

**Further observations on the structure and treatment of uterine polypi / by Robert Lee.**

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Lee, Robert, 1793-1877.

**Publication/Creation**

London : printed by J.E. Adlard, 1861.

**Persistent URL**

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FURTHER OBSERVATIONS  
ON THE  
STRUCTURE AND TREATMENT  
OF  
UTERINE POLYPI.

BY  
ROBERT LEE, M.D., F.R.S.,  
OBSTETRIC PHYSICIAN TO ST. GEORGE'S HOSPITAL.

[*From Volume XLIV of the 'Medico-Chirurgical Transactions,'  
published by the Royal Medical and Chirurgical Society of  
London.*]

LONDON :  
PRINTED BY  
J. E. ADLARD, BARTHOLOMEW CLOSE.  

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1861.

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Received Feb. 14th.—Read March 26th, 1860.

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UNTIL a recent period, the anatomical structure of the different varieties of uterine polypi was very imperfectly understood; and at the present time uterine polypi continue to be confounded by many writers with the cancerous or malignant diseases of the uterus.

In 1696, Saviard examined the body of a woman who had died of uterine hæmorrhage in the Hôtel Dieu. He found a fleshy mass, as large as the heart of an ox, adhering to the fundus uteri, and filling its cavity. This tumour, which had a slender neck or root, was covered with a membrane which appeared to be an expansion of the lining membrane of the uterus. Four branches of arteries and veins were distributed to the tumour. The arteries were small, but the veins were as large as the crural veins; and when the tumour was laid open, a considerable cavity was found in its centre, extending from the apex to the base. The lower extremity of the tumour had a contused and gan-



greenous appearance, and Saviard believed that the hæmorrhage which had destroyed the patient proceeded from the veins.

He has offered no opinion respecting the origin and nature of this tumour, or attempted to explain how it came to be situated beneath the lining membrane of the uterus; and the state of morbid anatomy at the time he lived rendered it impossible for him to explain what he so accurately described. Saviard does not appear to have suspected that this tumour might have passed through the os uteri into the vagina, and become a polypus, similar to those described by Ambrose Paré, Bartholomy, Mauriceau, and subsequent writers.

A woman died at Orleans, in the year 1746, who had a tumour hanging from the vagina, which was supposed to be cancerous. Monsieur Levret examined this tumour after death, and found it similar in structure to the tumour described by Saviard. It contained arteries and veins, and was covered on the outer surface by an expansion of the membrane which lined the inner surface of the uterus. A great number of varicose veins were observed on its surface. On laying open the tumour, no other cavities were perceived in it, except those of some blood-vessels, the largest of which did not exceed the fourth of a line in diameter. In colour and consistence, the tumour resembled cow's udder boiled.

Fibrous tumours or fleshy tubercles of the uterus were first described by Dr. William Hunter, but it does not appear that he had observed any of these tumours which had passed through the os uteri into the vagina, and become what have usually been termed uterine polypi.

The similarity of structure between fibrous tumours of the uterus and uterine polypi appears first to have been pointed out by Dr. Baillie; and many eminent writers on the diseases of women have since referred to the statements of Dr. Baillie, and inferred that all the different varieties of uterine polypi are fibrous tumours, or, as they are now termed by some authors, "fibroids of the uterus."

"When cut into," says Dr. Baillie, "it shows precisely



the same structure as the tubercle of the uterus just described ; so that a person looking on a section of the one and the other, out of the body, could not distinguish between them. This sort of polypus varies very much in size, some not being larger than a walnut, and others being larger than a child's head. It adheres by a narrow portion or neck, which varies a great deal in its size and in its proportion to the body of the polypus. The largest polypus I ever saw was suspended by a neck hardly thicker than the thumb ; and I have seen a polypus, less than the first, adhering by a neck fully as thick as the wrist. . . . The place of adhesion also differs considerably. It is most commonly at the fundus uteri, but it may take place in any other part ; and I have seen a small polypus adhering just on the inner lip of the os uteri. When a polypus is of any considerable size, there is generally one only ; but I have occasionally seen on the inside of the uterus two or three small polypi, and in some instances several polypi have been known to grow from the uterus in succession.

“ Another sort of polypus,” continues Dr. Baillie, “ forms in the uterus, which consists of an irregular bloody substance, with a number of tattered processes hanging from it. This, when cut into, exhibits two different appearances of structure : the one appearance is that of a spongy mass, consisting of laminae, with small interstitial cavities between them ; the other is that of a very loose texture, consisting of large irregular cavities.”

It does not admit of a doubt that Dr. Baillie has here described, under the term polypus, two diseases essentially and widely different, and not admitting of the same treatment. The polypus first described was a simple fibrous tumour of the uterus, covered by the lining membrane and a layer more or less thick of the muscular coat ; but the second has all the characters of malignant or cancerous growths of the organ.

In a paper “ On Fibro-Calcareous Tumours and Polypi of the Uterus,” published in the nineteenth volume of the ‘ Medico-Chirurgical Transactions,’ I observed that,



“though the facts which have now been stated, clearly demonstrate that the greater number of uterine polypi are fibrous tumours which have been formed under the lining membrane and a stratum of muscular tissue, we are not entitled to conclude, as some have done, that these are the only tumours which make their way from the cavity of the uterus into the vagina, and which are not of a malignant nature. There is a tumour of the fundus or body of the uterus which grows occasionally from its mucous membrane, or is formed by a morbid change of the mucous membrane itself, which does not acquire a large size, but which seems to be analogous to the common polypus tumour which is formed in the cavities of the nose. It has a broad base and flattened form, and in some cases is largely supplied with blood-vessels.

“There is still another tumour,” I observed, “formed under the lining membrane of the uterus, whose structure is peculiar, and differs from any of the preceding. It consists of a congeries of small vesicles or cysts, filled with a clear or yellowish-coloured ropy fluid, which cysts are embedded in a soft fibrous substance formed under the lining membrane of the uterus. Five examples of this disease have come under my observation, and in all the tumour was situated under the lining membrane of the uterus, which was very thin and highly vascular.

“A fourth variety of tumour of the uterus, to which the term polypus has also been applied by writers, is produced by a morbid enlargement of the glandulæ or ovula Nabothi. One of these bodies is sometimes converted into a cyst as large as a walnut, or even a hen’s egg, and hangs by a slender peduncle from the cervix or lip of the os uteri. It is smooth and vascular, and contains in some instances a curdly or yellow-coloured, viscid fluid. The tumour produces great irritation, and gives rise to copious sanguineous discharges from the vagina.

“To these four distinct varieties of tumours of the uterus, none of which are malignant in their nature, and to which the term polypus has been applied, ought perhaps to



be added that variety of tumour of the uterus which consists of erectile tissue, or of cells and dilated arteries and veins."

In a supplement to this paper, published in the 'Medico-Chirurgical Transaction' in 1850, I described the manner in which the circulation of the blood is carried on throughout the substance of fibrous tumours of the uterus, and demonstrated that, like the walls of the uterus, they are everywhere pervaded by arteries and veins.

To illustrate the structure and varieties of uterine polypi, without a knowledge of which it appears impossible that their treatment can be conducted in a scientific manner, a series of preparations and drawings is now placed upon the table of the Society.

In the paper now referred to, I observed that "when any of these tumours pass through the os uteri into the vagina, they may be removed by the ligature or the knife. If the root is soft and slender, the tumour may easily be twisted off with the forceps. In the course of the last twenty years Dupuytren states that he has removed two hundred uterine polypi by excision. Hæmorrhage occurred twice in all the cases, and in both instances it was permanently arrested by the tampon. In eight or ten cases after the application of the ligature, death took place from the absorption of pus into the system. Where the root of the tumour is large and thick, I am of opinion that a ligature should previously be passed around it, at as great a distance as is compatible with the removal of the disease."

The histories of forty cases of polypus of the uterus are contained in my 'Clinical Reports of Ovarian and Uterine Diseases,' published in 1853. Respecting the results of the treatment adopted in these cases, a recent writer has made the following statement:

"That out of twenty cases of removal of fibrous polypus by ligature, recorded by a most strenuous defender of that operation—Dr. R. Lee—nine, or more than one in three, had a fatal result; a mortality more than double that of the operation of lithotomy, as high as that which occurs in



placenta prævia, and higher than the mortality from malignant cholera."<sup>1</sup>

The truthfulness of this statement will be speedily judged by those who will take the pains to read this communication attentively.

I have now the honour of presenting to the Royal Medical and Chirurgical Society a history of 105 cases of uterine polypi, reduced into a tabular form, in which the date, name, age, and social condition of the patients are recorded, and the symptoms, treatment, and result are given. All the cases of polypus of the uterus which have ever come under my observation, fortunate and unfortunate, are contained in this table.

In three of these 103 cases no operation was performed, and the result was not known. In two of the remaining 100 cases the polypi disappeared spontaneously, by some process the nature of which was not ascertained. One of these (No. 94) occurred in St. George's Hospital, and the polypus was not only felt partially protruding through the os uteri, but seen.

Of the ninety-eight cases which remained, five died before any attempt had been made to remove the polypi by ligature or by any other means. The first of these (No. 2) occurred in the Middlesex Hospital, and the nature of the disease was not ascertained until the body was examined after death. In the second (No. 4) the patient died in the Fever Hospital, without any operation having been performed. In the third (No. 5) the patient died, under the care of Dr. Sims, in St. Marylebone Infirmary, from uterine hæmorrhage and the usual symptoms of cancerous disease of the uterus. In the fifth (No. 85) I had resolved to apply a ligature around the root of the polypus; but the patient, who was under the care of Mr. Barnes, died before the operation was attempted. A preparation of the uterus, with the fibrous

<sup>1</sup> 'Lectures on the Diseases of Women,' by Charles West, M.D., &c., 1856, p. 324.



polypus adhering to the fundus, is now placed upon the table of the Society, with two correct drawings by Mr. Arthur Roberts, the present obstetric assistant at St. George's Hospital.

After deducting these ten cases there remain ninety-three, of which eight died, and eighty-five recovered.

