Observations on hypertrophy, / by Evory Kennedy.

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OBSERVATIONS

ON

HYPERTROPHY,

AND

OTHER AFFECTIONS OF THE OS UTERI.

BY

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OBSERVATIONS,

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As the establishment of a ward for the diseases of females in this institution, has called our attention to a class of affections little investigated, at least on an extensive scale, in this country, in elucidating which the free use of the speculum is so essential, we feel that an apology is scarcely necessary for bringing under the notice of the professional public a treatise of this nature, as, however imperfect it may be, it is put forward simply as the result of observation, and with a view to elicit further attention to a class of diseases, which may be considered hitherto, at least with us, in their infancy.

A clear and just definition of disease is, perhaps, more practically important than medical men are generally willing to admit. With the name of the disease is usually stamped on the mind of the physician his ideas of its nature, often of its causes, and what is more important, of its treatment and cure.

What we wish to be understood by the term hypertrophy of the os uteri here made use of, is, the existence of a *partial* and extraordinary development of the uterus, in which, not only that particular portion, but even a particular tissue is engaged. The structure deposited appears to be the existing natural

structure in excess; exhibiting little morbid or diseased character, other than that depending upon increased bulk and its consequences. Writers on uterine affections treat of general hypertrophy, or hypertrophy of the body and neck of the uterus, but this disease, as far at least as our observation goes, is rarely met with. We submit that the disease to which it is our object to call the attention of the profession is, on the contrary, one of very frequent occurrence.*

The true nature of general hypertrophy of the uterus appears not to be quite understood, or at least agreed upon. Boivin and Duges, for instance, who treat very briefly on the subject, refer all enlargements, not depending on the difference of volume, observable in different persons, to *disease* or *chronic inflammation.*

Cruveilhier considers as hypertrophy of the uterus a state of development depending on exuberance of nutrition, in which it is invested solely with one new property, "*myotilite : d'ou les efforts continuels et douloureux d'expulsion des corps etrangers.*" He instances the effect of impregnation on the uterus as the best type of this affection; and asserts, that every strange body contained in the uterus, or developed in the substance of its walls, exerts the same effects in producing it as *conception.*

Lisfranc treats of hypertrophy as a disease attended with morbid growth, *hardening*, and fetid discharge; thus describing an affection accompanied by a train of symptoms, anything but analogous to these occurring in hypertrophy occurring in other organs. Hooper appears to take a more correct view of the nature of the disease, in considering it *simply* an inordinate or excessive development of the healthy structures of the uterus, without any morbid appearance.† With this general view of hypertrophy we must agree, not esteeming it at all im-

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* See Cruveilhier, Dic. de Med. t. x. p. 280.

† Churchill on Diseases of Females, p. 165.

perative that any symptoms indicative of serious uterine disease should accompany it; we have at this moment in the ward for diseases of females, a case of general hypertrophy of the uterus, in which the only symptoms, in addition to the increase of bulk are retroflexion of this organ, with slight sense of weight and occasional slight obtuse pain in the uterine region.

Hypertrophy of the uterus may either affect the whole organ or a given part of it: the part most frequently engaged being the os, or to speak more correctly, one or other, or both of the lips which form the os; we shall, however, for brevity sake, treat of "Hypertrophy of the Os." The neck may also take on this action, either in connexion with extraordinary development of the body, or with that of the os. The most remarkable case of this kind that we have met with was one of extra-uterine fœtation, in which the uterus during the growth of the fœtus became developed in its length (with very little increase of breadth) to the extent of twelve inches; this extraordinary growth appearing to occur principally in the neck and lower part of the body of the organ.—(See Plate, Fig. 1.) This is the case alluded to in the last edition of Burns' work, and the preparation is at present in my Museum.

