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*(From Guy's Hospital
Reports
1861)*

REPORT OF FORTY-ONE CASES
OF
UTERINE POLYPI;
WITH REMARKS.

BY J. BRAXTON HICKS, M.D., F.R.S.

INTRODUCTION.

THE following report embraces forty-one cases of uterine polypi, treated by me, twenty-five of them occurring in the hospital, the remainder in private practice. The cases include polypi of various kinds and of different sizes, some of them as large as could possibly occur. Some of them were smaller, but none of them were the flimsy vascular growths of small size which sometimes sprout from the os uteri. They have, however, this in common, namely, that they were all treated by the plan of immediate separation, and all removed by the annealed steel wire rope écraseur, described by me in these Reports in 1861, and in the 'Obst. Trans.,' London, 1862.

They also have these points in common, as regards the results, that no death occurred, and the removal was not followed by hæmorrhage, nor by symptoms which gave any anxiety, excepting in two instances.

The cases occurred in women over thirty-five, with two exceptions; the majority were over forty years old.

The classification of the polypi is based upon their anatomical characters. In some, the mucous membrane elements are hypertrophied, the natural relative proportions of each being

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preserved; in some the mucous follicles are distended; in some the nucleus of "uterine fibroid" is very distinct; in some the fibrous structure and the mucous are closely blended, but the fibrous element excessive; in some the malignant element has been mixed, but yet the true polypus form preserved. In three there has been a tendency to recurrence. But under the microscope the malignant element was doubtful in these three instances, although the cell-growth was not quite normal. Possibly they were intermediate varieties, tending to the so-called malignant type.

It is scarcely needful now-a-days to insist on the advantage of immediate removal; it is sufficient to prove that it can be done without danger of hæmorrhage, or any other unlooked-for result, and the advantages of it immediately appear, particularly in doing away with the chances of absorption of poisonous matter, which must, by the slow process of ligature, have been imminent any moment from the time of ligation to the complete separation of the pedicle.

One great point in the treatment of these cases, as well as in all operations on the uterus or vagina, is the keeping of the patient in a state of quiescence for some time after. I prefer even in the simpler cases a fortnight, and in the larger kinds three weeks, to elapse before the patient gets about as usual. That this may not be absolutely necessary in the majority of cases is very possible, but that it is the safer rule, I have found in practice, and is exemplified by the only two cases where any irritation appeared after (Cases No. 20, 27). In one it will be seen the patient had to leave at the end of a week, under mental distress and much bodily exertion, and cellulitis followed. In the other, a walk down the ward, with action of the bowels, sufficed immediately to bring on the anxious symptoms.

Another point in the treatment of these and similar cases is the removal of secretions by warm vaginal douche twice at least a day. After these operations small clots of blood, or retained secretions, with, perhaps, a fragment of dead tissue, are liable to set up decomposition rapidly, and the natural evacuation of them is hindered by the dorsal position of the patient. Hence a pint of warm water thrown up the vagina twice a day, with or without a little disinfectant, is very useful

in preventing, to say the least, minor symptoms of irritation.

In the whole of these cases the polypus was removed by one method, namely, by "écrasement." And this mode of separation has an advantage over section by knife or scissors, independently of the less risk of bleeding—I mean that by the crushing process we have a line of condensed tissue, which doubtless forms a barrier to the ready absorption of unhealthy matter. This is the same, only mechanically induced, as is produced by the actual cautery (as by the galvano-cautery); but as there is in these cases but little advantage in the latter over the former, and as the application of the wire-rope écraseur is much easier, it seems to me that it is generally preferable.

So far as my own experience goes, I believe that the instrument which I described in a former volume of these Reports will be found the most universally applicable of any kind. Although I do not wish to insist upon this point with undue strength, because an instrument to which one may have become used is handled with more facility and adaptability than any other, yet inasmuch as it has been tested, not only in these forty-one cases, but also in some twenty more, under my colleague, Dr. Oldham, in the hospital, and has always, with one exception of enormous fibroid, where the chain also would not do, been equal to the task of removal with ease and rapidity, I think I may, without undue confidence, make the above statement.

Under these circumstances it may be well to give a few practical remarks on polypi, and on the way I have adapted the instrument for their removal.

Polypi come before us practically under four conditions—

A. *External to the os uteri.*

1. When sufficiently small to be included in the speculum.
2. When a loop of the écraseur can, without much difficulty, be passed round the polypus by the fingers or hand only.
3. When their size is so great that they occupy the vagina so completely that the hand cannot reach the pedicle.

B. *Within the os.*

4. When they are within the canal of the cervix, or within the body of the uterus.

The *first* class are easily manageable; they are readily seen, readily caught and snared, and easily severed. A medium-sized instrument, one with a rope of ten to fifteen strands, is sufficient; and the smallest kinds of all may be removed by the smallest instrument, with three strands to a rope. It is best not to underrate the tenacity of the compressed tissue, and it will always be satisfactory to have more power than is really wanted.