By referring to the condensed history it will be seen that, in the first of these fatal cases (No. 7), the patient in the St. Marylebone Infirmary was moribund when Mr. Perry, with the sanction of Dr. Sims, applied the ligature around the root of the polypus, which hung externally, and that she died the same evening. The preparation, with a drawing which has been figured in the 'Medico-Chirurgical Transactions,' are now placed upon the table of the Society. I did not see the patient during life, and was not present at the post-mortem examination; but, nevertheless, this case is the first which has been adduced, by the writer above referred to, to support the conclusion "that, out of twenty cases of removal of fibrous polypus by ligature recorded by me, nine, or more than one in every three, died." The polypus is still seen hanging from the uterus, and has been laid open to show its structure, but has not yet been removed; and there is no visible mark on the root of the polypus of the ligature ever having been applied.

In the next fatal case the ligature was applied around the root of a large sloughing polypus, which was hanging externally.

In Case 11, Mr. Cæsar Hawkins endeavoured to bring down the tumour, which had only passed through the os uteri partially, with a pair of forceps into the vagina; but not succeeding in the attempt, operated, and the polypus was removed by the ligature. Death took place in this case from peritonitis.

In Case 16, the patient was under the care of Mr. Tatum in St. George's Hospital, and she died from peritonitis before the root of the polypus had been divided by the ligature. The preparation is now placed upon the table of the Society. I did not see this patient during life; but this is another of



the cases which have been adduced to prove that the mortality in my cases of uterine polypi has been "double that of lithotomy, as high as that which occurs in placenta prævia, and higher than the mortality from malignant cholera.

By an examination of this condensed history of 103 cases of uterine polypi it will be seen that, of the last fifty cases which have come under my own care, and in which the operation for the removal of the polypi has been performed by me, not one patient has died. The various methods of treatment, having been minutely described in the histories of the cases, do not require to be again detailed.

Being fully aware that the greater number of large uterine polypi are fibrous tumours covered with the lining membrane and a portion of the muscular coat, and that these polypi have large arteries and veins distributed throughout their substance, in operating upon them I have not ventured to drag them out of the vagina with forceps of any kind, and divide their roots with the knife. The ligature has usually been applied in such cases with the bent rod, and the sloughing polypus has been removed when the ligature was long in dividing the root. By this means all the evil consequences which could be produced by the vagina being long filled with a putrid mass have been completely avoided; and to this course I do think may be attributed, in a great degree, the uniform success of operations performed by me of late. Even when the polypi have been of comparatively small size, and the ligature has been applied with the double canula, I have not considered it safe to leave the ligature many days around the root of the polypus, when the circulation through the substance had been destroyed, and the mass of the tumour was in a sloughing condition. By twisting the canula firmly round, the ligature has frequently passed through the root, and the polypus has been removed several days before this would have happened if the ligature had been merely tightened. Even in cases where the root of the polypus has not yielded to this treatment, the ligature has been removed, and the dead

polypus has come away harmlessly after some days, tepid water having been freely injected into the vagina. In all cases it has appeared of the utmost consequence to watch the condition of the uterine organs and of the general system, as it has been clearly proved that inflammation is the most common cause of death after the application of a ligature around the peduncle of a polypus.



A Table of 103 Cases of Uterine Polypi.

No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
1	1827	Jane Kingston, St. George's Hospital	43	Single; one child	Health much impaired; skin of a sallow colour; constant pain and sense of heat in the region of the uterus; irritation about the neck of the bladder; constant yellow discharge from vagina, and occasional hæmorrhage during ten weeks. Catamenia regular until two years ago. Complains of strong pulsation about the umbilicus. Pulse 100; bowels costive; stomach weak; tongue coated; much thirst. Has been cupped on the loins, and used the warm bath, and first injections of oak bark. Venesection; blood buffed; pain in the uterus relieved. There is a polypus of considerable size dilating the os uteri; no attempt made to remove this.	Not known with certainty.
2	Dec. 21, 1829	— Middlesex Hospital, Dr. H. Ley	Middle	Married; not known if she had ever been pregnant. Had led an irregu- lar life, and there was a suspicion that some violence had been in- flicted upon her three nights before	Admitted into the Middlesex Hospital in an exhausted and almost insensible state, with a large globular-shaped tumour hanging by a thick root out of the vagina between the thighs. Three pints of urine in the bladder. The surface of the tumour partially covered with coagulated blood, and it was painful when touched. It was at first supposed to be the uterus inverted, and attempts were made without effect to reduce it. Afterwards, from a depression in the lower part of the tumour, it was supposed to be a case of prolapsus uteri, and leeches and fomentations were applied to facilitate its reduction within the pelvis; abdominal inflammation ensued, and she died on the 31st of December. Body examined on the 1st of January, 1830. The tumour, which still hung externally, was found to be a large polypus, attached by a thick root to the anterior part of the cervix uteri. The surface of the tumour was covered by a smooth membrane, reflected over it from the mucous membrane of the uterus, with which it was continuous. The uterus was dragged low down into the vagina, but its structure was healthy. The ovaria were enlarged and partially destroyed with inflammation.	Died; no attempt was made to re- move the poly- pus by an opera- tion during life.



3	Sep. 20, 1830	A patient of Dr. H. Ley	of Uncer- tain	Married	<p>Uterine hæmorrhage and irritation; loss of strength. A small, soft, flattened polypus, with a slender root, encircled by the os uteri. A ligature was easily applied with a double canula, by Dr. H. Ley, and the polypus came away two or three days after. It had a white fibrous structure, in all respects similar to the fibro-cartilaginous tumours of the uterus. This case strongly confirms the opinion that most uterine polypi are the fibro-cartilaginous tumours developed under the lining membrane of the os uteri.</p>	Recovered.
4	Feb. 3, 1830	London Fever Hospital	—	Not known	<p>The late Mr. John Wood presented to me the uterus and appendages of a woman who had died in the Fever Hospital. A tumour about the size of a large walnut, tense and smooth, and covered with the lining membrane of the cervix uteri, was hanging in the upper part of the vagina. Its neck was soft and slender, and passed into the cavity of the uterus. On cutting into this small polypus, it was found to be a cyst filled with a thick, yellowish curdly matter. Two small tumours of the same nature were seen adhering to the inner part of the cervix by soft slender roots. The existence of these tumours was not known during life. They have been accurately delineated in the 19th vol. of the 'Medico-Chirurgical Transactions.' Two enlarged glandulæ Nabothi in the cervix.</p>	Died from typhus fever.
5	Feb. 6, 1832	A patient, un- der the care of Dr. Sims, St. Maryle- bone Infir- mary	44	—	<p>Died in the St. Marylebone Infirmary with uterine hæmorrhage, and the usual symptoms of cancerous disease of the uterus, under the care of Dr. Sims. From the inner surface of the fundus uteri there hung by a soft slender root a tumour of a pyriform shape, the greater part of which had passed through the os uteri and filled the upper part of the vagina. The tumour was covered by a thick membrane continued from the lining membrane of the uterus. A dense fibro-cartilaginous tumour formed the centre of the polypus; the membrane covering the stalk was perfectly smooth, but that portion covering the most depending part of the polypus was soft, and partially destroyed by ulceration and sloughing. A fibrous tumour, an inch in diameter, was imbedded in the muscular tissue of the uterus, near the root of the tumour, filling the vagina, which it strongly compressed; there was another under the membrane of the fundus. When the uterus was laid open, its cavity contained a considerable quantity of coagulated blood. See a delineation of the preparation in Plate VIII, figure 1, in my 'Pathology of the Uterus.' So completely did this polypus fill the upper part of the vagina, that the os uteri could not be touched.</p>	Died without any operation having been attempted to be performed.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
6	Aug. 18, 1832	— St. Marylebone Infirmary, Mr. Hutchinson and Dr. Hope	59	—	<p>Had suffered upwards of two years from frequent attacks of uterine hæmorrhage, and in the intervals from a fetid, serous, and purulent discharge. Countenance sallow and pallid, and strength greatly reduced. A tumour, covered with a smooth membrane, and having a slender pedicle, surrounded by the os uteri, filled the vagina; the anterior lip of the os uteri was hard and irregular, as if ulcerated, and the posterior thick and projecting. A ligature was applied by me, with a double canula, around the root of the polypus. On tightening the ligature a considerable discharge of blood took place from the vagina the day after; the catheter was required the two following days after, when the ligature came away with the polypus. The patient recovered in the most satisfactory manner from the operation; but symptoms of disease of the heart appeared not long after. The polypus was covered with a smooth membrane; under this membrane in different parts were small quantities of extravasated blood. The polypus was sent to Dr. Hope.</p>	Recovered.
7	Nov. 26, 1833	A patient in the St. Maryle- bone Infir- mary, under the care of Dr. Sims and Mr. Perry	47	—	<p>A woman, supposed to be labouring under ascites, and much exhausted by hæmorrhage from the uterus, was brought into the St. Marylebone Infirmary. A few days after her admission it was ascertained by Dr. Sims and Mr. Perry, under whose care she was placed, that there was a globular-shaped tumour, larger than the foetal head at the end of the ninth month, hanging out of the vagina. The tumour resembled at first a prolapsed uterus; but when the finger was passed into the vagina, it was found to be connected with the anterior lip of the uterus by a short root of considerable thickness. The surface of the tumour was of a dark livid colour, and had a sloughing gangrenous appearance in several parts. The woman was so enfeebled in body and mind, that she could not communicate a distinct account of her complaints, and the precise period when the tumour appeared externally could not be ascertained. She stated that she had suffered for several years from profuse discharges of</p>	Died.



blood from the vagina, and that at different periods a tumour had protruded, which she had always succeeded in returning within the parts by pressure. Dr. Sims and Mr. Perry being of opinion that the removal of the tumour by the ligature afforded her the only chance of relief, Mr. Perry immediately performed the operation with the double canula. She suffered little pain after the ligature was tightened. Twenty-five minims of laudanum were given, and she appeared to be going on well till the evening, when she began to sink, and died in less than twenty-four hours from the time when the ligature was applied. A large cyst, containing several pints of fluid, was found adhering to the left ovarium; there were several small cysts in the right ovarium. The uterus and vagina were healthy. To the anterior part of the cervix a large hard tumour, flattened on the anterior and posterior surfaces, was found attached by a thick, short peduncle, in which was a slight depression from the ligature. The tumour was invested by a membrane, which was continued from the lining membrane of the uterus. A yellowish-coloured exudation of lymph, which readily peeled off in flakes, partially coated the surface of the tumour; and when pressure was made, blood oozed out from numerous small openings. The root of the tumour was half an inch in length and one inch in diameter, extremely dense, and of a red fleshy appearance, like the muscular coat of the gravid uterus. Numerous large blood-vessels, resembling the sinuses of the gravid uterus, filled with coagula, were seen in the peduncle and in a considerable part of the substance of the tumour. The tumour, when first laid open, had a dark livid colour, like serous blood. Its structure was not uniform. In the most depending part of the tumour was a mass which had the appearance of a common fibrous tumour of the uterus. The root and a great portion of the tumour surrounding the firm nodule had a different structure; they resembled the muscular coat of the uterus, and to all appearance were formed by a continuation of this tissue. Numerous large vessels, resembling the sinuses of the gravid uterus, also traversed this portion of the tumour, as well as its root. The preparation has been delineated in the 19th vol. of the 'Medico-Chirurgical Transactions.'