Dr. Hemmings, the intelligent translator of Boivin and Duges, describes an interesting case* of elongation of the cervix, which is evidently one of hypertrophy. Cloquet, Cruveilhier, as well as Lallemand, Bichat, and Leroux of Dijon,† have also given cases of elongation of the neck; but those of the two former authors were combined with organic disease.

This disease has been even mistaken for polypus, and its removal has been attended with fatal results. In the hypertrophy of the neck, from the os remaining natural, with the exception of its altered position, it is, however, most likely to

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* Med. and Phys. Journal for Aug. 1832.

† Obs. Sur les Pertes de Sang, p. 14.

be mistaken for prolapsus. The detecting,* by a carefully conducted examination per vaginam, and if necessary by the rectum, the elongated or outstretched neck of the uterus, whilst the fundus of the organ is perceptible, of its natural size, and in its usual position in the pelvis, will sufficiently establish the diagnosis.

The affection to which we wish to attract attention is one quite different from those alluded to. In it the os itself is the part engaged. This enlargement or development sometimes occurs in connexion with elongation of the neck; see Boivin and Duges' case;† but in the great majority of instances it takes place without any extraordinary development of either the body or neck of the organ; the hypertrophy being confined generally to the lip or lips of the os.

It would seem to consist in an excessive or erratic development of the intimate or fibro-cellular struction at this part; owing either to an inordinate action of the secernant, or an imperfect performance of the functions of the absorbent vessels of this structure. No altered or diseased action appearing to exist beyond the loss of balance in the vessels specified. This is proved by the new texture, when cut into, exhibiting all the characters of natural uterine structure. It possesses further this peculiarity, that the increase occurs usually in the longitudinal direction, or that of its length, not in its breadth or transverse direction, as we see in most other affections of the uterus accompanied with morbid development.

The aperture of the os uteri, in the majority of these cases, is found in its ordinary position, bearing the same relation to the roof of the vagina as in the natural state of the parts; the development of the new growth projecting below the opening. We shall best explain the nature and varieties of the affection by giving briefly a few of the cases presented to our notice.

The case of most frequent occurence is that in which the

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* See Cruveilhier's Plate. † Hemming's Tran. Plate 11.

anterior lip of the uterus takes on this excess of development. A patient with an affection of this kind came into Hospital January 2nd, 1838, æt. thirty-two, who had borne two children; menstruation regular; had for the last eight years been subject to occasional leucorrhea, and latterly felt a tendency to the womb, as she says, descending, which was increased by laborious occupation. On examining with the speculum, the anterior lip is found protruding, and elongated to the extent of an inch and a half. (See Fig. 2.) It is free from pain, and gives the idea to the touch of consisting of the natural texture of the uterus, being neither harder nor softer: the posterior lip is of the ordinary size, the vagino-uterine aperture small, found at the base of, and posterior to, the elongated tumour.

This case was treated for a fortnight with repeated leeching to the hypertrophied part, and alteratives. The inner surface of the tumour, which was slightly granular, was touched with nitrate of silver lotion.

She left the Hospital on the 14th, reported as having the anterior lip considerably diminished in size, free from discharge, and in other respects improved.

In some instances, but more rarely, the posterior lip takes on this inordinate growth, and when this does occur, it is seldom to so great an extent. A case of this kind was under my care some months since, in which there was, as in the former case, some tendency to prolapse. The patient sometimes suffered pain in the region of the rectum, more especially when the bowels were constipated, or on making much effort at stool. The anterior lip was healthy, and the posterior projected upwards of an inch into the vagina, but was rounded and obtuse in its shape. (See Plate 3.) This case was treated by leeching, alteratives, posture, and otherwise, as for prolapsus, and with much benefit.

It occasionally happens that both the anterior and posterior lip become hypertrophied, and this more especially in women who have borne several children. In such, the fissured or divided

state of the os, that so frequently results from labour, generally continues. The anterior and posterior lips presenting separate or distinct tumours. Such a case (see Fig. 4) was under treatment, accompanied with complete procedentia of the uterus. In this patient the os uteri protruding beyond the external parts, exhibited not a bad representation of a bird with its beak separated. She was treated for prolapsus by cauterizing the vagina, a plan that I have been for some time successfully adopting, and with benefit to the procedentia, but was lost sight of before anything was done for the hypertrophy.

