

Surgical cases and observations / by James Syme.

Contributors

Syme, James, 1799-1870.

Publication/Creation

[Place of publication not identified] : [publisher not identified], [1845]
(Edinburgh : A. Jack.)

Persistent URL

<https://wellcomecollection.org/works/dk3rbm5w>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

SURGICAL CASES AND OBSERVATIONS.

BY JAMES SYME, Esq.,

PROFESSOR OF CLINICAL SURGERY, AND SURGEON TO THE QUEEN.

Extracted from the London and Edinburgh Monthly Journal of Medical Science.—July 1845.

NO. XXVI.—EXCISION OF THE OS UTERI, AND REMOVAL OF POLYPUS OF THE UTERUS.

CASE 1. On the 8th of March, Mrs H., aged thirty-seven, recommended by Dr Combe of Leith, was admitted into the hospital on account of a growth from the os uteri. She had been married for twenty years, but never had any family. About twelve months before the time of admission, she noticed occasional hemorrhage from the womb, accompanied with pain and weakness of the back and loins, lassitude, headach, and giddiness. These symptoms, together with nausea and vomiting in the morning, continued to increase; and six months later, were attended by a leucorrhoeal discharge. On examination, the os uteri was found to be occupied by a large soft greyish-coloured growth, which bled when touched. It grew out in the form of a fungus, leaving a part of the cervix unchanged; and when pressure was made at this point the finger did not encounter any resistance that implied induration or enlargement of the uterus.

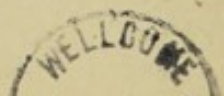
On the 10th, having obtained a good view of the excrescence by means of a speculum, I plunged the hooked forceps deeply into its substance, and by steady traction endeavoured to bring it into view. Finding that the rigidity of the parts prevented this from being accomplished without the use of unwarrantable force, I committed the forceps to an assistant, that he might keep the ground which had been gained, and then passing the fore and middle fin-

gers of my left hand over the growth, so as to embrace its neck between them, by successive strokes of strong curved scissors, effected the excision, with perfect smoothness and entire removal of the morbid part. The slight bleeding that followed speedily ceased, after the introduction of some dry lint into the vagina, so as to distend it moderately. The tumour was about the size of the half of a small orange, and presented all the characters of the "Cauliflower Excrecence" of the os uteri. The patient suffered nothing from the operation; and was dismissed free from complaint on the 21st.

CASE 2. Sarah Lothian, aged forty-four, from Westruther, was admitted on the 21st of March, on account of what she called a falling down of her womb. She had suffered from this complaint since last harvest, not constantly, but on occasion of any exertion, the protrusion being attended with excessive pain and occasional bleeding. The tumour, when examined, was obviously not the uterus, but a polypous growth. It was the size of a large egg, and originated by a narrow neck from within the anterior lip of the os tincæ.

On the 23d, I pulled the polypus down, so as to bring its attachment within view, and transfixed it close to the base with a needle and double ligature, the threads of which were tied so as to include one half in each. I then cut away the tumour, leaving merely enough of it to secure the ligature. The patient suffered nothing, either at the time or afterwards, and was dismissed on the 8th of April.

CASE 3. On the 1st of April, Dr Pagan asked me to see a widow lady about 50 years of age, the mother of several children, who had for more than six years suffered greatly from hemorrhage and other distressing symptoms, connected with a tumour of the uterus. It appeared, that during five years of this period, she had been under the care of a physician-accoucheur, who recognised the existence of a tumour, but deeming it irremediable, was satisfied with using astringent injections and other means of palliation. At length she applied to Dr Pagan, who, on examination, found the vagina filled with a soft, unorganised, incomprehensible substance, which suggested various suspicions of organic derangement, until he satisfied himself that it was merely a deposit from the infusion of oak-bark and solution of alum, which had been long employed in compliance with the instructions of the patient's former attendant. The cavity having been unloaded of this uncouth accumulation, the tumour became accessible, and seemed to admit of removal. I was requested to examine it with this view. It was very large, of a round form, firm consistence, and smooth, though somewhat irregular surface. When traced anteriorly, it was felt to be attached a little within the os uteri—the lip of which was expanded into a sort of collar, embracing the neck of the tumour. Posteriorly, the finger could not reach its root. Having arrived at the



conclusion, that the tumour was a polypus admitting of removal, we proceeded to the operation on the following day.