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
8	Dec. 4, 1833	— St. Marylebone Infirmary	—	—	<p>Mr. Perry sent me a polypus of the uterus, which he had removed by excision from the os uteri. Its shape and size resembled the human ovum at the end of the second month. It was covered by a membrane of a deep red colour, which was thin in some parts and in others thick and soft. When cut into, the polypus had a fibrous appearance, was of a bluish colour, and in one part of it there was a solid coagulum of blood. Its interior did not present the appearance of the common fibrous tumour; it was soft and fibrous, and had the appearance of a solid, bluish, gelatinous matter. Dr. Sims was of opinion that it was not a fibrous tumour of the uterus.</p>	Recovered.
9	July 31, 1834	— under the care of Mr. Balder- son	35	Single	<p>Menorrhagia during two years, and habitual leucorrhœa with great irritation of the uterus. There was a red, soft, irregular-shaped, flattened tumour, the size of a large fig, hanging out of the vagina by a long slender peduncle, which was attached to the posterior part of the cervix uteri. A distinct pulsation was felt in the root of the tumour, the surface of which was covered with a fine membrane, under which were seen numerous large veins. The polypus was not unlike a portion of placenta or the uterine surface. A strong silk ligature was passed twice firmly around the root of the polypus with the double canula, and the tumour was cut off with the scapula; no hæmorrhage followed, and in three days the ligature fell off. Numerous orifices of blood-vessels were seen in the root of the tumour after its excision, from which blood escaped freely on pressing the tumour. The polypus, when laid open, presented the appearance of the corpus cavernosum.</p>	Recovered.
10	June 10, 1836	E. Porter, un- der the care of Dr. Seymour & Mr. Cutler, St. George's Hospital	22	Single	<p>Pale, sallow complexion; dyspepsia; pain in the spine; constant discharge of blood from the vagina. A tumour, the size of a small hen's egg, was found growing from the left side of the orifice of the uterus. Os uteri healthy.</p> <p>10th.—Examined with the speculum along with Mr. Cutler, who is to remove the tumour in a few days, I saw the surface of the tumour very clearly. It was covered with a vascular membrane, through which could be seen a number of vesicles or cysts, filled with a clear fluid. It is obviously the same disease as</p>	Recovered.



11	Nov. 19, 1836	— Mr. Cæsar Hawkins, St. George's Hos- pital	46	Married; two children	<p>that of which I have a drawing and preparation, and which I have called the cystic tumour of the uterus. 16th.—Mr. Cutler applied a ligature around the neck of the tumour, and having drawn it down through the external parts, cut the root with a pair of curved scissors. No hæmorrhage followed.</p> <p>Excessive menorrhagia. A tumour, firm, hard, and smooth, felt hanging by a thick root, partially through the os uteri into the vagina; the peduncle was completely encircled by the os uteri. Through the speculum, the surface of the tumour was seen covered with a fine, smooth membrane. Mr. Hawkins endeavoured to bring down the tumour out of the vagina with a pair of forceps with sharp hooks at the extremity of each blade; but the instrument tore the tumour, though used in the most cautious manner, but by no efforts could it be brought down sufficiently low to reach the root, so as to divide it safely with the hand or scissors, the root of the tumour being very thick and short. A ligature was then applied around the tumour with the double canula. The ligature was tightened daily. On the 27th, the ligature and tumour came away; but the patient subsequently died from extensive peritonitis. A portion of the tumour only had come away, the remainder being intimately connected with the walls of the uterus.</p>	Died from peritonitis.
12	August 1, 1837	F. Holmes, 1, Providence Court, Gros- venor Square	50	Married; one child twenty- six years be- fore	<p>The catamenia had ceased seven years. The uterus was completely prolapsed; and a small smooth polypus was seen growing from the cervix uteri. There were no blood-vessels visible upon its most dependent part, but there were some upon its pedicle. The polypus was easily removed, but by what means is not stated in my journal. The prolapsus of the uterus was reduced, and the patient recovered completely.</p>	Recovered.
13	July 3, 1838	Mrs. S—, Ogle Mews, Dr. Walker	38	Married, and has had chil- dren	<p>At Christmas supposed she was five months pregnant, seized with uterine hæmorrhage, and pains like those of labour, a few days before I saw her. Before this time, she had suffered from nausea and pain of the abdomen, accompanied with great debility. The whole vagina was filled with a smooth pyriform tumour, the size of a large hen's egg, the root of which was completely surrounded by the os uteri, which was in a healthy condition. The finger could be passed some distance within the os uteri, so as to feel the peduncle of the polypus all round, and which was very thick. There was reason to believe that the tumour was growing from the fundus uteri. A strong ligature was applied by me with a double canula, and it was firmly tightened twice daily and in a few days the ligature and the polypus in a decomposed state came away, and the patient recovered most favorably.</p>	Recovered.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
14	Sept. 14, 1839	Mrs. —, Ken- sington, with Mr. R. Brown	70	Married; chil- dren	<p>Hæmorrhage from the uterus. Eight years before, was reported to have a small polypus of the uterus removed by ligature. Os uteri close to orifice of the vagina; the anterior lip elongated, and projecting an inch and a half beyond the posterior, which led the medical attendant to suppose that there was another polypus. Dr. — was called to see the patient, when I refused to apply a ligature around the elongated anterior lip. He seized the lip with a pair of forceps, drew it completely out of the vagina, and cut it away with a pair of scizzors. No harm followed.</p>	Recovered.
15	Sept. 9, 1840	— Saint Maryle- bone Infir- mary, with Mr. Stafford.	50	—	<p>Long suffered from uterine hæmorrhage and constant discharge in the intervals, and sense of bearing down. There was a polypus in the vagina, of large size, covered with a smooth membrane. Tumour so large that the os uteri could not be felt. An unsuccessful attempt was made to apply a ligature around the polypus with a double canula. An attempt was then made to drag the polypus out of the vagina with a pair of forceps having sharp hooks; this was equally unsuccessful, and was followed by great hæmorrhage, the polypus having been extensively torn. After several trials with a bent rod, a strong whipcord was passed around the polypus, at what distance from the os uteri it was not possible to determine; on the 17th the ligature and canula came away. The polypus, in a half-putrid state, was afterwards with some difficulty drawn out of the vagina with a sharp hook and a pair of lithotomy forceps. The discharge gradually ceased, and some years after I saw the patient in a state of perfect health.</p>	Recovered.
16	March 3, 1841	— St. George's Hospital	47	—	<p>Was admitted into St. George's Hospital with a polypus in the vagina, the size of a large orange, growing from the anterior part of the cervix and os uteri by a peduncle of considerable thickness. Mr. Tatum applied a ligature, with difficulty, around its root with the double canula. On the 2nd March, the discharge was extremely fetid, the pulse was rapid, the breathing laborious, and there was urgent sickness. The ligature, on being tightened, broke, and a fresh ligature was applied by the house-surgeon. Death took place in this</p>	Died from peri- tonitis.



17	March, 1841	A lady, under the care of Dr. Scott	70	Married	<p>case with the ligature still around the root of the polypus. The preparation of the parts will be placed on the table of the Society, with a drawing.</p> <p>Uneasiness about the sacrum for some time, and irritation about the neck of the bladder and thighs; a coloured discharge from the vagina. There were two small polypi hanging through the os uteri, which was high up. Vagina contracted. The largest polypus was a fibro-cellular tumour, which was easily twisted off with the forceps. The root of the former was so firm that it was destroyed with great difficulty. No hæmorrhage or unfavorable symptom followed.</p> <p>There was prolapsus uteri, and a small polypus hanging from the orifice. The os uteri was near the ostium vaginae, and a small polypus was seen growing from the inner surface of the anterior lip; it had a thick root. Dr. Scott applied a ligature around the root, and on the second day cut off the tumour, and the patient recovered favorably.</p>	Recovered.
18	April 27, 1841	A lady, under the care of Dr. Scott	50	Married	<p>During two years irregular sanguineous discharges from the vagina, with pain in the region of the uterus; feet and ankles swollen; sickness of stomach; general debility; distension of the abdomen. A polypus, like a small pear, with a smooth, slender neck, encircled by the os uteri in the vagina. Mr. Keate applied a ligature with the double canula, and in a few days the polypus and ligature came away, and the patient soon left the hospital, restored to health.</p>	Recovered.
19	Aug. 31 1841	E. F—, St. George's Hospital	49	Married; one child twenty-five years before	<p>Had long suffered from profuse discharges of blood from the vagina. Suggested by her medical attendant to have prolapsus uteri. There was a large fibrous polypus, in a half-decomposed condition, hanging out of the vagina. Extreme œdem of the discharge; external parts inflamed and excoriated. On the 16th I applied a strong ligature around its root, and cut away the sloughing mass. No hæmorrhage followed. On the 17th there was a severe rigor. On the 18th, the pulse rapid, the tongue furred, and there was drowsiness. On the 21st the ligature had come away, the offensive discharge had nearly ceased, and there was every prospect of a rapid recovery. In a few days, sore throat came on, with aphthæ over the whole inner surface of the mouth. The symptoms gradually became more unfavorable, and she died ten days after, with constant vomiting and other symptoms which are usually believed to arise from the introduction of some poison into the system.</p>	Recovered.
20	March 16, 1842	—	60	Married; sterile	<p>Had long suffered from profuse discharges of blood from the vagina. Suggested by her medical attendant to have prolapsus uteri. There was a large fibrous polypus, in a half-decomposed condition, hanging out of the vagina. Extreme œdem of the discharge; external parts inflamed and excoriated. On the 16th I applied a strong ligature around its root, and cut away the sloughing mass. No hæmorrhage followed. On the 17th there was a severe rigor. On the 18th, the pulse rapid, the tongue furred, and there was drowsiness. On the 21st the ligature had come away, the offensive discharge had nearly ceased, and there was every prospect of a rapid recovery. In a few days, sore throat came on, with aphthæ over the whole inner surface of the mouth. The symptoms gradually became more unfavorable, and she died ten days after, with constant vomiting and other symptoms which are usually believed to arise from the introduction of some poison into the system.</p>	Died.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
21	April 16, 1842	A lady, with Mr. Cathrow	50	Married; no children	Had suffered long from pain in the back, and hæmorrhage between the monthly periods. Mr. Cathrow had ascertained that there was a polypus of the uterus, not larger than a walnut, soft and smooth, with a slender neck, surrounded by the os uteri, which was thick and hard. On the 19th, I passed up two fingers of the left hand to the polypus, and sliding the forceps along the groove formed by these, seized and tore it away. A portion of the root was left behind; and to remove this, it was necessary to re-introduce the forceps, and some difficulty was experienced in getting the root perfectly extirpated.	Recovered.
22	May 29, 1842	— With Dr. Wil- liam Jones	42	Married; sev- eral children	Had for a considerable period been suffering from irregular sanguineous and serous discharges from the uterus, with uneasiness within the pelvis, and great nervous disturbance. Supposed to be pregnant, and that a miscarriage was about to take place. To promote this, ergot and emetics had been administered. On the 22d of June, Dr. Jones was permitted to make an examination, and he detected a polypus, the size of a small pea, with a slender neck. A ligature was easily applied with a double canula. In a few days the polypus came away, and the patient recovered most satisfactorily.	Recovered.
23	1843	Mrs. F—	28	Married	Had suffered some time from repeated discharges of blood from the uterus. Complexion dusky. A large, fibrous polypus in the vagina, softer in some parts than in others, and covered with a smooth membrane. The os uteri was felt around its root at the fore part, but not behind. The ligature was applied without any difficulty, and tightened twice daily, and the ligature and polypus soon came away. Recovery perfect. A fibrous tumour formed the central part of the polypus.	Recovered.
24	May 1, 1843	Mrs. C—. Mr. Cocke	30	Married; chil- dren	Delivered about two weeks before of her second child. During her pregnancy the left side of the abdomen had been unusually large and painful. A	Recovered with- out an opera-