A more remarkable case, in which the os is fissured into three divisions, the intermediate substance becoming hypertrophied at three points, was accidentally discovered in a patient who came lately into hospital for the treatment of a vesico-vaginal fistula ; both the fistula and the hypertrophy appeared to have been the result of a tedious labour in the country, where she was allowed to remain too long without assistance. The tripartite hypertrophied os is represented in Fig. 5 projecting into the vagina, but without any displacement of the uterus, or other symptom indicative of its existence. The outer surface of these three tumours is of the natural texture of the vagina, whilst the inner is rough, of a reddish tint, with vesicles interspersed, for which she has been touched with oxymel æruginis. It may be here remarked, that the internal surface of the hypertrophied portion generally exhibits more of the furrowed, irregular character of the intra-uterine mucous membrane, whilst the outer is generally polished and smooth ; the internal and most dependent portions are not unfrequently vascular, or, as in the preceding case, present slight vesicles, or granular growths may exist upon their surface.

The whole circumference* of the os may become developed,

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* M. Lobstein reports a case of enlargement of this description, the preparation of which is in the Strasburg Museum ; in it the vaginal extremity of the neck projects three inches, containing a cavity so large as to appear like that of a second uterus. —*Anat. Path. Gen.*

without any fissured division. This is more likely to occur in females who have never borne children. For the following case of this kind, which I lately saw in consultation with Dr. O'Reilly of Dominick-street, I have to express my acknowledgments to that gentleman :—

"Mrs. ——, aged 23, married eight months ; subsequently to her marriage she was occasionally seized with bearing down pains, particularly while catamenia were present. These returned every ten or fourteen days with leucorrhea in the interim. Before marriage she enjoyed sound health. About three weeks previous to her arrival from England, where she resided, she suffered considerable pain from intercourse. On her arrival here she was under medical treatment until the 3rd of September, when I was sent for ; she stated that her sufferings were extreme, that at eleven o'clock each day she had a paroxysm, which generally lasted two hours, accompanied with bearing down pains. Suspecting uterine derangement, she was examined *per vaginam,* and the lips of the os uteri found projecting into the vagina to the extent of an inch and a half, forming a rather conical elongation, (See Plate, Fig. 6,) the most dependent part being somewhat pointed, the anterior lip rather more elongated, and its margin slightly infiltrated with serum. The os presented an appearance generally of deep red, and was painful to the touch. In consultation with Dr. Kennedy, who, at my request, saw her with me, she was treated with saline aperients and soothing opiate fomentations ; leeches were applied directly to the os every alternate day, for ten days, Plumber's pill and extract of hyoscyamus administered every night in alterative doses, in addition to which absolute rest and an antiphlogistic diet were insisted on. Under this treatment she rapidly recovered, the irritability totally disappeared, and the os uteri became gradually reduced in size ; she is now convalescent and able to take exercise, and since has menstruated, without suffering more than on ordinary occasions."

The disease here exhibited a mixed train of symptoms,

some of the character of irritable, and even inflammatory uterus were present, evidently produced by neglect and mismanagement of the original affection before Dr. O'Reilly's seeing her. The hypertrophy here was attended with prolapsus; the patient using active exercise until it became converted from a chronic into a more acute attack.