In the first instance, I attempted by means of the hooked forceps to draw the tumour into view, but finding that this was prevented by the orifice of the vagina refusing egress to so large a mass, I gently introduced my hand so as to dilate the passage, and then grasping the growth, while the forceps still maintained their hold, easily effected the protrusion that was desired. The neck of the swelling, which was fully an inch and a half thick, having been next transfixed from side to side, close to its root by a needle with fixed handle, conveying a very strong double ligature, the strings were tied with all the force in my power to exert, after which the tumour was cut away without any appearance of bleeding. Its size fully equalled that of a child's head at the sixth month. Not the slightest uneasiness followed. On the ninth day I made an examination, and finding that each of the ligatures contained a portion of substance which had resisted the constriction, I divided these remains of the neck by curved scissors, guided over my fore and middle fingers. Dr Pagan tells me that he has since examined the state of parts, and found every thing natural—the os uteri having contracted to the natural size, and resumed its proper place—while the patient, entirely relieved from her complaint, has daily regained strength.

Excision of the os uteri,—an operation which originated with Osiander, and was improved by Dupuytren,—experienced a cold reception in this country, on account of the incredible statements connected with reported cases of its performance. Cancer of the uterus was said to be an extremely common disease,—while it was well known to be happily a rare one; and removal of the part affected was represented as permanently affording relief, with hardly any exception,—while the experience of attempts to extirpate malignant textures in other regions of the body, led to the expectation of a very different result. When, therefore, certain surgeons of Paris published scores of cases, in which they alleged cancer to have been cured by excision of the os uteri, it was not unnaturally concluded, that their relations must, in some respect, be seriously inaccurate, and that further information was requisite before a sound judgment could be formed upon the subject.

It now appears, that cancer of the uterus is not more common than had been supposed,—that removal of the diseased part is, if possible, more hopeless than in similar affections of any other organ,—and that operations undertaken with this professed object, through ignorance or cupidity, have proved no less useless or disastrous than was to be anticipated. But it has also been ascertained that the os uteri, more frequently than might have been suspected from the number of cases previously recorded, is liable to various morbid growths, especially that described by Dr

Clarke, under the title of "Cauliflower Excrecence," which though productive of distressing or even fatal effects, are not of a malignant nature, since they exist in constitutions not otherwise unsound, and admit of complete removal by local means. So long as their treatment was limited to the employment of caustics and the ligature, no permanent benefit resulted, and it seemed as if the distinction which accurate observation had drawn between them, and the cancerous degenerations, did not lead to any substantial advantage in practice. "Respecting the treatment of this disease," says Dr Clarke, "I can offer, at present, little satisfactory information. The disease being described, and distinguished from others, is something gained. All stimulating substances, either in diet or medicine, seem to aggravate it, by increasing the discharge, and no astringents, inwardly given, which I have tried, appear to lessen it."¹

A great step in advance has been made through establishment of the important fact,—for which we are chiefly indebted to the surgeons of France,—that excision of the os uteri, executed either by knives or scissors, is an operation perfectly safe and effectual when employed for the removal of growths not possessing a malignant disposition. The discrimination of such cases has consequently acquired no small increase of value, though comparatively little attention has been devoted to it in this country, where the practice has long prevailed of confiding the treatment of uterine derangements to accoucheurs. If these gentlemen directed their attention to the principles and practice of surgery in general, there might be some propriety in such an arrangement, but as by education and profession, they are usually physicians, and in their practice abstain from treating surgical ailments or performing surgical operations, except when the uterus or its appendages are affected,—it does seem surprising that in a region where the difficulties of diagnosis are so great, and the execution of operative manipulation is beset with so many obstacles, they should venture upon the management of purely surgical details. The frequency of pelvic abscess, which has lately attracted so much attention, may perhaps in some measure be accounted for by the liberties that, in defiance of decency, danger, and common sense, persons devoid of surgical principles or practice, at present presume to take with an organ, which demands for its treatment the utmost degree of delicacy, caution, and experience.

In performing the operation, it is always desirable and in general easily practicable, to draw the tumour fairly into view, so that the excision may be effected without taking away either more or less than what is requisite, and without injuring the neighbouring parts. The most convenient instrument for this purpose is that which Dupuytren employed—the hooked forceps of Muzeux, who invented it for facilitating the removal of enlarged tonsils—or "*vul-*

¹ Transactions of a Society, &c. vol. iii. p. 333, 1812.