As a rule, these smaller and generally more vascular polypi bleed most after division, partly because of the relatively greater amount of blood-vessels, partly because the line of *écrasement* is narrower, and because the force required to crush is less; therefore it is well to have a styptic at hand to stop any bleeding, not that it is ever really much, but that the operation will be more complete to the appearance of bystanders; and the employment of a styptic to the base and surrounding parts is beneficial to get rid of abrasions, and the irritation caused by the presence of these growths.

Now, in the *second* class, we are obliged to dispense with the speculum, and trust to our hands only. We thus lose two advantages: the first, the assistance of our sight to quickly seize the growth; the second, the protection which the speculum gives to the vagina from the contact of the fingers and the instrument for removal.

But there are some cases in which, although from its small size the polypus would readily fall into the speculum, still the external parts may be so rigid and undilatable as to cause so much resistance to the speculum, that the instrument, and finger to guide, can be passed less painfully than the speculum. A few of the cases recited were treated in this way; they occurred, as may be surmised, in single women, somewhat advanced in years, where much hæmorrhage had not occurred to lessen the tone of the system.

In the second class of cases, then, we may pass a noose of the *écraseur* slowly through the vulva, in such a manner as to

give the least pain and compression ; the tip of the fore, and, if possible, that of the middle finger also being placed just within the loop at the part opposite the eye of the instrument. These fingers should carry the loop to the back of the vagina, while the instrument should be carried towards the front. The loop can then readily be placed round the polypus by very simple adjustment.¹ As soon as the loop has passed the equator, or greatest diameter, it is to be made smaller by pulling down the end, if still unfastened, or by screwing it down, if it is. By this process, the loop glides very easily to the base, the instrument, of course, being simultaneously pushed up, as far as possible (and generally this can be done more quickly than the description can be read) ; and then the ends having been properly secured, the screw can be worked, and the pedicle crushed through. The rope requisite for this class of polypi should be formed of from twenty to thirty or forty strands. Better too strong than too weak. It will also be more readily introduced if it has a certain degree of stiffness.

The force used to crush the pedicle is sufficient to prevent hæmorrhage ; at least in all the cases I have had no such contingency has troubled me. It would be well, however, to have the speculum and a styptic at hand in case of such an event occurring.

After the severance of the growth we have to remove it from the vagina. This is, generally speaking, easily done in this class of cases, by passing two fingers above it, and hooking it down ; still, sometimes, in the larger sort, or where there is a contracted outlet, it is requisite to have a vulsellum forceps, or the whalebone fillet at hand.

The *third* class requires the largest sized instrument for their removal, not so much for its strength, perhaps, as for its length, because it is requisite the base should be reached, for we generally find that in this class the pedicle is by no means so very large, the growth has generally been for some time outside the uterus, which is pushed upwards, sometimes as far as the umbilicus, sitting as it were on the top of the much larger polypus, or pushed aside. To reach to the neck of these long growths requires a considerable length of shaft in the instrument. If

¹ The polypus may be assisted to enter the noose by causing the patient to bear down forcibly.

we do not reach the base, the point at which the section is effected is sometimes so large as to make it impossible to divide it. This is especially the case with fibroid polypi; even the chain *écraseur* is unable to pass through them, the chain breaking, or remaining imbedded in the growth; but no such strain need in this class of cases be put on the instrument. We can get over the difficulty by passing the loop of rope past the equator of the polypus; then draw it smaller, pushing at the same time the instrument higher up the vagina; by this simultaneous movement the rope slips up to the origin of the growth.

The best mode to effect this movement is as follows: Take the *écraseur*, with the rope attached to the traversing hook, the other end free, and make a loop of a size about sufficient to pass round the polypus. Then take two slightly curved canulæ, and through each of them pass a small wire; when this appears at the top, pass the end round the rope and back again through the canula, till it appears again at the lower end; the two ends then to be fastened off. Each canula is to be placed on the loop in such a position that it is about the same distance from the other as from the shaft of the *écraseur* instrument. The loop is then passed into the vagina posteriorly, assisted by the canulæ as handles. When the loop is wholly within, the *écraseur* is also passed in, but upwards in front, the finger assisting to adjust it over the polypus. The canulæ are then pushed carefully upwards, till the root is reached. Then the *écraseur* is also pushed up in front, the free end of the rope at the same time being drawn down gently, so as to lessen the size of the loop. When the instrument is thus adjusted, fasten the free end of the rope off securely. Then remove the canulæ by unfastening the wires and pulling down one end of each. This pulls the wires off the rope; the canulæ are then pulled down. Upon turning the screw the pedicle will be cut through.

Some instruments have been made to work with an unlimited quantity of rope, but this is really unnecessary. It is very rare to find a polypus whose base is more than three inches across. This will give a circumference of nine inches. If we draw the rope tight before it is fastened off, we might deduct from this an inch, so that any instrument which can bring the hook down over eight inches is sufficiently long.

Formerly I advised the canulæ to be passed up together behind the growth, and then brought forwards, running their little noose along the rope which they thus carried round the neck, but I find the plan just recommended more simple and manageable. The curving of the canula is necessary in these large polypi, because it adapts itself to the ovoid of the polypus, without injuring the vagina (a male catheter cut off at the end, and stiffened by a stylet a slight degree shorter, would answer instead of a metal canula).