There is a case of hypertrophy of the os uteri at present in the female disease ward, in which a curious development has occurred. In all the cases which have preceded, it will be seen that the hypertrophied portion was covered throughout its whole surface by mucous membrane, the continuation of that of the uterus or vagina. In this case, however, the fibro-cellular, or, as it is termed, the parenchymatous portion of the anterior lip, in its excess of development, has enlarged into the vesico-vaginal septum, separating the bladder and vagina, in its growth, and consequently, in place of having a distinct covering of mucous membrane, it is covered by the vaginal mucous membrane at its anterior part and point only.—(See Plate, Fig. 7.) This is peculiarly interesting, as proving the tissue that takes on the hypertrophy to be the fibro-cellular tissue of the uterus, and not the mucous membrane; the latter membrane being merely continued over it in the gradual development of the hypertrophied structure. It is further interesting in furnishing us with a power of concluding that the disease is one quite distinct in its character and seat from that of polypus, the disease of all others which it is most likely to be confounded with polypus being a disease strictly of the mucous or glandular structure, whilst this is clearly a disease of the parenchyma of the organ itself.

From the preceding cases it will be seen that the symptoms usually attending this growth, are a sense of fulness and weight in the upper part of the vagina, which may be accompanied with heat and throbbing in this region. As the disease progresses, the patient experiencing a sensation as if a foreign body hung down into the vaginal passage; this is occasionally attended by a bearing

down sensation: and in cases of long standing (particularly if injudiciously managed) may become converted into absolute prolapsus, or even procedentia of the organ. Now the practitioner may, for the first time, be aware of the existence of this preternatural growth of the os, when the error is very generally committed, of looking upon this development as the effect not the cause of the prolapsus. The preternatural growth, as well from its weight and mechanical bulk, as by the irritation it produces, acting as a foreign substance attached to the uterus. From its pressure upon the bladder, in hypertrophy of the anterior lip, interference is sometimes observed to occur with the functions of this organ: thus frequent micturition, and sometimes difficulty or extraordinary effort in discharging the contents of the bladder, occur; in other cases, particularly where the posterior lip is engaged, the functions of the rectum are interfered with, when costiveness or pain at stool occur.

On examination with the speculum, the lip of the uterus engaged is in some cases found scarcely at all altered in the appearance of its texture beyond the increased bulk; in other cases the hypertrophied portion appears red and vascular, or this vascularity may be confined to a part, generally the most dependent portion of it. It is also sometimes combined with granular disease of the os, although the menstruous secretion is seldom much interfered with. Hæmorrhagic discharges occasionally occur in this disease; and leucorrhea is not an unfrequent accompaniment, more especially where much displacement of the uterus occurs. It is also not unfrequently productive of pain and inconvenience *in coitu*.

The throbbing, fulness, and sense of weight, may be increased about the setting in of the periodic discharge, indicating a congestive state of the part; if the speculum be now used, the hypertrophied portion many exhibit a more deep red or purple hue; from this train of symptoms the individual gets relief after the menstruous secretion has passed over. (Thus, no doubt, it has been treated as dysmennorrhea in some cases.) The symptoms

accompanying this affection at times partake more the character of irritable uterus, a disease so admirably elucidated by the late Dr. Gooch, at others, they appear to assume all those of inflammation in the tissue engaged, and sometimes they exhibit, as was the case in one of the patients mentioned, a mixed character, assuming symptoms both of irritation and inflammation, and combined with them the hypertrophied state of the os.

In these cases, where congestive or inflammatory action set in, repeated local depletion with leeches, or scarification, and the use of the warm hip bath, together with mild saline aperients, and a more protracted use of mercurial or other alteratives, combined or not with anodynes, will constitute our treatment. The washing the hypertrophied part over with strong solution of nitrate of silver also may assist in causing its absorption, or even touching it with the solid caustic, or cautery, might be necessary where there is prolapsus to a considerable extent, combined with the hypertrophy. The patient must maintain the recumbent posture as much as possible whilst she is undergoing treatment, directed to lessen the determination and sensibility in the part, and the use of internal mechanical support must be refrained from, external support being substituted if necessary: such as Hull's utero-abdominal* truss or the T bandage and pad: if these prove insufficient, then, at least, the use of pessaries should be delayed until the above treatment has been persisted in for sufficient time, and the pessary, when used, should be constructed of such a form as to relieve the parts affected as much as possible from unnecessary and injurious pressure: the ring pessary, or modifications of it, will answer best.