<p>25 Nov. 17, 1845</p>	<p>Mrs. —, Wimbleton. Mr. Fane</p>	<p>56</p>	<p>Married; several children</p>	<p>Violent uterine hæmorrhage five weeks before. It had been ascertained before I saw the patient that there was a large polypus in the vagina, with a very thick and short root. I found a fibrous polypus, hard, smooth, covered with a fine membrane, not very vascular, the size of a large apple, the root thick. On the fore part, and all around the right side, the os uteri felt adhering to it. There was no difficulty in passing the finger between the root of the tumour and inner surface of the tumour, and all round the left side, but on the right and in front the os uteri adhered to the tumour; it could be felt passing into its substance, and a ligature could not be applied around the root of the tumour, without including a portion of the os and cervix uteri. It was recommended that the hæmorrhage should be checked by proper remedies, and that no operation should be attempted until the tumour had descended lower into the vagina. The tumour did descend considerably, but not sufficiently low to allow of a ligature being applied with safety. The hæmorrhage ceased, and the patient continued to enjoy tolerable health till 1848, when hæmorrhage occurred, and she died suddenly. I had not enjoyed an opportunity of examining the state of the tumour for a considerable period before her decease took place, and there was no post-mortem inspection.</p>	<p>week after her confinement had pains like those of labour, without any hæmorrhage. Mr. Cooke examined and found a mass not unlike the placenta, not only filling the vagina, but hanging out of the external parts. This presented all the appearances of a vascular fibrous tumour. The whole upper part of the vagina was filled with an irregular, ragged mass, the root of which I felt adhering to the os uteri. No hæmorrhage followed, and she gradually regained her health. At the end of May, 1847, she was delivered of her third child. Some weeks after an examination was made, and a large, soft tumour was felt partially dilating the orifice of the uterus, and apparently filling its cavity. I recommended that no attempt should be made to remove this tumour until it had passed through the os uteri. This advice was not followed, and the patient died some time after, but whether from an operation performed by a practitioner, or disease, I never could ascertain with certainty, the circumstances having been successfully concealed.</p>	<p>tion. Subsequently died.</p>
				<p>Died; no operation attempted.</p>		



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
26	June 27, 1847	Mrs. —. Dr. Grant, Mr. Hills, Rich- mond	45	Married	<p>Dr. Grant, the same morning I first saw the patient, "found a large tumour filling up the os uteri, which was much dilated;" the fundus uteri I felt above the brim of the pelvis; the os uteri in a sound state; the neck obstructed by a solid elastic tumour, nearly as large as a cricket-ball, distending the cavity. The surface of the tumour was rough and irregular. This patient had suffered several years from a sense of bearing down, and pain during menstruation; and there had been a serous discharge tinged with blood, but little hæmorrhage. It was resolved to palliate the symptoms as far as possible till the tumour had descended, and the back part at least had passed through the os uteri. It was not considered justifiable to attempt to seize this tumour with sharp forceps, and drag it through the os uteri and vagina, and invert the uterus that the root might be brought into view and divided with the knife. After the lapse of many months, the greater part of the tumour, but not the whole, having passed through the os uteri, and the finger could be passed all round the root, which was thick and short and dense, I resolved to pass a ligature around it. On the 27th of June, 1846, I succeeded with difficulty in applying a strong ligature around the root, which was entirely within the os uteri. Every day the ligature was tightened twice with great force, and the tumour soon began to show signs of decomposition; but nine days passed away, and the division of the root by the ligature had not been effected. The discharge being very profuse and most offensive, I seized the putrid mass in the vagina with a pair of strong forceps, drew it forward, and cut its root across. No hæmorrhage followed. All the symptoms disappeared; but the patient, some months after, began to suffer from violent neuralgic attacks on the left side of the pelvis and left lower extremity, for which large doses of morphine were required. This led to the habitual use of narcotics, which soon deeply injured her health and shortened life.</p>	Recovered.
27	July 9, 1846	— With Mr. Price,	Middle	Single	<p>I applied a strong ligature around the root of a polypus of the uterus, which was hanging low in the vagina. The patient had repeatedly suffered from</p>	Recovered.



28	of Stamford Hill	—	Married	<p>attacks of uterine hæmorrhage. With a pair of forceps, Mr. Price drew the tumour as far as possible out at the vagina, and I divided the root with the scapula, leaving the ligature nearer the uterus. When cut into, the polypus presented the appearance of a tube lined with a smooth membrane. The ligature came away in a few days, and the patient recovered perfectly.</p> <p>This patient had a fibrous polypus, the size of a large pear, with a thick root, encircled by the os uteri. A ligature was easily applied with the double canula, and the polypus came away in five days after, in a state of slight decomposition. On the 28th, there were symptoms of inflammation on the left side of the uterus, and tenderness along the crural vessels. The whole left lower extremity became swollen, as in cases of common crural phlebitis in the puerperal state; and the disease, after running the usual course in a mild form, terminated favorably.</p> <p>Mr. Jones requested me to see a lady from whom he had removed, some time before, a small polypus of the uterus. For a considerable period, the sanguineous and serous discharges and uncomfortable feelings about the uterus had disappeared. Having returned, I was requested to see the case with him. The finger readily detected a small soft polypus protruding between the lips of the os uteri. Through the speculum were seen a small, red, vascular tumour, like the common vascular tumour of the meatus urinarius, which was readily seized with the forceps and twisted off.</p>	Recovered.
29	A lady, under the care of Mr. Jones	—	Married	<p>place five weeks ago, without any external cause. Since that time there has been more or less a sanguineous discharge from the uterus, without pain or sensation of bearing down; no enlargement of the abdomen. I found the uterus slightly enlarged, the orifice open, so as to admit the points of two fingers; the margin smooth, thin, soft. No tendency to cancerous disease. Immediately within the orifice a tumour was felt, the size of the smallest apple, hard, not perfectly equal, several knots projecting from it; the finger could be passed around this, within the os and cervix uteri, to which it did not adhere; the root could not be felt. This tumour was covered with a membrane. It was recommended to make no attempt to remove this tumour until it had passed through the os uteri, and then a ligature to be applied. I heard nothing further of this patient till February, 1850, when I was informed that the symptoms had gradually disappeared, that the health was restored, and that the tumour had receded within the uterus, and finally disappeared.</p>	Recovered.
30	Mrs. R—	40	Married; one child	<p>could be passed around this, within the os and cervix uteri, to which it did not adhere; the root could not be felt. This tumour was covered with a membrane. It was recommended to make no attempt to remove this tumour until it had passed through the os uteri, and then a ligature to be applied. I heard nothing further of this patient till February, 1850, when I was informed that the symptoms had gradually disappeared, that the health was restored, and that the tumour had receded within the uterus, and finally disappeared.</p>	Recovered.

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No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
31	Jan. 12, 1849	Miss B—	45	—	<p>Has been afflicted with headache, indigestion, and leucorrhœa for many years, pain in the lower part of the abdomen, and sense of bearing down; catamenia regular, but painful. No suspicion was entertained by her medical attendant that any organic disease of the uterus existed. There was found, on examination, in the upper part of the vagina a soft polypus, with an unequal surface and narrow neck, surrounded by the os uteri. On the 24th of January, a ligature was readily passed around the root of the polypus, and it came away on the 26th.</p>	Recovered.
32	— 1850	Miss B—	46	—	<p>About a year after the removal of the polypus in the last case, the symptoms returned, and another polypus was found in the upper part of the vagina, which was at once twisted off by the root with the forceps.</p>	Recovered.
33	March 8, 1849	Mrs. W—	Middle	Married; sterile	<p>Catamenia always regular, but she has suffered from leucorrhœa in the intervals, with a feeling of great fulness about the pelvis, pains in the sacrum, and a dead sensation of sinking about the chest. The nervous system a good deal deranged. There is a small polypus hanging through the os uteri into the vagina; this was readily laid hold of with the forceps and twisted off. The symptoms were relieved to a certain extent only, and the sterility has continued.</p>	Recovered.
34	April 1, 1849	Mrs. M—	47	Married; several children	<p>The late Dr. Moore requested me to see a lady in consultation with him. She had suffered long and severely from irregular discharges of blood from the uterus; but Dr. Moore had not been in attendance till a few days before, when he insisted on being allowed to ascertain the condition of the uterus, and discovered that there was a large polypus in the vagina. He applied, with some difficulty, a strong silk ligature around the root of the tumour, which was neither very thick nor short. On the 6th of April the ligature broke, and came away without the polypus, which was in a flaccid and putrid state. In the evening, the polypus was drawn through the orifice of the vagina with the fingers, and on being slightly twisted the root gave way. On the 7th of April, without any hæmorrhage or cause to account for the unfavorable change,</p>	Died.