When we have separated these polypi, they require some degree of management to remove them from the vagina. A pair of midwifery forceps, or the whalebone fillet, will generally succeed. The vulsellum forceps also will assist, according to circumstances, but they require much care in their use. On the removal of polypi of this class I have not seen any bleeding to follow from *écrasement*.

The *fourth* class of polypi are those which give most trouble, and require most care, both during operation and after—I mean those which have not escaped from the uterus. When they are of large size, they are generally attached rather high up towards the fundus uteri. It has been considered a rule by some that as soon as a polypus appears through the os, or as soon as it is possible anyhow to diagnose it, it should be removed. Doubtless this is an excellent rule so soon as the growth has become really a polypus; but supposing the base is still nearly as large as the equator when we proceed to remove it, we find either that we have to cut through a great width of tissue, rendering absorption of deleterious matter more probable, and leaving a portion of the growth behind to form a source of future trouble;—or that during *écrasement* we draw together, or pucker up the wall of the uterus, leaving a chance open for the supervention of immediate and future mischief.

The difficulty of removing these forms very early in their imperfect state is, of course, greater than in the true polypus form, because of the trouble one has to keep the ligature on; but the danger is still greater than the difficulty of removing. Those that are really polypi are very easily removed (although the difficulty has been dwelt upon by some more than it need be), so soon as the os is large enough to permit their exit when

severed, if the same plan of introducing the loop be adopted as above described, substituting for the vulva the os uteri. Sometimes the growth is attached to the side of the uterus; this will be found out by the sound, and would require that the canulæ should be carried up together to the fundus, separated and brought down across the neck of the growth. But the smaller sort, springing from the upper cervix, do not distend the cervix enough to permit the loop of rope to pass up between them and the walls of the cervix, and therefore give some trouble. This, however, is not very difficult to manage. Use a rather stiff rope; make a loop as nearly the size as possible; introduce the loop into the cervix in a slanting manner, so that the part of the loop most distant from the *écraseur* shall pass up between the os and the polypus behind. When about half has entered, pass the head of the *écraseur* within, telling the patient to bear down; this generally drives the growth into the loop, which then can be tightened. If the rope is very limp, it gives some trouble; in fact, this kind of case generally is the most trying for flexible wire.

Should this plan not answer, the loop might be carried up with one canula as above directed, or a single stout wire might be substituted for the flexible rope. However, I have always managed with the latter, although with some little trouble. Further enlargement of the cervix by the tent would give much greater facility for action.

For the severance of all tissues by *écrasement* it is very important to remember the excessive resistance which is given by the condensed tissue, particularly the less friable kinds, as areolar tissue. The chain *écraseur* having angles succeeds in fraying out some fibres, by which gradually the tissue yields; with the single wire there is no such assistance, it acts simply by crushing, and this more particularly if the both sides come down together; when one side only comes down, there is a certain amount of torsion which lacerates and assists; this is increased by the alternate bringing down of each side. In the rope of many secondary strands we have an intermediate condition, the fraying power of which is much increased if the rope be made rather irregularly. I have found a further assistance by winding round it two small flattened wires of the same material (annealed steel), crossing their spiral. The

edges of this wire, at so many points, produce sufficient fraying, and allow us to use the flexible rope in any position required.

These practical points having been attended to, I believe the kind of instrument with which these polypi have been removed will be found sufficient in almost every case, and remarkably easy to apply. Some have complained that the rope breaks. Upon inquiry I have found that the rope has been put to work for which it was not intended, or that it was of so small a size that it was no wonder it gave way. Occasionally the annealing has been carried too far, so that the resistance of the wire to tension was reduced. A very common error in makers has been to make the eye of the instrument with sharp edges, as if on purpose to cut the rope; or they have left the hook with so sharp a bearing that it would certainly cut any rope. The eye, again, has been made looking upwards, whereas it ought to be set somewhat obliquely, so as to make the bending of the chain less acute, when the line of section is at right angles to the shaft.

In the cases here brought forward, as also in those of my colleagues, I have not seen the rope break more than once. The way to avoid it is to use a rope of as large a size as the case can be managed with; for I have found that the pedicles of the smaller polypi are as resisting as, and sometimes even more so than, those of the larger kinds.

There is one practical point which it is well to remember after the removal of these bleeding growths, particularly if the patient be at or approaching the climacteric; and this is, that on the bleeding ceasing there is not infrequently a condition of hyperæmia, which leads to headaches, flushed face, with general discomfort, and perhaps might cause more serious troubles. It would be best to place the patient on a light unstimulating dietary, with gentle laxatives; and, if necessary, now and then a sharper purgative.

MUCOUS MEMBRANE POLYPUS.

CASE 1.—Mrs. P—, æt. 47, metrorrhagia for two years. The hæmorrhage was irregular, but very profuse; the last period severe and long. A vascular polypus was attached

within the cervix, about one inch long, bleeding readily. This was removed by wire noose easily; a good deal of bleeding ensued, which, however, was not difficult to restrain.