If the above plans of treatment completely fail, and the in-

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* I beg here to acknowledge the courtesy of Dr. Hull in transmitting to me from Philadelphia one of these instruments, which I have tried in several cases in the hospital, in some with decided benefit. It is to be had at Messrs. Hodges and Smith, Medical Publishers, College-green.

convenience arrive at a serious height from the prolapse induced or the occurrence of the other symptoms specified, then the removal of the hypertrophied portion by scissors, (see Plate, Fig. 10,) to be afterwards described, may be had recourse to.

Although any or several of the preceding symptoms may occur, hypertrophy of the os is not necessarily accompanied with any symptom indicative of its existence, as it may continue, and no doubt often does, for years, without attracting any great notice on the part of the individual so affected or becoming the subject of treatment, the tendency to prolapse possibly alone attracting attention, and even this, we have seen, may be absent.

The disease with which this affection is most likely to be confounded is polypus. Like polypus, the great extent of its surface is unattached, and its connexion with the uterus is at its upper or most distant part; its being connected externally with the uterus will distinguish it from intra-uterine polypus, whilst its not being pediculated will serve to distinguish it in general from polypus of the neck or os uteri. Its sensibility may assist in corroborating this point, but this symptom is not much to be depended upon. It has been justly explained by Dr. C. Johnson, (Dublin Hospital Reports,) that the absence of sensibility is but an equivocal test of polypus, whilst we must state that the presence of sensibility* in the hypertrophied state of the os, is just as little to be relied upon. The difficulties of deciding in some of these cases was quite felt by Boivin and Duges, as they say,† "but when it is remembered that the uterus is frequently much elongated in its descent, that its cervix projects considerably, the os uteri being perhaps defaced, its labia disfigured by swelling, and, moreover, that some polypi present on

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* This comparative insensibility has been observed not only to the touch in vaginal examinations, but also from the slight complaints made by patients in the removal of the os by the scissors, where I have had recourse to this operation.

† See "Prac. Treat. on Dis. of Uterus," &c., by M. Boivin and Duges, translated and enriched with most judicious notes by Mr. Hemmings; a work which should be in the hands of every practitioner.

their surface depressions that might be easily mistaken for the os uteri, the value of a careful diagnosis will be readily understood." The difficulty of distinguishing between this affection and polypus shall not, however, be always satisfactorily set at rest by the pedicular form of the stalk, as cases are met with in which tumours, reputed polypus, have grown from all the circumference of the os, and others, when one of the lips of the os appeared thickened and elongated to form the stalk. Gooch's case, in which the removal of the tumour proved fatal, was one of the former nature. It is not impossible that these may have been rather cases of hypertrophied os than of polypus. It would appear the more likely that hypertrophy of the os uteri has been mistaken for polypus, from the opinion mentioned by some, that polypus is simply an exuberant growth of the uterine tissues.*

The seat of the excessive growth, as already stated, constitutes a distinction in investigating these structures *post mortem*.

Hypertrophy of the lip may be confounded with prolapsus, but the position of the utero-vaginal aperture will sufficiently distinguish here. It is not likely to be mistaken for tuberculated uterus, as it has been justly remarked by Sir C. M. Clarke, that this disease is generally found to affect the uterus at parts remote from the os or neck, although Mr. Wenzel has certainly shown that the neck will take on similar diseased action, without even the body becoming engaged. In the class of uterine diseases termed tubercular, however, the structure is very hard, and the enlargement or development is generally in the transverse direction, whilst, as has been already shewn, in the development of disease in question, it is usually in the longitudinal direction.

