poned to the 19th of February. In the meantime, Mr. Crouch (who operated so successfully on a similar case last year, at Bruton, in this county,) saw the patient, and fully concurred in the diagnosis and proposed operation. She was confined to a milk diet from the 8th of February. On the 18th she took Ol. Ricini, dr. vi., and her diet was reduced to milk and water only. On the 19th, at one P.M., Mr. Cornish proceeded to operate, in the presence of the staff of the hospital, and a large number of medical men from the neighbourhood. The patient was kept under the influence of chloroform throughout the operation. The preliminary steps were as follows:—In a well-ventilated ward was placed a large Arnott's stove, its flue entering the chimney near the ceiling; on the usual fire of the ward was placed a large boiler, with a metallic pipe conveying steam constantly into the room; by these means a moist atmosphere was maintained at a temperature of 85°. On a high bed was laid a broad many-tailed bandage, on which the patient was placed.

An incision having been made through the abdominal parietes ten inches in length, extending from about four inches above the umbilicus to the pubes, avoiding the umbilicus by keeping to its right side, the anterior part of the tumour was seen: a trocar being thrust into it, a large quantity of thick, viscid, greenish brown fluid escaped. Two slight adhesions between the omentum and the anterior surface of the tumour were divided; and the necessary handling of the omentum produced convulsive efforts to vomit, during one of which the tumour was thrown from the abdominal cavity; the operation was then completed by tying the pedicle at two points about half an inch apart, by transfixing with needles, armed with double ligatures of hempen twine, capable of sustaining a weight of 14lbs. The pedicle was then divided above the last ligature, and two small vessels of the omentum were secured. The left ovary was examined and found in a natural state. The edges of the wound were accurately adjusted by six sutures, inserted at points marked previously to the operation with tincture of iodine, as in Mr. Crouch's case, strips of adhesive plaster being placed in the intervals, over which a compress of folded lint was secured by the many-tailed bandage. The hæmorrhage was very slight, not more than four ounces. The removal of the tumour occupied fourteen minutes.

In the evening, after the operation, she slept a little; the pulse had risen to 120, but she was quite free from pain or uneasiness, except a little in the right iliac region, and along the line of the incision; no tendency to vomiting or shivering. She was allowed only a pint of toast-water every twelve hours; and the temperature of the room was maintained between 75° and 80°.

On the following day, February 26th, we found her in the same tranquil state, with slight tenderness only in the right iliac region; skin moist; tongue clean and moist; pulse 120. Some urine had been passed, and she had slept at intervals.

By the 22nd of February she was quite free from pain, and complained only of distension and the heat of the room. The pulse had fallen to 102; and the

bowels had been slightly moved. The allowance of toast-water was increased to three pints in the twenty-four hours.

On the 23rd the dressings were changed, and the wound found to be healed by the first intention, excepting about an inch and a half where the ligatures issued, occasioning a secretion of healthy pus. Five of the sutures were removed. The abdomen was free from pain and tympanitis. The diet was increased by the addition of two drachms of thick gruel and four drachms of milk. The temperature of the ward was directed to be lowered gradually. From this time the convalescence proceeded without a check. The ligatures on the omentum were both removed by the 4th of March; those on the pedicle of the tumour did not separate till the 11th. By the 13th of April the wound was entirely healed, and she was able to sit up and walk about the ward. On the 14th the catamenia appeared naturally and lasted till the 18th; and on the 27th of the same month she was discharged, perfectly well. Since then we have repeatedly seen her enjoying robust health; and she is now living in Taunton, as a nursemaid.

The tumour was regularly ovoid in form, and consisted chiefly of one large cyst, subdivided by several imperfect septa, in the free margins of which were about 100 smaller cysts, varying in size from that of an orange to a pea. Their contents varied considerably in consistence and colour. The specific gravity of the fluid in the larger cyst was 1023; it was highly albuminous, the whole becoming coagulated by heat. Four rather large arteries passed up the pedicle to supply the tumour.

The dried preparation measures 22½ inches in circumference, 11 inches in length, 10 in breadth, and 5 in thickness. The weight of the solid portion was 2½lbs., and of the fluid 5lbs.

CASE OF

POLYPUS UTERI, WITH RETROFLEXION.

By J. G. SWAYNE, M.D.,

LECTURER ON MIDWIFERY, &c., AT THE BRISTOL MEDICAL SCHOOL.

Read at the Quarterly Meeting of the Bath and Bristol Branch.

MARY ANN H., aged 35, unmarried. Has been living for some years in service at London, and has enjoyed tolerable health until last April, when she suddenly experienced a copious discharge of blood per vaginam, whilst engaged in washing clothes. This occurred about a week before the expected return of the catamenia. The hæmorrhage continued in some quantity for several days, and produced much languor and debility. She had medical advice whilst in London, but the bleeding, nevertheless, returned at irregular intervals until June, when she came to visit some friends at Bristol. I saw her first on June 28th; at that time she was complaining of much debility. The countenance was very pallid and exsanguine. She

stated that the hæmorrhage had returned a few days before this, rather copiously. She was ordered to take two grains of Plumbi Acet., with one-sixth of a grain of acetate of morphia, three times a-day. She improved very much after taking this medicine, and for a fortnight was quite free from hæmorrhage, this being the longest interval which she had enjoyed since her first attack. She afterwards took twenty minims of sesquichloride of iron three times a-day.