The growth was composed of mucous membrane elements. Hypertrophied villi were well marked, covered by columnar epithelium, the cells of which varied much in size, especially at the root. The surface of the pedicle was also lobulated. It was doubtful how far this might have been an early form of malignant disease, but two years have elapsed without any sign of return.

CASE 2.—Miss S—, æt. 47. Irregularly menstruating for some time with occasionally severe bleeding, with pain in back and nervous hysterical feelings. A vascular polypus, size of a small marble, was found at the os uteri, the body of which was somewhat enlarged. It was removed by wire-rope noose, no bleeding following. The growth was composed of mucous membrane elements hypertrophied.

CASE 3.—Miss A—, æt. 35, suffered from metrorrhagia; found something hanging through vulva. This proved to be a long flattened soft polypus, reaching to within the cervix; it was vascular. It was very readily removed by passing a loop of wire-rope *écraseur* over it, and running it up to the base, and then employing the screw. It was an hypertrophied portion of the *arbor vitæ* of the cervix.

CASE 4.—Mrs. C—, æt. 35, had menorrhagia for some time before the last pregnancy. After delivery the hæmorrhage returned at irregular times, and had latterly become severe. There was a polypus the size of a pigeon's egg attached just within the os uteri; it was vascular, firm, and readily bleeding. The os was congested and uterus slightly enlarged. The patient was half suspicious that she was pregnant; but there appeared no direct symptom to indicate it. I therefore removed the polypus without any trouble by the wire-rope *écraseur* through the speculum; a little perchloride of iron was placed on the point of attachment, as there was a little free oozing for the moment, and to correct the abraded state at the surrounding parts. A little pain succeeded. On the

fourth day she had an attack of diarrhœa, which soon went off; some slight tenderness in the left groin existed for a few days. She went into the country in about ten days, and after some exertion there she aborted a small ovum. I examined her about three weeks after, and found the os and body of the uterus natural, without a trace of the attachment of the polypus.

CASE 5.—H. B—, æt. 35, single, had a polypus for four years. About two years ago it protruded from vulva; a midwife pulled off the end of it. It did not show itself again till recently; it bled occasionally, but otherwise was not troublesome.

The growth was evidently an hypertrophied fold of the arbor vitæ, extending from just within the os to the vulva, increasing in size to its end. It was soft and somewhat flattened, and its diameter half an inch. It was removed by wire-rope noose; no hæmorrhage or other inconvenience succeeded.

CASE 6.—Mrs. C—, æt. 40, had a brown discharge for about two years, without bleeding or pain, but with some irritation of the labia.

A polypus, the size of a marble, protruded partly through the os. It was red and smooth. It was removed by a wire snare, without bleeding after.

CASE 7.—Mrs. J—, no hæmorrhage, but much leucorrhœa and bearing down; os uteri large: a small red polypus springing from inside of cervix; readily severed by wire snare, without bleeding.

It was composed of all the tissues hypertrophied in normally relative proportions.

CASE 8.—Miss G—, æt. 51, had not seen menses for eighteen months. Latterly hæmorrhage had occurred frequently without pain. Three polypi, each of the size of a small marble, were found, one coming through the vulva. I removed them by the wire-rope *écraseur*, the hymen being very rigid; it was employed without a speculum; no bleeding after; she recovered readily.

CASE 9.—Miss W—, æt. 40, hæmorrhage latterly had been frequent with much pain at periods. A vascular growth, the size of a large marble, was discovered, and removed without trouble or bleeding.

CASE 10.—M. C—, æt. 30, married, had had severe metrorrhagia for some months. She was examined in the out-patient's room, and a polypus was found just protruding at the os uteri. She was taken into Mary ward, but during the fortnight she was there it never appeared, the os uteri closing. She was sent out, and when she appeared at the out-patients' room again it was found readily. Whereupon a loop of the wire-rope *écraseur* was passed round it, and it was removed; no hæmorrhage followed. This lessened the constant bleeding, but the menses continued profuse for a time. It was a very vascular growth.

CASE 11.—Miss —, æt. 45, had had severe hæmorrhages for a year previous. She was not examined till a week since, when, after a very exhausting flooding, her medical attendant found a polypus attached to inside of cervix uteri, about the size of a pigeon's egg. The patient was excessively nervous at the idea of the removal, which was readily accomplished without a speculum, the hymen being still rigid. The loop of the rope *écraseur* was easily passed round, and the growth removed; not any bleeding followed; she made an excellent recovery.

CASE 12.—E. H—, married, æt. 36, had a discharge for four or five years from the vagina, which had increased for six months before admission, but she had menstruated normally up till three weeks before entry, during which period the hæmorrhage was constant. A small polypus was noticed through the speculum, hanging just through the os uteri, the size of a large almond, red, and with injected vessels on its surface. It was removed by wire-rope *écraseur*; no bleeding followed, and she went out shortly after.

The growth was benignant, including all the elements of the mucous membrane of the upper part of the cervical canal in about their natural relative proportions.

CASE 13.—Mary C—, æt. 44, married, has been troubled with a pink-yellow discharge from vagina ever since the birth of her child, eight years ago. No flooding, but pain and uneasiness in lower abdomen.