A state of the uterus is sometimes observed, in which an

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* Cruveilhier remarks :—" Je regarde comme des hypertrophies de la membrane muqueuse uterine ces regetions polypiuses pediculées pénétrées de vaisseux sanguins, molles, spongieuses, dans l'épaisseur des-quelles, j'ai rencontré souvent des follicules muqueux."—*Dict. de Med. et Chir.* t. 10, p. 250.

alteration the reverse of the redundancy described is present; namely, a state of atrophy of this organ. This, as is observable in hypertrophy, may extend to the whole structure of the uterus. It is best observed in old females, particularly those who have not borne children, in whom it may be esteemed as to a certain extent a natural alteration. It is not, however, confined to these, but occurs at different periods of life; depending upon a loss of balance in the secernent and absorbent vessels, directly the reverse of that observed in hypertrophy. In this state no serious inconvenience need occur, farther than that arising from the loss of functions of the organ, in case of its getting to a degree incompatible with the performance of these. The atrophy, however, may be partial in its occurrence, affecting only a particular part or parts of the organ, when these shall be either wasted, imperfectly developed, or altogether absent. There is in my Museum, a remarkable case of this kind, in which the posterior lip of the os uteri consists of two little papillous substances about two lines in length, like the termination of an infant's uvula; the anterior lip is wanting, the surface of the vagina and anterior of the uterus being perfectly smooth and continuous. There is, however, perceptible, about half an inch down from what should be the situation of the anterior lip, a small tubercular inequality about the size of a grouse shot, under the mucous membrane; this would appear to be either the vestige of a pre-existing anterior lip, or a displaced effort at one in its original formation. This alteration may further affect particular tissues, the fibro-cellular structure being that particularly liable to the erratic or irregular growth. We see this in diaphanous uterus, where the affection appears to depend upon absorption of this texture, the mucous and serous structure continuing in their natural integrity.

In impregnated females, hypertrophy of the os is met with much more frequently than in the unimpregnated, and this, for several reasons; first, because pregnancy, by the new and extraordinary determination which occurs to the uterine organs,

would appear to furnish with the means of increased development a growth of this kind where there pre-existed such a formation in the parts; and secondly, because this state of itself is sufficient to call forth an erratic action in the organs of nutrition, even when no evidence was afforded of pre-existing hyperemia in any part of the uterus.

As the disease, from its nature, is unlikely, unless in cases attended with more urgent or complicated symptoms, such as we have described to be brought under the notice of the practitioner, its discovery in many cases shall be accidental, and of course, from the frequency of examining *per vaginam* parturient females as compared with others, it must be more frequently met with in them. Connected with impregnation it occurs as a complication of labour, when the hypertrophied portion of the os generally protrudes before the head of the child into the vagina, often puzzling the inexperienced practitioner excessively. In this way it has been mistaken for some extraordinary presentation, for placenta, for polypus, &c.

The adventitious growth of the os in impregnated females is more loose and soft in its texture than in the unimpregnated. Again, in labour this softness increases so as to give the idea of the intimate structure consisting of a pulpy mass, or even of fluid being contained in it; and this more especially when the labour has been of long duration. Its texture, when cut into, exhibits the ordinary fibro-cellular uterine tissue, with, particularly in cases of tedious labour, small quantities of a gelatinous fluid of a bloody tint, enclosed in some of the interstitial spaces.

The increased growth in these cases may engage the anterior, the posterior lip, or even the whole os. In the majority of cases which I have met with the anterior lip has been the seat of it. In some of these where the extent of development laterally is considerable, it spreads before the head of the child

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* See Burns' Mid. p. 456.

when the finger must be directed backwards, into the hollow of the sacrum, or laterally to feel the head, giving the idea of obliquity of the os.

A case of this nature occurred in Hospital in a woman named Reilly, in January last, where it became a cause of tedious labour, rendering eventually delivery with instruments necessary. Fig. 8 represents the state of the parts in this instance.