35	July 27, 1849	Mrs. L—, Mr. London	35	Married; two children; widow	<p>difficulty of breathing and sudden sinking took place, and she died in a few hours.</p> <p>Has suffered some time from indigestion, palpitation of the heart, and general debility, without any obvious cause. The catamenia had been irregular for a considerable period, and twice a great discharge of blood had taken place from the uterus, with severe dragging pain about the sacrum. There was a red vascular polypus, the size of a common hazel-nut, seen hanging through the os uteri by a slender neck. The lips of the os uteri were not ulcerated. The information gained by the use of the speculum in this case was, that the polypus was red and vascular. How the polypus was got rid of is not stated in my journal.</p>	Recovered.
36	Aug. 25, 1849	Mrs. C—	38	Married; five children, the youngest four years old	<p>Ever since there has been more or less red-coloured discharge, with violent pain in the right shoulder and in the right hip, and sense of weight in the region of the uterus; dyspnoea and palpitation of the heart. There is a polypus of moderate size, with a slender neck, hanging through the os uteri, in the most favorable state for the ligature. On the 28th the operation was performed with great ease; and on the 1st of September I received a letter from her medical attendant in the country, to say that the polypus, about the size of a large pigeon's egg, had come away, and that the patient was going on very well.</p>	Recovered.
37	June 28, 1850	Mrs. C—, With Mr. Hare and Mr. Mis- kin	48	—	<p>Has been indisposed for three years, and has had occasionally hæmorrhage from the uterus, pain, and bearing down. Was seen by Dr. —, who said there was thickening of the right side of the uterus, which he compared to an apple cut in two, and which he thought in time might require to be removed. During the last two years, another experienced physician has seen this patient occasionally, and he has made an unsuccessful attempt with the double canula to apply a ligature around the root of the large tumour in the vagina. This tumour now occupies the whole of the upper part of the vagina; the root is extremely thick, and, except on the right side, is surrounded by the os uteri. With the speculum, I saw a portion of the membrane covering the tumour near its apex, which had an ash-gray colour, and was in a sloughing state. There was a granulating ulcer at the margin of this slough. The membrane covering the remainder of the most depending part of the tumour was red and smooth.</p>	Died.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
38	March 5, 1849	Mrs. Wey- mouth	About 36	Married; ste- rile	<p>On the 30th, I made an attempt to include within a strong ligature the root of this tumour, but did not succeed, in consequence of a part of the os and cervix uteri adhering closely to the root of the tumour—a circumstance which had escaped my observation before proceeding to the operation. On the 28th of July it was obvious the patient would soon sink, from the irritation and discharge, if the tumour could not be removed. With the bent rod I succeeded in passing a strong whipcord around the tumour, but experienced great difficulty in doing so in consequence of there being no peduncle on the right side. Great care was taken to avoid including any part of the os uteri. On the 29th the discharge had ceased, and the patient was in a satisfactory condition. During the succeeding nine or ten days, the ligature was twice every day forcibly tightened; the tumour became absolutely gangrenous, yet the ligature had not divided its roots. I laid hold of the putrid, sloughing mass with a pair of forceps, dragged it out of the vagina, and with a bistoury divided its root. No bleeding took place, and for a time it was hoped the patient would recover. But the weather being extremely sultry, diarrhœa took place, and she gradually sank.</p> <p>Constant discharge, with great sense of fulness and pain in the back and spine and about the sacrum, and a dead sensation of sinking about the chest. Emaciation; no swelling about the feet or ankles. Catamenia regular; constant leucorrhœa; nervous system much shaken. I examined, and found a small polypus hanging through the os uterus. The next day it was easily removed with the forceps; but the symptoms were only partially relieved, and she has continued sterile.</p>	Recovered.
39	— About 1849	Case in West- minster, with Mr. Randolph and Mr. Lavies	—	Single	<p>With Mr. Randolph and Mr. Lavies, I saw a case in which the tumour in the vagina was as large as a child's head, and the os uteri could not be reached with the finger. I included, by means of the bent rod, in a strong ligature the greater part of this tumour, when in a black putrid state it was drawn out of the vagina and divided. A profuse and dangerous hæmorrhage</p>	Recovered.



immediately took place, the second ligature applied having slipped off, though immediately before strongly tightened. Sponge and lint were introduced into the vagina, and firmly kept in; and by this and the application of cold, and other means employed, the bleeding ceased. The patient recovered perfectly; but the following year it was found that the vagina was again filled with an enormous tumour. I did not again see the patient, and I believe no operation was attempted. The case proved fatal, and the uterus after death was sent to St. George's Hospital, for my examination. The tumour had formed an extensive adhesion with the vagina. The root of the mass was slender, and sprung from the os uteri, and might easily have been tied with a ligature; but the adhesion between the tumour and vagina must have rendered this impossible. Unfortunately, the notes of this case, and the preparation, have not been preserved; but the facts were exactly as here stated, though the last fact was omitted in the history previously given.

I saw a case of large polypus of the uterus, with Mr. Sheel, of Norwood, and to him I am indebted for the following faithful report:—Mrs. B— was much blanched from having had frequent hæmorrhage from the uterus, with constant pain and dragging sensations in the loins and hips. She has been recently married a second time. Her first marriage was followed by the birth of two children, at intervals of two years; she was about thirty years of age. On examination, I found the vagina filled with a large fibrous tumour, the root of which I could not reach; but the edges of the os uteri were traceable round the mass as it protruded from that organ. Dr. Lee was requested to tie the polypus; and after considerable labour and perseverance, he was enabled to pass a strong ligature round the mass, as high up as it could be reached, and in the course of ten days a large putrid mass was brought away; the passage at the upper part was still filled with the remainder of the tumour, the ligature having detached only half the mass. After a time the remainder might perhaps have been successfully removed with the ligature; but the patient was attacked with shivering, followed by urgent and continued vomiting, great pain in the head on the left side, which continued for some days. Coma gradually supervened, and she gradually sank. The post-mortem examination proved the existence of a large mass still existing in the

Died from disease of the brain.

40

1848, or  
1849

Mrs. B—,  
Norwood

30

Married twice



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
41	Aug. 16, 1850	— Dr. Cross	—	Married	<p>vagina, extending into the uterus, and attached to the side by a broad root. I do not recollect exactly to what part of the organ it was attached. The brain contained fluid between the membranes and in the vessels. On the left hemisphere, at the anterior part, a large softened mass presented itself, like a deposit of yellow lymph, surrounded with matter, and the surrounding structure of the cerebellum much coagulated with blood.</p> <p>I passed a ligature around the root of a polypus of the uterus, of considerable size, in Westminster, with Dr. Cross. The shortness of the peduncle rendered the operation difficult, but it was completely successful.</p>	Recovered.
42	Sept. 26, 1850	Mr. Cæsar Hawkins, St. George's Hos- pital	—	—	<p>On this day I saw, through the speculum, a large polypus in the vagina in a state of ulceration. The granulations were distinct, and there was a quantity of pus flowing from the parts. The symptoms of polypus in this case had only been recently observed. The patient was under the care of Mr. Cæsar Hawkins, and I believe the polypus was successfully removed with the ligature.</p>	Recovered.
43	Sept. 30, 1850	Mr. Cutler, St. George's Hos- pital	Middle	—	<p>I was requested by Mr. Bailey to see a patient in St. James's Street, who had suffered during two years from menorrhagia and attacks of uterine hæmorrhage. She was reduced to a state of the greatest feebleness. I found a tumour in the vagina, the size of a small pear, the root of which, thick and firm, was continuous with the anterior lip of the os uteri. The os uteri did not encircle the peduncle; the anterior lip, in fact, formed the root of the tumour. I sent the patient into St. George's Hospital, where, after repeated examinations and consultations of the surgeons, it was determined by Mr. Cutler to enclose the peduncle of the polypus with a strong ligature, which was readily done by him. The root of the polypus was sooner divided with the ligature than we expected. The tumour came away in a sloughy, broken-up condition, and the patient soon left the hospital restored to perfect health, and has since continued quite well. The ligature was six days around the root. The constitution of this patient was so much impaired by the</p>	Recovered.



44	—	—	Middle	—	<p>disease, that it appeared doubtful whether the operation was justifiable. In the following case the strength of the patient was so greatly reduced, that she died soon after the removal of the polypus.</p>	<p>Last autumn I was requested to see a lady beyond the middle period of life, who had long been labouring under the most common symptoms of cancerous ulceration of the uterus, and was believed by her medical attendant to be dying of cancer. I found the os and cervix uteri nearly in a healthy condition, encircling the root of a polypus in a sloughing, disorganized state. I applied a ligature, without difficulty, around the root of the polypus, and it came away in the course of a few days. The patient, however, continued to get weaker, and died.</p>	<p>Died after the polypus had been removed.</p>
45	July 2, 1839	Mrs. M—	49	Married; five children	<p>Has had profuse discharges of blood from the vagina at intervals, which have greatly weakened her. She has suffered much from pain in the sacrum, sense of weight and bearing down about the anus, and frequent desire to pass the urine: at other times a yellow discharge from the vagina. Had come into St. George's Hospital the previous Wednesday, and was under the care of Mr. Cæsar Hawkins. There was a polypus in the vagina, the size of a large orange. Through the speculum, we saw its surface covered with a red membrane, like the mucous membrane of the mouth. There was an ulceration of this membrane to a considerable extent on the right side. The root of the tumour was short and thick, and was attached to the anterior part of the os uteri. 10th July.—The patient left the hospital, and returned to her home in Lambeth. With Dr. Blakeley Brown, I went and tied the polypus with the double canula, which was passed up along the anterior part of the tumour. The ligature was easily applied; no pain or fever followed, but a dark foetid discharge. On the evening of the 12th, in tightening the ligature, it came away with the polypus. On cutting into the polypus, it was found to be a fibrous tumour, full of blood-vessels. In the centre of the tumour there was a cavity filled with coagulated blood; this was lined by a smooth membrane.</p>	<p>Recovered.</p>	