On entry the uterus was hard and enlarged; a polypus was found the size of a walnut, arising inside the cervix, purple and lobulated. When removed it was found composed of numerous cysts, full of mucus without opening. One Naboth's gland was enlarged and discharging mucus.

It was removed by wire noose, with slight bleeding after. Three days after the surface to which the growth had been attached was touched with nitrate of silver, and by the tenth day it was healed over.

CASE 14.—S. S—, æt. 47, single. About twelve months before admission she noticed a thick yellow discharge from vagina, which continued till she came in. Menstruation natural and regular; she has never lost blood at other times.

A polypus about half an inch in diameter projected from the os, which was slightly vascular and dilated.

The polypus was removed by wire rope. Some considerable bleeding ensued, which stopped on application of the tincture of Sesquichloride of Iron.

The growth was composed principally of epithelium; at least, very thick layers existed over the mucous elements. The cells contained only one nucleus.

CASE 15.—F. K—, æt. 43, married, small vascular polypus attached to the os, removed by wire rope, without any trouble after. It was associated with a fibroid tumour of the uterus.

FIBROUS POLYPUS.

CASE 16.—Sarah B—, æt. 52, somewhat anæmic and thin; more than eighteen months since was seized with flooding without apparent cause, since which time she has had occasional losses in the same manner, producing nervousness and trembling and much weakness. The last attack was five weeks before admission,

and lasted nine days. She complains of pains in lower back ; has leucorrhœa when free from the bleeding.

On entry was found a polypus, size of a filbert, protruding through the cervix, its pedicle attached to the inside of the cervix very near the os.

I removed the polypus by wire-rope écraseur without bleeding ; she went out well in a short time and remained without any discharge after.

The polypus was distinctly and entirely fibrous.

CASE 17.—Anne P—, æt. 50, of anæmic appearance ; six years before admission she was taken with red and watery discharge alternately, which symptoms continued ; sometimes the discharge was offensive ; sometimes the hæmorrhage was very profuse. She had had but little pain in pelvis, though some had been felt down the thighs. Occasionally there had been retention of urine requiring the catheter.

A large polypus occupied the whole vagina, so that the hand was with difficulty passed by it. It was found to become smaller above, and the existence of the uterus above the brim was made out under chloroform ; a good deal of blood followed the examination.

A loop of the wire-rope écraseur was passed by Dr. Oldham by the hand, up to the neck of the polypus, and the screw being employed, the pedicle was severed. The delivery of the now free polypus was effected by the whalebone fillet. It was six inches long and about three in diameter, of fibrous character. The uterus was found to be small, the os encircled the pedicle. No hæmorrhage followed ; and she recovered without an untoward symptom. (This case is referred to in the 'Obst. Trans.,' 1861.)

CASE 18.—Ann J—, married, sterile. This case has been described in full in these Reports for 1862. It was a large intra-uterine fibrous polypus, which was removed by carrying a wire rope round it as far as it could be passed between it and the uterine walls. It was, after severance, delivered by a small pair of forceps. The patient suffered from no local symptom, and went out in due time.

CASE 19.—E. A—, married, æt. 36, two months before admission had a very profuse loss at the menstrual period, lasting twelve days. This recurred the next month, with thick yellow discharge a month after; she had severe pain in the back, with but little sleep to time of admission.

On entry the os uteri was found dilated to the size of a shilling, thickened and soft. A polypus was felt within the organ as high up as could be reached, being about an inch and a half in diameter; it appeared to the eye through the speculum very dark red.

A few days after admission it was removed by the wire-rope écraseur; there was some little difficulty in passing the noose between the cervix and polypus, requiring some management. This being effected, the root was divided, without hæmorrhage at the time or after. It appeared attached to the upper part of the body of the uterus.

It was made up of connective tissue principally, with some fibre tissue; channels passed rather deeply into it. Its surface was red from injected blood-vessels, and this appearance extended about one sixteenth of an inch into its thickness; its interior was white and wavy, like that of a fibrous tumour. The channels as usual were lined with columnar epithelium.

No untoward symptom interfered with her recovery.

CASE 20.—H. W—, æt. 33, married; anæmic; menstruated regularly till a year before admission, since which she has had irregular and profuse losses of blood per vaginam. Three months before admission she, while lifting a heavy weight, found what she supposed to be her uterus nearly extruding, for which she wore a pessary. She has, since that, had an unpleasant vaginal discharge, mixed with blood.

On entry a pear-shaped polypus was found occupying the upper vagina, attached to the cervix just within the os. This was in a few days removed by wire-rope écraseur. It was two and a half inches long by one and three-quarters in diameter, of a fibro-cellular structure, very vascular.

There was no bleeding at the time nor after the removal, but she was obliged on account of her husband's death to go out before the parts were healed, and returned with cellulitis

and metritis. This, however, slowly subsided, and she left two months after with but little remains of her attack.