In general, however, the lip protrudes pendulous, between the pubis and head of the child, encroaching slightly upon the cavity of the pelvis ; as the labour advances sinking lower and lower, until eventually it often escapes beyond the external parts. Fig. 9 represents a case of this nature occurring in a patient named Hutchinson, in No. 8 ward, in July last.

In impregnated females the hypertrophied lips vary in thickness from three or four lines to three quarters of an inch, and even more. They are polished, covered with a smooth membrane externally, but the internal surface, on approaching the os, has a rugous character. It is almost always, in labour, of a deep livid or purplish hue, and in most cases possesses little sensibility. It varies in length from half an inch to three or even four inches, and although generally broader at its base or connexion with the uterus, than at its most dependent part, yet sometimes the reverse holds, which gives very much the idea of its being a polypous growth. Its thickness appears also to increase with the delay in the labour, especially where the hypertrophied portion be subject to much pressure, as it occasionally is from lying between the child's head and pubes. Here the part below and free from the pressure may become distended, and more smooth and tense than the rest.

A reference to the cases of this disease occurring in labour in hospital, proves, that although all labours having this complication were not necessarily tedious or difficult, yet they were so, in such proportion as to justify our classing the hypertrophied

state of the os as a cause of tedious labour ; a fact naturally to be explained less upon the obstruction afforded from the bulk of the enlarged and protruding lip, than from the interference or restraint exerted by the affection upon the efficient and natural contraction of the uterus.

The practice to adopt in these cases, is to press the protruding lip very gently upwards, and retain it there with the fingers during two or three pains; this is very easily accomplished, the tumour in general remaining, or the head appearing to be pressed down beyond it. If, on the contrary, it show any disposition to descend, then the finger may be retained for some time longer within the vagina, in order to keep the part up ; or, if this fail, a small piece of soft sponge may be pressed up, so as to rest at the upper part of the space through which the lip protrudes, and prevent its relapse. This simple manipulation we have found to act most beneficially ; the head, although perhaps resting for many hours previously without advance, coming down quickly, and the delivery being speedily accomplished. In some cases, where, from the extremely protruded state of the lips, and the want of room between the head and pubis, the tumour cannot be reduced, but rather increases in size, and the head remains without any advance, we have derived benefit from puncturing the protruding lip with a lancet: one, two, or three, slight punctures being followed by a slight discharge of blood and serum, a diminution in the distention, and marked benefit to the progress of the labour.

In certain cases, generally those of protracted labour, one of the lips of the os (occasionally both) become infiltrated and œdematous; this œdema occurs with extraordinary rapidity. The os uteri that was perfectly natural, and of its ordinary size at the commencement of the labour, becoming, in a few hours, very much distended and pendulous. If the fluid which is infiltrated into the cellular tissue of the part be clear, no discoloration is perceptible in the tumour ; on the contrary it is

sometimes tinged with blood, or blood itself may be effused into the cellular tissue, constituting more an ecchymosis of this tissue. The tumour in œdema is soft and yielding to the touch, sometimes spreads before the head of the child, and evidently retards its progress. Œdema of the os is sometimes observed to exist all round the margin, without being accompanied by much increase of development of the lips; the os under such circumstances dilating generally very slowly.

In cases of œdema we must exert generally more patience, and expect somewhat protracted labour. If it appear, however, seriously to retard the labour, then two or three punctures admitting of the escape of the serum or blood, will be attended with benefit; a case of this nature occurred to us lately, in which the patient was twenty-four hours in labour before puncturing, after which the part yielded freely, the head descended rapidly, and the patient was very speedily delivered. In œdema the os may either be generally tumid and soft, with a transparent appearance of the investing membrane, and an evident distention with fluid; or one of the lips protrudes into the vagina, distended and fluctuating; where undergoing pressure, its blood-vessels becomes congested or ruptured, and blood is effused into its structure; thus increasing in bulk, and becoming of a deep or livid tint. This form which occurs so rapidly in the progress of the labour, as the result of obstructed circulation, usually, just as rapidly disappears after delivery, requiring no treatment beyond that already specified. If it continue after delivery, then slightly stimulating or astringent injections, as of diluted camphorated spirits or alum solution, may be of service, and this failing, puncture or leeching, followed by nitrate of silver lotion, or touching with the solid nitrate, may be necessary.