The hæmorrhage, however, began again to return at intervals, and to increase somewhat in quantity each time. A vaginal examination was then proposed, and at once acceded to. This was on July 5th. On examination the os uteri was found to be situated more forwards than natural, its lips being soft, and somewhat irregular, and sufficiently open to admit the tip of the index finger for a short distance. The fundus uteri could be distinctly felt lying between the vagina and rectum, the neck being bent at an acute angle. There was evidently, therefore, retroflexion of the uterus. She was ordered to remain in bed for some days, lying as much as possible in a prone position, and was directed again to take the acetate of lead and morphia; the hæmorrhage, nevertheless, still continued at intervals until July 27th, when she was examined with the uterine sound. The sound was introduced without much difficulty, with the concavity of its curve towards the sacrum; the point of the instrument then readily passed downwards into the fundus of the uterus, as it lay between the vagina and rectum. By turning the instrument, so as to bring its concavity towards the pubes, I was enabled readily to replace the uterus in its proper position. After I had withdrawn the instrument, my friend Mr. Coe, who had seen the patient with me, examined her at my request, in order to ascertain whether the uterus was in its proper place. He stated that he felt a soft body protruding from the os uteri, which he considered a polypus; I therefore examined her more minutely, and felt a soft body, about the size of the tip of the index finger, and surrounded by the lips of the os tincæ. This could readily be hooked down by the point of the finger, until it could be felt to be attached by a pedicle to the interior of the canal of the cervix. An examination with the speculum was made, but it threw no additional light on the case. The tumour being evidently a polypus, it was determined to remove it the day following; this was accordingly attempted with a pair of lithotomy forceps. The polypus could readily be seized by the forceps, and drawn down almost to the os externum, but its pedicle was too firm in structure to allow of its being twisted or pinched off like a nasal polypus, as we at first hoped to have done; I therefore gave the instrument to Mr. Coe, who held the neck of the polypus firmly between its blades, whilst I passed a curved probe-pointed pair of scissors along the fore-finger of the left hand up the vagina to the upper part of the pedicle, which I then cut across, and readily removed the tumour. No hæmorrhage of any consequence followed. She was ordered to remain in bed for some days after the operation. There was not the slightest

return of flooding after this. Notwithstanding that the uterus had been replaced, the retroflexion again returned. She did not, however, suffer the slightest inconvenience from it, and rapidly regained her strength, so as to be able to return home to London on August 10th. As the retroflexion occasioned her no inconvenience, and as she was so soon to leave Bristol, no attempt was made to introduce any instrument, with a view of keeping the uterus in its proper place.

Remarks.—The history of this case would seem to show that the hæmorrhage was entirely dependent on the presence of the polypus, and had nothing to do with the retroflexion. In all probability the latter condition was the result of relaxation of the uterine tissue, produced by the mechanical action of the polypus, and the repeated hæmorrhages. Retroflexion of the uterus in most cases appears to occur in married women soon after delivery or abortion. The state of the uterus after abortion is somewhat analogous to that of the uterus after the extrusion of a polypus. The cavity in either case has been much increased in size, and relaxed by hæmorrhage, so that the pliant cervix is ready to yield to any bending force from above. In the case above related the contraction of the os tincæ, some days after the removal of the polypus, was very marked, so much that the uterine sound could not be introduced without great difficulty; whereas, before the polypus had descended the os would admit the tip of the fore finger. The case is also interesting as showing that retroflexion may exist and produce no symptoms of its presence. Under such circumstances one would hesitate before recommending a patient to wear a uterine supporter for some months, and thus subject her to inconvenience, and undoubtedly to some risk for, at best, a not very certain prospect of permanent success.

ON THE POISONOUS QUALITIES OF SILVER WHEN EXPOSED TO THE SECRETIONS OF THE MOUTH.

By THEODORE S. TEARNE, Esq., WORCESTER.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—For some years I have invariably observed that when silver has been used as a basis for artificial teeth or palates, the wearers suffer from chronic inflammation of the mucous membrane of the mouth and gums, and are liable to repeated attacks of bronchitis and enlarged tonsils upon the least additional exciting cause. They also labour under dyspepsia, pyalism, indisposition, and much relaxation; always complain of a vitiated taste, and usually present a furred tongue. These symptoms are sometimes much aggravated and amount to habitual nausea, with occasional attacks of vertigo, impaired vision, and often to some degree of deafness, probably from the morbid condition extending to the Eustachian tubes; they are also greater or less in pro-