CASE 21.—J. R—, æt. 36, single. Had been up till two months before admission regularly menstruating, but rather in excess. Then, after much walking, she had violent pain in the back with much loss of blood; this went off in two days, when she again ran violently, and had return of pain and loss of blood. From this time she suffered from metrorrhagia, sometimes profusely. The cervix uteri was rather large, but the os uteri normal. Styptics were tried, without any advantage, and two weeks after entry a seaweed tent was introduced, but it slipped out twice without expanding the os. Tannic acid was introduced without much effect; but after about a week the os was noticed to be expanding to size of half-a-crown, and a polypus felt within; it was hard and firm, and its surface injected. It was removed by the wire-rope *écraseur*, a noose being passed between the cervix and polypus; no bleeding ensuing.

The polypus was in section perfectly white, and composed of fibrous tissue. After the operation the patient had some tenderness about the abdomen with constitutional disturbance, which, however, very soon went off, and she left quite well a month after.

CASE 22.—H. H—, æt. 48, single, very anæmic. About two years since her menses became profuse, her appetite failed, and debility ensued. For a year past she had had shooting pains in uterine region, latterly these had become less severe. There was a loud systolic bruit at base of heart.

A polypus was found in vagina, of the size of a small hen's egg, the pedicle of which passed through the dilated os some distance up. This was removed by wire-rope *écraseur*, the loop being drawn smaller when it reached the base, and carried upwards as far as possible within the cervix. Very little bleeding followed, and she went out free from uterine trouble.

CASE 23.—The polypus was of very large size, and two attempts at removal had been performed at another hospital. It

extended from the vulva nearly to the umbilicus, and weighed on removal two and a half pounds. Dr. Oldham employed my largest sized wire-rope *écraseur*, which was long enough to reach to its neck. It was delivered by the whalebone fillet.

She recovered without a single untoward symptom, and left in three weeks after the operation. (This was a case of Dr. Oldham's, and has been published in the 'Obst. Trans.')

CASE 24.—M. G—, *æt.* 58, married. Menses ceased four years before; nine months past she first noticed some hæmorrhage, which had continued more or less ever since.

A soft polypus, the size of a walnut, protruded through the *os uteri*; the finger could not reach the point of attachment.

She had no loss after its detachment which was done by wire-rope *écraseur*. It was the size of a pullet's egg, and consisted of fibro-cellular elements. She went out in a few days.

CASE 25.—F. J—, *æt.* 41. It is not stated whether hæmorrhage had occurred. There was a polypus of two and a half inches in diameter, with a small pedicle passing through the *os uteri*. This was severed by wire-rope *écraseur*; no bleeding or untoward symptom succeeding; she went out in fourteen days.

CASE 26.—M. A. M—, *æt.* 44, married, exceedingly pale and blanched. For sixteen months before admission had had severe metrorrhagia, which had much reduced her powers. Had pain in back; but no trouble in defæcation nor in micturition.

A large globular polypus protruded in part through the *os uteri*, about three inches in diameter. The *os uteri* could be reached only in front.

While she was waiting a few days for the removal, two very profuse arterial floodings came on.

It was removed by the wire-rope *écraseur*, which effected the severance readily, the pedicle being about two inches in diameter. No bleeding followed. Some watery discharge continued for a short time, and she went out much improved a month after.

The nucleus, which was very globular, was like a fibroid

tumour of the uterine walls, and the line of *écrasement* just avoided it.

CASE 27.—S. S—, *æt.* 48, married, very anæmic. Had for ten years had severe metrorrhagia. She was under my care four years before, but then there was no appearance of polypus, although one was suspected, but she refused to undergo exploration.

It appears that some months before admission she had lost a large amount of blood per vaginam, and she again called on me. I found a large polypus filling up the upper part of the vagina.

She was taken in and I removed it. This was effected by the wire-rope *écraseur*, the loop of which was passed up by two curved canulæ. These were attached to the loop by loops of single wire, which ran through them. The two canulæ were first introduced between the posterior wall of the vagina and the polypus, while the shank of the *écraseur* was pushed up in front. This carried the loop readily past the equator of the polypus. The rope was then tightened and properly fixed, and the severance accomplished without any hæmorrhage. The polypus was removed by the short forceps. She went on well till about a week after, when, after an action of the bowels, she was attacked with severe pain and tenderness in region of uterus, with much feverishness and vomiting. This continued for two days, when it began to subside, but it was a fortnight before she was able to move much in bed. She continued to improve and went out well.

There was a peculiarity in this case, in consequence of the rigidity of the vagina, which would not let the polypus descend; the uterus was thereby pushed aside by the polypus to the left side, where (somewhat enlarged) it remained till after the abstraction of the polypus. The attack which succeeded was probably local peritonitis, at least it was unattended with any swelling.

Upon examination of the uterus just before leaving, the os uteri was found normally contracted, but the uterus somewhat enlarged. The vagina had become of the same size throughout.

CASE 28.—Miss B—, *æt.* 54, had been suffering from

metrorrhagia for some months, her menses having continued regularly before that period. The hæmorrhage had prevented her moving about, and she was much reduced in power, and was anæmic.

I found a polypus about one inch in diameter proceeding from the os uteri.

Chloroform having been given, the pedicle was divided by the wire-rope *écraseur*, without any bleeding after. No unpleasant symptoms occurred, and she was soon about again.