The hypertrophied, as well as the œdematous and ecchymosed os, sometimes escapes the observation of the attendant till after the birth of the child, when the protrusion, either low in the vagina, or beyond the vulva, of a deep coloured fleshy

mass, first attracts the attention, and excites the anxiety of the practitioner. This has been mistaken for a polypus, inversion or prolapsus of the uterus, as well as tumours of different kinds, and has even been removed under the impression of its being the first named complaint. It is to be diagnosed by introducing the fingers, or hand if necessary, into the vagina, when having ascertained that the uterus is in its natural position, by feeling the os and neck, we must satisfy ourselves that the connexion of the protruding tumour is with the neck of the uterus by an extended base, not a pedicle as in polypus. In fact, the examinator must satisfy himself of its being a continuation or elongation of the lips downwards by an excess of growth. The production is generally less tumid and thick, or rather more flaccid, just after delivery than during labour.

M. Boivin must evidently allude to this form of disease, although we are at a loss to know how she applies the term *skirrheux* to the affection, when she says, "Dans quelques cas particuliers d'affection de l'uterus son *col skirrheux* sans etre augmenté en grosseur, est beaucoup plus long que dans l'etat naturel son orifice extern s'avance quelque fois jusqu'a l'orifice vulvo-vaginal, et dans quelques cas même, le franchit de plusieurs lignes."—*Mem. de l'Art des Accouch.* 373.

The treatment in these cases, as well as in the former, after delivery, is the same. Nature herself adopts, in most cases, a very simple but effectual means of remedying the affection. As the uterus, but more especially its neck, contracts after delivery, the blood, which previously supplied the hypertrophied part, ceases to be sent to it, the tumour becomes, as it were, naturally constricted or pressed upon at its connexion with the neck, and thus a natural ligature is applied; the nutritious vessels being prevented sending a supply for its growth, the effect is, that a gradual but quick process of absorption goes on in the neck, and in the majority of cases the tumour will have so diminished in size, that in the course of ten days or

a fortnight scarcely any appearance of it will remain. We would, therefore, recommend caution to practitioners as to the removal of those uterine growths, more especially connected with pregnancy, observed in or after delivery, as no doubt such as we have described have been removed under the impression of their being polypi; and not only an unnecessary, but, under the circumstances, perhaps dangerous operation has been performed. We should, therefore, await patiently the lapse of sufficient time from the occurrence of the labour, to allow of the absorption of the tumour before any operation be attempted for its removal. And even then, if it continue, we should not unnecessarily remove the hypertrophied portion, unless it do not yield to the treatment recommended, or inconvenience shall occur from it to a sufficient extent to justify the operation.

The delay recommended is further advisable, because operations upon the parts engaged in parturition, are attended with much greater risk in females immediately after delivery, in consequence of the predisposition then existing to attacks of hæmorrhages, hysteritis, peritonitis, &c.; and also because the longer we delay within certain bounds, the less difficulty will attend the removal of the hypertrophied portion of the organ from the diminution of its bulk, owing to the contraction of the uterus.

In its removal the risk from hæmorrhage may be guarded against by the use of the ligature; or if scissors be preferred, by applying the ligature in the first instance, and then cutting below the strictured part. This latter plan we have been for some time in the habit of adopting in the removal of polypous and other uterine and vaginal tumours, where serious hæmorrhage was apprehended. M. Wiess of London has prepared, under my directions, a pair of scissors with their blades curved, and placed at an angle with their stalks, (*see* Plate, Fig. 10,) which answer very well for this purpose.

THE END.