sellum," as it has been improperly named by some writers, the old "*volSELLA*" being parent of the instruments which act upon the principle of dissecting forceps. By means of the double hooked extremities of this instrument deeply inserted into the morbid growth towards its base, where the texture is of firmest consistence, the tumour may usually be induced by steady traction of moderate force, to descend and present itself to view, when a bistoury or curved scissors may be used without any difficulty or danger. The assistance of a speculum should be taken to insert the forceps, and if it seems necessary in order to obtain complete command over the excrescence additional instruments of the same kind are to be fixed into different parts of its substance. If the tumour cannot be made to protrude without resorting to an unsafe degree of violence, it may at all events be brought down in this way, so as to be within reach of the fingers, which will then form a safe guide for the scissors, as in the case just related. The hemorrhage is seldom more than very trivial, and when at all considerable, may be suppressed by filling the vagina with lint. In a case which happened fourteen years ago, and was, I believe, the first of the kind subjected to operation in Edinburgh, I visited the patient about an hour after cutting off the excrescence, and to my no small alarm, found the blood dropping from her bed upon the floor. As there had been frequent and profuse hemorrhage from the disease, I considered it necessary to use the most efficient means for preventing any further flow, and therefore pulled the bleeding surface into view, transfixed its base with a needle, conveying a double ligature, and tied both the threads firmly. Recovery was accomplished without any untoward symptom.

In removing Polypus of the Uterus, evulsion, excision, and ligature have been employed, and each of these modes of operation may be rendered the most eligible by peculiar circumstances of particular cases. But, in general, the combination of tying and cutting which was practised in the cases above related, certainly seems to be the best plan of proceeding. It has the recommendation of facility, efficiency, and safety. It accurately determines the limit of destruction, prevents the possibility of hemorrhage, and relieves the patient from the fetor, and other unpleasant consequences, which attend the slow separation effected by ligature. Finally, it has the testimony of experience in its favour.

NO. XXVII.—POLYPUS OF THE RECTUM.

Sir A. Cooper states, in his *Surgical Lectures*, that, "in the course of his life," he met with only ten cases of Polypus of the Rectum. Some time ago I met with five cases in the course of a single fortnight,—two of them in adults, and three in children,—and I have seen a sufficient number of other instances of the disease, to satisfy me that it is not by any means so rare as has generally been supposed. It presents itself in three different forms,

of which one usually occurs in childhood, and does not appear much beyond puberty. A gentleman now established in practice, not far from Edinburgh, when attending my lectures,—then I suppose about 18 or 19 years of age,—applied to me for the removal of a polypus, such as is met with in early life, but, with this exception, I never met with it beyond the 9th or 10th year. It is extremely soft and vascular, of a florid red colour, and assumes the form either of a worm from two to four inches in length, or of a strawberry with a connecting foot-stalk two or three inches long. This tumour seldom protrudes except when the bowels are evacuated, and then admits of ready replacement, though not without occasional hemorrhage, which may be of considerable amount. The vascularity of this growth, and its attachment above the sphincter, made me averse from removing it by excision; and Sir A. Cooper has mentioned the alarm that was on one occasion excited in his practice by doing so. I have always employed the ligature; and though the soft texture readily gives way when the thread is drawn, bleeding has never occurred in a single instance, or any other symptom in the least degree disagreeable resulted from this mode of removal: I am therefore induced to regard it as the best that can be employed.

The disease appears in adults in two very distinct forms. In one of these, the growth is soft, vascular, prone to bleed, lobulated or shreddy, and malignant-looking, so as on the whole to resemble very much the cauliflower excrescence of the os uteri, but possesses a peduncle or foot-stalk of firm texture, capable of sound cicatrization after being divided. The profuse, frequent, and protracted bleeding which proceeds from this sort of growth, renders its removal an object of great consequence; and this may be effected very easily, with perfect safety, by transfixing the radical cord of connection with a double ligature, tying the threads so as to include a half of it in each, and then cutting it across a little below the constricted part. In a patient of Mr Craig of Ratho, (who detected the disease from the great hemorrhage it occasioned,) I could not accomplish protrusion of the tumour, but guided a ligature on my finger, and tied it on the neck within the rectum. It is more satisfactory to force or draw the swelling beyond the sphincter, so that the sound and morbid parts may be distinguished with certainty, and this can usually be done with great facility, although the growth has attained a large size. In an hospital case recommended by Mr Anderson of Castle-Douglas, I brought into view and removed a tumour not less than an orange, which had a most malignant aspect, and had nearly exhausted the patient by hemorrhage.

In the other form which polypus of the rectum assumes in adults, the tumour is of a firmer consistence, smoother surface, and more regularly spherical or oval form, so as to resemble the growth which in general constitutes *polypus uteri*. The symptoms result-

ing from this simple swelling are rather annoying than seriously alarming; and the patient, therefore, is apt to delay requiring assistance for a long while. In the case of an old lady, whom I saw with Mr Hilson of Jedburgh, the tumour was about the size of a cherry, with a long stalk, and we were assured had protruded every time the bowels moved for twenty years. In another case, a gentleman whom I saw with Dr Johnston of Cumnock, the tumour was nearly as large as an egg, had a cuticular covering, and appeared to have existed for a period equally long. I have always removed these growths in the way that has been already described, and never met with the slightest consequence of a disagreeable kind.