The polypus was composed of ordinary fibroid tissue.

CASE 29.—Mrs. —, æt. 50, had been suffering from menorrhagia for some years, but latterly the loss had been severe and irregular, so as to render her anæmic.

There was a polypus three inches in diameter, pendulous from the upper part of the cervix. I passed the noose of the wire rope round the pedicle, and severed it without difficulty. No hæmorrhage nor subsequent untoward symptom appeared.

The polypus was of the ordinary fibrous kind.

CASE 30.—Mrs. N—, æt. 35, had had fœtid discharge for twelve months, with hæmorrhages.

I found a polypus as large as a hen's egg hanging from the interior of the cervix. It was readily secured by the wire-rope *écraseur*, and its pedicle, which was small, divided. No bleeding ensued.

The growth was of a fibrous character, but sloughing on its lower surface.

CASE 31.—Miss T—, æt. 60, in good health. Ten years before I saw her she had had a very violent flooding, which soon ceased; from that time to the present she had not the slightest discharge of any kind. Four days before I saw her she was taken with a very severe flooding, and this continued till my visit, whereby she was much reduced and blanched.

I found a large polypus distending the upper vagina, but as her exhaustion was very great, it was decided to postpone its removal for a few days, provided the bleeding could be controlled. Secale and iced alum injections were employed with advantage; and in a week I removed the polypus. She was

placed under chloroform. The hymen, which was very firm, was dilated first by the finger, then by the water elastic bags, till I was able to pass the loop of the wire-rope *écraseur* within the vagina, and over the neck of the polypus. The rigidity of the parts caused some difficulty, but it was soon divided, and removed by the *vulsellum* forceps. There was no bleeding after. The vagina was washed out three times a day with warm water, and she recovered from the local symptoms readily. However, a month after she was attacked with a swelling on the back of one leg, with redness, and subsequently suppuration to about half an ounce of pus. This curiously enough also attacked the other leg, in similar position. However, when these had discharged, she soon recovered, without further trouble.

The polypus was three inches in diameter, of the fibroid kind, very firm, and white; a few large vessels permeating the interior.

CASE 32.—Miss L—, *æt.* 30, had been suffering very severely with menorrhagia, and was quite anæmic. The uterus was retroverted and rather enlarged at the fundus. It was suspected a polypus was within. A laminaria tent was therefore passed.

Next day, on removing it, a polypus was found just within reach. A noose of wire-rope was passed obliquely within, and she was instructed to force down. This drove the growth into the loop, whereupon it was divided. No bleeding ensued, nor untoward symptoms. The menorrhagia was quite cured.

The polypus was of the ordinary fibroid character.

CASE 33.—Miss C—, *æt.* 53, had latterly been losing blood and other discharge, without pain.

A polypus, of the size of a pigeon's egg, was hanging from the cervix. This was secured by the wire-rope *écraseur*, and divided without bleeding or further trouble.

POLYPI, NATURE NOT MENTIONED.

CASE 34.—E. R—, *æt.* 51, single, had for eight years

previously had more or less leucorrhœa. For more than two years had had severe pain across the sacral region, and walking had produced much bearing down.

For the fortnight before admission had frequent sanguineous discharges from vagina.

Polypus springing from cervix, size of a marble.

It was removed by wire-rope *écraseur*, without hæmorrhage succeeding. She went out quite well.

CASE 35.—M. A. D—, *æt.* 45, married; anæmic; had had for two and a half years profuse menorrhagia and leucorrhœa.

A polypus, the size of which and its nature have been omitted in the report. It was probably of small size.

It was removed by wire-rope *écraseur*, without bleeding, and she went out shortly after.

CASE 36.—T. T—, *æt.* 34, married, had had fortnightly menstruation for some time. Three weeks before she came in had severe loss, since which time she has been losing more or less every day.

A polypus, size not mentioned, was found within the cervix. After a little management a loop of wire rope was passed round its base, and it was removed. No bleeding followed; and she went out well.

CASE 37.—J. H—, *æt.* 37, married, had leucorrhœa for some years, but menstruated normally till three months before admission, since then the menses have been irregular and profuse.

A small polypus was found attached to right side of os uteri. It was removed by wire-rope *écraseur*, without loss of blood, and she went out well in two weeks.

RECURRENT POLYPI.

CASE 38.—Mrs. E—, *æt.* 30, had suffered severely from constant hæmorrhages.

I found a polypus about two inches in diameter, distending the cervix. This I removed by the wire-rope *écraseur* without blood loss. She slowly recovered, having had no bleeding for nine months.

This polypus was very firm and cartilaginous. It was not microscopically examined.

Nine months after the operation she again experienced much blood loss, with leucorrhœa; and at the end of three months was much reduced and blanched.

I again found a polypus distending the cervix, and larger than the previous one. It was removed by the wire-rope *écraseur*, without any difficulty or bleeding. It was two and a half inches in diameter. There was a little constitutional disturbance after, but this subsided, and she recovered fairly from the hæmorrhage. I heard, however, that after some time the metrorrhagia returned.