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
46	1850 and 1851, and 1852	Mr. Cathrow, St. George's Hospital, Mr. Tatum	Beyond middle	Single	<p>In 1850, Mr. Cathrow requested me to see a patient, who had a tumour of large size in the vagina. It had a smooth surface, and the density was uniform throughout. The anterior lip of the os uteri could with difficulty be felt; but the length and thickness of the root of the tumour could not be accurately ascertained. There was some suspicion that it was an inverted uterus; but after the most careful examination of the history of the patient, who was unmarried, we satisfied ourselves that it was a large polypus, and not an inverted uterus. As the symptoms were not urgent, it was resolved to observe the disease for some time longer, before attempting to remove it. On the 31st of July, 1851, I again saw the patient with Mr. Cathrow. The tumour had increased in size; but as there were no symptoms threatening life, it was determined still further to postpone the attempt to apply a ligature around the root or a portion of the tumour. In the spring of 1852, the tumour had increased, and the symptoms had become so urgent, that it was necessary to interfere. I sent her into St. George's Hospital. Mr. Tatum passed a strong ligature around a large portion of the tumour, which in time came away. After this, it was found that the upper part of the vagina was still filled up with a portion of the tumour, which could not be included within the ligature. Mr. Tatum applied a ligature around the root of this mass, which in no great time came away, and I afterwards saw the patient recovering in the most satisfactory manner. There was no disease of the os uteri left.</p>	Recovered.
47	July 12, 1852	Mrs. C.— Henry C. Johnson	30	Married	<p>On the 12th of July, 1852, Mrs. C— was delivered of a premature child. A year before, I was requested to see Mrs. C—, in consequence of there being an enormous vascular tumour, not only filling the vagina, but protruding through the orifice. Mr. Johnson saw her with me, and passed a strong double silk ligature with a needle through the root of the part which was external. The ligature was tied, and in a few days the sloughing mass was cut off, and seen to be full of large blood-vessels. About a month afterwards,</p>	Recovered.



the tumour in the vagina having again increased, with the bent rod I carried a ligature as high up as possible over it. When in a sloughing state, and before the ligature had divided the root, I dragged the mass out of the vagina and cut it away. To check the bleeding which took place from the divided root, I was obliged to apply a red-hot poker. Complete recovery followed. Pregnancy took place, and a rapid delivery; and it does not now (1858) appear that any organic disease exists in the uterus. 22d of August, 1853. delivered of a full-grown healthy child, now alive. Had a second child, at the full period, in 1858.

Recovered.

Three years before, the discharge at the monthly periods was increased, and coagula were passed with pain. These symptoms had continued, and she had suffered much from pain about the head of the colon in fits; distressing sensation of bearing down. An unusual sense of resistance was felt in the right side of the hypogastrum, when the fingers were pressed deeply down into the brim of the pelvis in this situation. Os uteri directed backward in the pelvis; cervix short. A tumour of considerable size in the anterior part of the pelvis, adhering closely to the uterus, or in its walls. The symptoms underwent no change during the six weeks she remained under my care; and she suffered much from paroxysms of pain about the head of the colon. She returned home; and her medical attendant informed me afterwards, that he "had been treating Mrs. — by local mercurialization, viz., introducing once or twice a week a wedge of hard Ung. Hydr., into the vagina, and smearing it over the tumour;" she frequently also took conium pills and quinine. On the 25th December, 1855, I was informed by her medical attendant in the country, that, after I had seen her, the sufferings became much more severe; that the pain resembled those of labour, that the os uteri had dilated, and that the tumour had protruded sufficiently for a ligature to be applied; that the ligature had divided the root of the polypus in a week, and that a large fibrous tumour had been extracted from the vagina; and that the patient had regained her usual health and strength, and that the uterus had resumed its usual functions. Ever since the operation, the patient has enjoyed the most perfect health.

Married thirty years; sterile

44

Mrs. P—,  
Norwich

48 March 17,  
1852, and  
1855



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
49	Aug. 15, 1852	Mrs. —	Be- yond the middle	Married	<p>Mr. Dupasquier requested me to see a lady who had been suffering for a considerable period from menorrhagia and a distressing sensation of bearing down about the uterus. There was a polypus in the vagina, the size of a pear, with a slender root completely surrounded by the os uteri, the lips of which were in a healthy condition. Little difficulty was experienced in applying a ligature around the root of the polypus with a double canula; the next day the ligature was tightened, and the day after the polypus was in a flaccid, decomposed state, and it came away with the polypus the following day. The patient recovered perfectly.</p>	Recovered.
50	Dec. 21, 1852	Mrs. —, Al- bany	60	Married	<p>Dr. Scott requested me to see a lady who had been in good health nine months before. A coloured discharge from the vagina then took place, with pain in the back and region of the kidneys, extending down the back part of the thighs to the knees, with occasional irritation of the bladder. A polypus, the size of a large fig, was hanging by a slender neck through the os uteri, the lips of which were healthy. Some purgative medicine was recommended to be taken, light diet and quiet recommended, and in a few days we proposed applying a ligature around the root of the polypus with the double canula. I went with Dr. Scott to tie the polypus, but it was gone; no vestige of it remained, and no further treatment was required. This is not the only case in which I have seen a thorough examination with the finger cause the destruction of a small polypus of the uterus.</p>	Recovered.
51	March 24, 1853	Mrs. R—	54	Married; chil- dren	<p>It was stated that, about eight or nine years before, there had been a tumour of the uterus removed by ligature; and that this operation had been succeeded by incontinence of urine and some calculous disease. A few days before I saw her, she had consulted a practitioner, who informed her that there were two tumours in the uterus, and that the uterus pressed upon the bladder. He proposed to "restore the womb to its proper place, and keep</p>	Recovered.



<p>52 Aug. 25, 1853</p>	<p>Mrs. —. Mr. Young, Sackville Street; Dra- per's Hotel</p>	<p>Middle Married; sev- eral children</p>	<p>By means of a bent rod I applied a strong ligature around the root of a polypus, which was so large that it was impossible to reach the os uteri with the finger. Several unsuccessful attempts had previously been made to apply a ligature with the ordinary double canula. The ligature was tightened daily during eight days, when the polypus was in a state of complete decomposition, and emitting a most offensive odour. It obviously could not have been left longer in such a condition with safety, and there was no appearance of the ligature dividing the root. With a pair of lithotomy forceps the sloughing mass was forcibly dragged out, and its root divided with a scalpel. When the ligature came away, no hæmorrhage followed; and the recovery of the patient was so complete, that she left London in perfect health. In the country having exposed herself, some months after the removal of the polypus, to great fatigue and severe cold in an open carriage, fever came on, of which she died. I had seen this patient several years before the operation was performed, and had ascertained that there was a large fibrous tumour in the cavity of the uterus. The progress of the tumour through the os uteri was anxiously watched, as dangerous attacks of uterine hæmorrhage occurred at different periods.</p>	<p>Recovered.</p>
<p>53 Oct. 11, 1853</p>	<p>Mrs. M—</p>	<p>Married; sev- eral children</p>	<p>I saw a patient, far advanced in her fifth pregnancy, who had a small soft polypus growing from the os uteri. As it did not produce any unpleasant symptoms, and could not possibly interfere with the labour, it was considered most prudent to leave it alone till the labour was completed. Whether it disappeared spontaneously, or was removed artificially, I was not informed.</p>	<p>Recovered.</p>

it up." Before consenting to this, another practitioner was consulted, who requested that I should see the patient. Her general health was good. Ever since her first labour, there had been some difficulty in retaining the urine, and she had long suffered from leucorrhœa. The urine had been examined chemically and microscopically, and no disease discovered about the kidneys. I could discover no tumour or displacement about the uterus; but there was a small polypus, with a slender neck, hanging from the orifice, which was easily removed with the forceps.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
54	July 7, 1854	Mrs. H—	39	Married; sterile	Pain in the left side, and left leg, and nape of the neck. Catamenia regular, without pain, till three months ago, when the discharge became constant and profuse; occasional difficulty in passing the urine. The uterus is low down, and turned backward; and there is a small, smooth, hard polypus hanging through the os uteri, which I recommended should be removed with the forceps. This was easily done on the 23d July, 1854.	Recovered.
55	July 11, 1854	Mrs. H—	40	Married; several children	Menorrhagia for twelve months. About a month ago, it was ascertained by Dr. — that there was a small polypus hanging from the os uteri. Nitrate of silver has been applied to the polypus seven times, and it is now much smaller. On examining, I found the os uteri open. The finger passed readily into the cervix where I felt the root of the polypus, which had been partially destroyed by the caustic; and another soft polypus, which was partially protruding through the os uteri, and hanging by a short, firm neck from the cervix. We looked through a glass speculum, and distinctly saw the end of this polypus, of a white colour, protruding between the lips of the os uteri. I laid hold of this with the polypus forceps, and twisted it off. Some force was required to do this, and the polypus was taken away completely broken up. Only a small part of this polypus could have been touched with the caustic. A good deal of hæmorrhage took place after the operation, but no unfavorable symptom.	Recovered.
56	Aug. 14, 1854	Mrs. W—, Bath	Under 35	Married; children	Profuse menstruation during a year, with escape of coagula. A few weeks since, it was ascertained that there was a polypus of no great size in the os uteri. The bulky part of the polypus had not completely cleared the os uteri. The root was so thick and firm, that it appeared unsafe to attempt to remove the polypus with the forceps until it had descended lower. This took place in a short time, and the polypus was safely removed with the ligature.	Recovered.



