of the tide the water ran rapidly through the drain, and well scoured it out; but, during the time of its doing so, the neighbourhood could scarcely be borne, so intolerable was the stench. Several of the parties suffering from the malaria this produced recovered, after having been violently purged from the effects of it. At last one poor woman, the mother of a large family, and who had been suffering from malaria upwards of ten days, was attacked with symptoms of continued fever; this proved the worst case of typhus fever I ever saw. The husband caught it, and the whole of the children; the youngest child died. The nurse who waited upon them fell ill, and the whole of her family had it also; they all recovered. The woman who attended to them went home ill; she resided a mile from them, in quite a different direction, in a small yard where there were four houses, occupied by poor families. Not one in the yard escaped, and four people fell victims to this terrible disease; two out of the number died from ulceration of the bowels during the latter stages of the fever, and the others from exhaustion. In all the above cases violent delirium was present, which lasted several days, and few escaped without sloughs forming over the sacrum. One poor boy had an immense abscess formed in the right axilla; he had afterwards one over the region of the liver: they both got well. Others afterwards formed upon the right leg; the tibia became diseased, and he is suffering from necrosis of that bone at the present time.

The above cases are some of the frightful results of persons originally affected with malaria. It behoves us, therefore, to be indefatigable in our researches as to the cause of it, and to endeavour, if not totally to eradicate, in some measure, at least, to abate its baneful influence. This summer, owing to the quantity of rain we have had, the drains have remained full, consequently we have had less malaria; indeed, I never knew so healthy a season as we have had in this neighbourhood. There is a small town a few miles from us which is notorious for fever, and of the worst kind. A large drain runs through the very centre of it, and is arched over in the town; but before it reaches there it runs at the back of some poor cottages, and receives the whole of the filth and dirt from them, which is allowed to accumulate and rot. After a heavy fall of rain a portion of it is washed down into the tunnel which goes underneath the main street of the town; at certain places there are grates to admit the water from the street into it, and after a few days fine weather the stench from these different openings is unbearable. No wonder that fever should be so very prevalent in this little town, whilst such a dangerous nuisance is allowed to exist, and the inhabitants dwelling in the midst of it. It is deplorable to see certain physical causes of fever in this country, which might be removed by proper sanitary measures. "The annual slaughter in England and Wales, from preventible causes of typhus, which