CASE 39.—Mrs. E—, *æt.* 40, had had severe hæmorrhage for some time previously.

On examination an elongated polypus was found protruding through the cervix, and extending as high as could be reached up the cervix.

It was removed by the wire-rope *écraseur*, without much resistance, and without bleeding after. It was not of the ordinary ovoid shape, but cylindrical, and tapering to the end. It was not examined by the microscope. The irregular bleeding ceased for two years, when it again recommenced, and it was found that a polypus of similar shape was within the cervix. This was again removed in the same way; it was very soft, and vascular. Unfortunately neither specimen was examined microscopically.

CASE 40.—H. B—, *æt.* 39, married. Four years ago she began to suffer from a white discharge, which continued up to her admission. For three years she had had copious hæmorrhage about every six months, independent of menstruation, which has continued regular notwithstanding. She was not much blanched by it when she came in.

On examination the uterus was found retroflexed, but by passing the finger through the curved cervix to the fundus a soft, smooth globular body was felt, unattached, within reach. It bled freely when touched.

A conical bougie was passed through the cervix every day to dilate and straighten the cervix, for sea-tangle tents were

then not much used. After a few days the polypus was removed by the wire-rope *écraseur*. Some difficulty was found in getting the loop sufficiently round the base, in consequence of the great breadth of that part compared with the rest; but at last it was passed, and the growth severed. There was very little loss of blood then or after.

The growth was about one inch and a half in diameter, soft, and smooth, with an irregular outline. When cut it exuded clear serum. Microscopically observed, it was found to be composed of a small proportion of delicate areolar tissue; besides this, the growth was made up of round and oval non-nucleated cells, about the size of blood-corpuscles, quite colourless, containing granules only. They were not epithelial, nor typically cancerous; but I thought, at the time, that its appearance was suspicious of its being a variety of malignant disease. There was no bleeding after, and she recovered quickly.

I have seen this patient many times since this growth was removed, which was four years ago. She has had no return of the growth till lately, when she again presented herself, with a similar condition. She came into the hospital, and the polypus was removed after dilating the cervix by the laminaria tent.

On examining its structure, it was found to be composed of mucous membrane elements, having channels running in all directions, enlarged and dilated; between them was areolar tissue disposed in the usual manner, with some spindle-shaped fibre-cells in parts; included in some parts were globular cells, like large nuclei, similar to those of which the original polypus was composed. The whole was of a dark red colour, and numerous spaces existed filled with clotted blood, some of them of considerable size. The blood was effused in the meshes of the areolar tissue, and not into distinct cavities. There were blood-vessels of large size in the growth. No distinct typical malignant cell was to be found.

MALIGNANT POLYPOID GROWTHS.

CASE 41.—C. W—, *æt.* 30, married, had for twelve months before admission had leucorrhœa, with protracted metrorrhagia, and, at some time, very severe sudden floodings in

addition, whereby she had become weaker. She had suffered from much pain, except when the red discharge appeared.

On admission a mass was found at the upper part of the cervix, which appeared like a polypus, but was found attached to the posterior wall, the growth expanding both upwards and downwards, dilating the cervix as it grew.

It was not difficult to seize this with a loop of the wire rope, and to remove it. After which, anhydrous sulphate of zinc was applied. By a repetition of this, the growth was nearly destroyed, and the bleeding checked for a considerable time.

The growth possessed all the characters of epithelioma of the cauliflower type.

CASE 42.—Mrs. D—, æt. 50, nine months before I saw her had most violent floodings. Her medical man found a vascular growth, which he twisted off by forceps. The bleeding stopped for a time, but it returned, but not in so great quantity, though more constantly, with watery discharge at times. The uterus was rather enlarged posteriorly. I found a vascular readily bleeding growth springing from the inner part of the front wall of the cervix, which was taken off by a noose of wire, with considerable bleeding. It was found to be lobulated, and looked like epithelioma. Six months after this, the growth had returned, with base more extended, and having a more distinct aspect of malignant disease. Into this it ultimately merged, and she died two years after.

and likely, whereby she had become cancerous. She had suffered from much pain, except when the red discharge appeared. On admission, the growth at the apex of the ovary, which was fixed to the posterior wall, the growth expanding upwards and downwards, dilating the cervix. It was not difficult to size up with a view of the uterine cavity and to remove it. After which, antiseptic solution of zinc was applied. By a repetition of this, the growth was nearly destroyed, and the bleeding ceased for a considerable time. The growth possessed all the characters of epithelioma of the endometrium.

Case 10.—Mrs. B., aged 59 nine months before I saw her had most violent bleedings. Her medical man found a vascular growth, which he treated by surgery. The bleeding stopped for a time, but it returned, but not in so great quantity, though more constantly with watery discharge. The uterus was rather enlarged posteriorly. I found a vascular readily bleeding growth springing from the inner part of the front wall of the cervix, which was fixed to the bone of the uterus, and it was found to be lobulated, and looked like epithelioma. Six months after this, the growth had returned, but it was much smaller, and having a more lobulated appearance and great degree of fixation. It ultimately disappeared, and she died two years later of some other disease.