57	Oct. 6, 1854	A lady, Wring- ton, Somers- setshire	42	Married	<p>"Six months after marriage, miscarried, with flooding; suffered from hæmorrhage for about two years, with pain in the left ovary; frequently leeches. This combined drain broke down the general health, and blanched the skin. Brown ague has been constant for some months in every year, with other signs of debility. There has been no second pregnancy. Last Christmas, hooping cough and subacute pleuro-pneumonia. This was slowly recovered from, and in July there occurred profuse hæmorrhage from the lungs, attributed by Dr. — to want of fibrin. In August there was a slight but sudden gush of thin blood from the uterus, independent of menstrual discharge. Ten days ago a slight bloody purulent discharge was first seen, when the bowels acted; this has occurred daily with the alvine evacuation only, until within the last four days; though small in amount, it is permanent. Nothing is said of the condition of the uterus; of this Dr. Lee will be kind enough to form his opinion." There was a small polypus, with a slender neck, hanging through the os uteri; this and the cervix and body being in a perfectly healthy state. I seized the polypus with a pair of forceps, and twisted it off. The patient recovered very favorably.</p>	Recovered.
58	—	—	—	Married; seven children	<p>Mr. George Babington, late surgeon to St. George's Hospital, requested me, about sixteen or seventeen years since, to go into one of the midland counties to see a lady who had polypus of the uterus. I went, and found a polypus, the size of a large pear, dilating the os uteri, from which it had not completely escaped. As there were no urgent symptoms, I thought it best to postpone the attempt to apply a ligature around the polypus until it had descended into the vagina. This had taken place some months, and I applied the ligature without, and the polypus came away in a few days, and the patient recovered in the most favorable manner; but, a considerable time after, an abscess formed behind the uterus, and burst into the vagina; from this the patient recovered perfectly.</p>	Recovered.
59	Nov. 11, 1854	Mrs. E—	51	Married; seven children	<p>Had been three months under treatment with the speculum and caustic, on account of supposed ulceration of the os uteri, the posterior lip. The catamenia had ceased for a considerable period. Then hæmorrhage, of no great</p>	Recovered.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
60	July, 1855, and Jan. 3, 1855	Lady A—	50	Married; sterile	<p>extent, occurred three or four times, with uneasy feelings about the uterus. The posterior lip I found elongated, smooth, soft, and not ulcerated; os widely open. I felt within the cervix a small polypus hanging by a firm root from the posterior part of the inside of the cervix. I recommended that it should be immediately removed, and the treatment with the speculum and caustic discontinued. A doubt was expressed by the husband respecting the cancerous nature of the disease. I had no doubt that in this case there was no disposition to cancer. I removed the polypus with the forceps. On the 14th of May, 1855, I saw this patient at a great distance from London, in perfect health.</p>	Recovered.
61	July 16, 1855	Mrs. C—	44	Married	<p>Catamenia have ceased several years. Has suffered from indigestion, and has been treated homœopathically. There has been pain in the back and in the left thigh, supposed to depend upon sciatica. A slight hæmorrhage has taken place from the uterus. There was a small polypus hanging through the os uteri, which I removed with the forceps. The root was remarkably firm; it required much force to twist and tear it away, but no mischief ensued, and the symptoms were relieved.</p>	Recovered.



62	Oct. 26, 1855	— Dr. B—	—	—	<p>I received a letter from an eminent physician in the country, containing the history of a case which he considered to be one of inverted uterus. I was inclined, from the report, to believe that it was a case in which a large fibrous polypus had escaped from the vagina, and dragged the os uteri likewise externally. A ligature was applied, I believe, before the polypus was removed by excision. The patient recovered in the most favorable manner. The polypus was sent to me, and proved to be a common fibrous tumour.</p>	Recovered.
63	March 24, 1856	— With Mr. Dickinson, Fulham Road	—	Married	<p>I was requested to see a lady residing in the Fulham Road, who had suffered some time from profuse menorrhagia. There was a polypus in the vagina the size of a large apple. The root, surrounded by the os uteri, was thick and short. I applied the ligature with the double canula, and the polypus came away four days after; and the patient recovered most favorably.</p>	Recovered.
64	—	— Oxford Street. Mr. Hicks	—	Married	<p>I was requested by Mr. Hicks, of Henrietta street, to see a patient in Oxford Street, who had a polypus in the vagina, not very large, with a neck not very thick. I recommended Mr. Hicks to apply a ligature around it with the double canula. This was done. The polypus soon came away and the patient is now quite well.</p>	Recovered.
65	June 17, 1856	— Mrs. T—	—	Married; pregnant	<p>Pregnant, and near the full period; slight hæmorrhage. Her medical attendant, Mr. Godson, before labour had commenced, felt something like the umbilical cord hanging out of the vagina. It was a long, smooth, flat polypus, hanging by a slender neck from the os uteri. As it was not likely to interfere with the progress of the labour, it was considered best not to remove it; and it disappeared spontaneously after the delivery.</p>	Recovered.
66	May 19,	— Mrs. W—	41	Married; sterile	<p>Indigestion, debility, spasmodic cough, irritation of the scalp, painful state of left breast; catamenia very irregular; leucorrhœa, irritation of bladder. A small polypus hanging through the os uteri, which I tied with the double canula; and the ligature and polypus soon came away. The patient has continued low. The os uteri was afterwards found to be in a healthy state, and the body of the uterus not enlarged or indurated.</p>	Recovered.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
67	July 10, 1856	Mrs. D—	49	Married; children	<p>Repeated abortions, sense of bearing-down pains, hæmorrhage. During several years the uterus was known to be enlarged, and this was supposed to arise from a fibrous tumour imbedded in its walls. A polypus, of very considerable size, at last came through the os uteri; but the neck was short, and considerable difficulty was experienced in getting the ligature around it. The polypus did not come away for several days, and it was at last twisted away.</p> <p>A polypus, like a bean, hanging from the os uteri. Passed the forceps through the speculum and twisted it off. Some difficulty from the firmness of the root; the greater part of the polypus was at first torn off, and I was obliged to introduce the forceps again, and succeeded in getting it completely away. I believe the operation would have been more easily and successfully performed without the speculum.</p>	Recovered.
68	July 22, 1856	Mrs. P—	50	Married	<p>A red, smooth tumour hanging out of the vagina, the root entering the os uteri, not adhering to it. Tied with a ligature first, successfully. The following day the tumour appeared black. I drew down the tumour first, put a strong ligature around the root, and in doing this the root gave way, and the polypus with it. No hæmorrhage followed.</p>	Recovered.
69	—	Miss R—	50	Single	<p>Catamenia profuse during two years. A small, soft polypus hanging from the os uteri; removed with the forceps.</p>	Recovered.
70	—	Mrs. O—	47	Married; sterile six years	<p>Constant hæmorrhage for a considerable period. A polypus, the size of a Seville orange; neck short and thick. Tied with difficulty by Dr. Philson, at Baldock. The polypus dropped off after seven days; recovery perfect. The tumour was very vascular (as you remarked after your examination), being transversed by numerous vessels, each as large as a crow-quill. Its base was an inch in diameter.</p>	Recovered.
71	May 30, 1857	Mrs. B— Dr. Philson	40	Married; children	<p>Constant hæmorrhage for a considerable period. A polypus, the size of a Seville orange; neck short and thick. Tied with difficulty by Dr. Philson, at Baldock. The polypus dropped off after seven days; recovery perfect. The tumour was very vascular (as you remarked after your examination), being transversed by numerous vessels, each as large as a crow-quill. Its base was an inch in diameter.</p>	Recovered.



72	July 27, 1857	Mrs. P—	41	Married; chil- dren	<p>Haemorrhage from the uterus upwards of a year. No suspicion of the existence of polypus entertained, till the fact was ascertained by Dr. Gill a few days before I saw the patient. The polypus was very high up, and of large size; the os uteri could not be touched. It was recommended by a physician forcibly to drag this polypus, which was highly vascular, out of the vagina with forceps armed with sharp hooks, and cut its root across, without applying a ligature. With very considerable difficulty, I applied a strong ligature with a double canula. In about a week the ligature and polypus came away, and the patient recovered in the most favorable manner, and has since enjoyed good health.</p>	Recovered.
73	Aug. 24, 1857	Mrs. T—	36	Married; ste- rile	<p>It was stated that a polypus of the uterus had been removed from this patient in 1846. A polypus has recently appeared externally. There is a smooth, flat polypus in the vagina, with a slender peduncle; its attachment to the cervix cannot be felt; a ligature was easily passed around its root. In 1846 I had removed a polypus from this patient, similar in all respects to this polypus, but larger. Having seen mischief arise from twisting off a small polypus about this time in St. George's Hospital, I thought the ligature safer.</p>	Recovered.
74	Oct. 29, 1857	Miss B—	39	Single	<p>Catamenia profuse during three years. Had undergone a course of treatment with the speculum and caustic; and had been recommended to go into a cold country, where it was predicted she would get well. There is a polypus, about the size of a pear, in the upper part of the vagina, surrounded by the os uteri, and which is in a very favorable state for being removed. I tied the polypus with a strong ligature, and the polypus came away in a few days. No bad symptoms.</p>	Recovered.
75	—	Mrs. D—	—	—	<p>A small polypus hanging through the os uteri. Mr. Steele, of Reigate, applied a ligature around its root with perfect success.</p>	Recovered.
76	April 4, 1858	Mrs. —, Sir B. Brodie	50	Married; ste- rile	<p>In this case there had been occasionally slight hæmorrhages from the uterus. Sir B. Brodie had ascertained that there was a small polypus near the orifice of the vagina, the root of which was growing from the os uteri. I tied and removed this polypus with great ease, and the patient recovered without a bad symptom.</p>	Recovered.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
77	Aug. 10, 1858	Mrs. —, Mr. Jordan's care	—	Married	Occasional attacks of profuse hæmorrhage from uterus. A polypus as large as a pear; tied with difficulty, and the ligature did not come away until the double canula had been turned several times firmly round. The patient recovered most favorably. See the preparation on the table.	Recovered.
78	Aug. 21, 1858	Miss G—	4	—		Recovered.
79	May, 1859	Miss G—	About 24	Single	A vascular tumour growing in the os uteri; it had only partially escaped; not connected with either lip; the vagina very contracted; it had not escaped completely from the os. Tied, with great difficulty, after repeated unsuccessful attempts; and twisted off with the ligature and double canula, when completely dead and sloughing.	Recovered.
80	Sept., 1860	Mrs. W—	—	Recently mar- ried	The same patient, having recently married, was attacked with hæmorrhage from the uterus. It was found that a red vascular tumour, of the same nature, had been formed, and had passed through the os uteri. It was tied; and on the fourth day, the ligature not having divided the root, it was removed, and tepid injections thrown into the vagina. The polypus came away soon after.	Recovered.
81	Feb. 15, 1855	Mrs. B—, Caseat Isling- ton, with Dr. Brown	—	Married	This was a polypus, about the size of a pear; the root neither thick nor short. Tied by Dr. Brown, without difficulty, and in a few days the canula and ligature came away; but the polypus had escaped, without being observed, two days after. The patient was restored to perfect health.	Recovered.
82	Nov. 21, 1858	Mrs. S—, Mr. Morgan	45	Married	The patient had undergone a long course of speculum and caustic for supposed ulceration. A small polypus with a thick root, which had not escaped through the os uteri. No unpleasant symptoms having occurred, it was recommended that no operation should be performed.	No operation per- formed.



83	March 8, 1859	Mrs. C—, Borough	25	Married; ste- rile	A small polypus, red like a cherry, hanging through the os uteri. Removed with forceps through the speculum; the root was dusky red. It was stated that Dr. Lever had removed a small polypus from the vagina of this patient some time before—about six months.	Recovered.
84	— 1860	Mrs. F—	Middle	Married; chil- dren	A large tumour in the vagina, which I had strong reason to believe to be of a cancerous nature. With little hope of saving the patient, I passed a strong ligature, as high up as possible, around the mass. The ligature did not come away for a number of days; and the tumour being in a state of complete decomposition, it was cut away with a scalpel. A large mass afterwards remained in the vagina, which was drawn out with the forceps and twisted off. The patient recovered in the most favorable manner. I attended this patient with Dr. Crenny, and received great assistance from him in the management of the polypus.	Recovered.
85	Aug. 7, 1860	Mrs. C—	47	Married; ste- rile	A small, smooth polypus hanging through the os uteri, which I recommended should be removed with the forceps; but I have not heard that this has been done.	No operation per- formed.
86	Sept., 1858	Mrs. S—, at Hull	—	Married; chil- dren	A vascular bleeding tumour, of very considerable size, which had not com- pletely escaped through the os uteri. I applied a ligature around it as high as possible, and it came away in a few days; and the patient recovered per- fectly.	Recovered.
87	—	Case, St. George's Hos- pital	—	—	Some years since, a patient in St. George's Hospital, under the care of Mr. Prescott Hewett, had a very large polypus filling the vagina so completely that the os uteri could not be reached. I applied a strong ligature as high up as possible around the mass, and about a week after, when in a sloughing state, Mr. Hewett dragged it out of the vagina, and cut it off with a scalpel. The patient recovered in the most favorable manner.	Recovered.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
88	Oct. 17, 1857	Mrs. M—	About 41	Married; three children	<p>I was informed, in a letter from the Isle of Wight, that this patient had for about a year and a half had constant menorrhagia, deriving some benefit from the ergot of rye. The existence of some organic disease was strongly suspected, and I was requested to decide the matter. In 1850 she had been examined by Dr. L—, and he said there was retroversion of the uterus; and she underwent a long course of treatment, local and constitutional. Now looks extremely pallid, flaccid, and weak. She had been under the care of an eminent surgeon in London, and was so actually at the time. I examined and found a polypus, the size of a large apple, with a thick, short root, encircled by the os uteri. The eminent surgeon under whose care she was had applied a ligature on the 27th of November, 1857. I saw the patient a few days after going on favorably; but the ligature had not come away, and the polypus was in a very decomposed state. When the ligature and polypus came away I did not exactly learn, but I was informed that they had both escaped, and that there was for a time every prospect of the patient being restored to health. Fever probably arising from some deep-seated inflammation about the tissues of the uterus took place, of which she died. No examination was made after her decease.</p>	Died.
89	Feb., 1860	— Mr. Barnes, King's Road, Chelsea	—	Married	<p>Mr. Barnes requested me to see a patient who had a polypus of the uterus of considerable size, and which had completely escaped into the vagina. As the patient had long suffered from hæmorrhage, and was in a most exhausted state, it was thought right that without delay a ligature should be applied around the root of the tumour. On the day when the operation was to have been performed, I was engaged with a case of placenta prævia; and the patient died before another day could be fixed for the purpose. The uterus and polypus have been presented to me by Mr. Barnes, and, with two drawings, are now placed on the table of the Society. (See Plates III and IV.)</p>	Died; no operation performed.



90	Oct. 10, 1854	Jane S—, Bur- ton Ward, St. George's Hos- pital	38	Unmarried	Leucorrhœa for years. Fourteen months ago had sanguinous discharge; and a small polypus was removed with forceps seven months afterwards; two operations performed. Root still remains. The root was removed as well as possible by forceps, and then touched with nitrate of silver; and nothing could be felt when she went out.	Recovered, No- vember 14.
91	June 27, 1855	Hannah M—, ditto	26	Unmarried	Flooding first came on two years ago, and recurred for twelve months at short intervals. Six months ago, flooding again, which has recurred several times up to present date. Polypus tied, double canula.	Recovered on July 31.
92	Sept. 8, 1855	Mary M—, ditto	43	Married; no child	States that she has had nine miscarriages, and in 1842 a polypus removed. Two years ago, the menses became very profuse again, with clots and pain. Small polypus; portions torn away with forceps. Hardness all round the uterus, which is extremely rigid, also a soft sloughy swelling between rectum and vagina.	Hard root left behind. Dis- charged Oct. 15, much relieved.
93	July 18, 1856	Jane A—, ditto	33	Unmarried	Leucorrhœa for two years, and profuse menstruation, with pain in back. Large soft polypus removed by forceps in pieces, of a gelatinous character.	Recovered, Au- gust 7.
94	May 8 1857	Sarah M—, ditto	44	Married; no child	Catamenia always regular for six months; has had pain and bearing down in womb, and something became prolapsed in erect posture; pain and difficulty in micturition and defecation; lost flesh lately, and complete retention of urine. Long, narrow, pendulous polypus uteri; uterus fixed in pelvis, feels hard and much enlarged. Polypus drawn down by forceps and cut off; no hæmorrhage followed, but some fever.	Discharged June 17, the pedicle still left.
95	July 15, 1857	Eliz. S—, ditto	34	Married; children	Flooding nine months ago, recurring every fourteen days; pain in back, and œdema of feet; great giddiness and dimness of vision. Polypus protruding through os uteri at first; after a day or two it retracted within uterus.	Went out to be operated on by Dr. Lee at her own home, July 21.



No.	Date.	Name.	Age.	Social Condition.	History of Symptoms and Treatment.	Result.
96	July 8, 1857	Emma M—, Burton Ward, St. George's Hospital	34	Single	Profuse menstruation, palpitation and giddiness, with severe floodings. Polypus first felt a month after admission; it receded next day, and came down again in a week, with pains like those of labour. This occurred more than once. She was discharged for change of air on 13th October, and re-admitted 4th of November, when the polypus was felt again, but receded several times after this, never coming low enough to admit of an operation for tying it.	No operation performed.
97	March 15, 1858	Ruth S—, ditto	51	Married; 4 children	General anasarca for two years; six months ago flooding came on, and has frequently recurred since, with pain. Large fibrous polypus tied a week after admission; ligature twisted off on the second day, and warm injections used.	Recovered April 14, without a bad symptom.
98	June 17, 1858	Mary B—, ditto	48	—	A large fibrous, pale, flabby tumour, tied; it did not come away readily; it was twisted off. Crural phlebitis.	Recovered, September 1.
99	Nov. 3, 1858	Maria P—, ditto	49	Married; 5 children	Offensive discharge, streaked with blood tumor, for three months and tenderness over hypogastrium. Small vascular polypus, removed with forceps; the root was not quite absorbed on January 5th, 1859, when discharged.	Recovered Jan. 5, 1859.
100	Jan. 26, 1859	Catherine S—, ditto	47	Married; 1 child	Two years ago, had a flooding so severe that convulsions ensued; several floodings since; she is greatly debilitated and almost pulseless. Large fibrous polypus tied fourteen days after admission, and twisted off on fifth day.	Recovered without a bad symptom, Feb. 22.
101	Feb. 16, 1859	Ann K—, ditto	36	Married; 2 children	Three years ago had a miscarriage, and another twelve months ago; great flooding each time. Six months ago another flooding, and every week a dark-brown discharge, mixed with blood. Small vascular polypus removed with forceps.	Recovered March 23, 1859.



102	June 8, 1859	Matilda B—, ditto	47	Single	<p>For four years had pain in back, and pinkish discharge with clots; and two floodings, one five days ago. A large fibrous polypus removed by ligature on 12th of July, and no bad symptoms followed.</p>	Recovered Aug. 10, 1859.
103	Oct. 12, 1859	Mary K— St. George's Hospital.	29	Single	<p>Catamenia profuse since May twelvemonth, lasting ten days, with great pain in back and hypogastrum; for the first six months she was continually unwell, with only two or three days' interval. A polypus was still felt inside the uterus, and an attempt to remove it with forceps was made, without success. On the 28th of January, however, the polypus had come down into vagina, and was tied with double canula, which was removed on the 31st; retention of urine for two days was the only bad symptom which followed.</p>	Recovered on Feb. 22, nothing remaining of the polypus.
104	June 26, 1860	A. P—	35	—	<p>Hæmorrhage from the uterus took place five or six years ago, and has returned occasionally. On the 21st, seized with a sensation of bearing down, and all of a sudden a large tumour made its exit from the vagina, which soon became painful and bled freely. The tumour protruded four inches, and it was doubtful whether it was the uterus inverted by the polypus or prolapsus. A ligature was applied around the root of what was considered polypus, and it was cut away; some hæmorrhage followed. After three days the prolapsed uterus was returned within the vagina, and the patient soon left the hospital quite well.</p>	Recovered.
105	About 8 years since	Miss C—	Ad- vanced	—	<p>Had been suffering from hæmorrhage from the uterus to a great extent for a long period before I saw her, and ascertained that there was a polypus of the size of a small pea, with a slender neck. The ligature was easily applied with the double canula, and in a few days it came away with the polypus, and the uterine hæmorrhage ceased.</p>	Recovered.



EXPLANATION OF THE PLATES.

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PLATE III.

- Fig. 1.—*a*. The fibrous tumour of the uterus, covered by the lining membrane, a part of which has been lacerated.
- „ 2.—*a*. The lining membrane of the uterus, and a thin layer of the muscular coat of the uterus.
- b*. A fibrous tumour, forming the central part of the polypus.

PLATE IV

Represents a fibrous tumour of the uterus, having the same structure as that represented in Plate III.



Fig. 1.



Fig. 2.













