

ine polypi, which, as they in some cases are sufficiently doubtful to mislead even the most experienced practitioners, we shall extract for the benefit of our readers.]

"In polypi arising from the interior of the uterus, and projecting into the vaginal cavity, the stalk of the tumour is always found more or less encircled by the lips of the dilated os and cervix of the organ; the tracing, therefore, with the finger, this circle of the cervix round the pedicle of the polypus, forms the most important diagnostic mark in such forms of the disease.

When, however, the polypus arises from the edge of the os uteri, or from the vaginal surface of the cervix, the above important diagnostic mark is wanting, and the case in consequence becomes one, the nature of which is often very difficult to determine. This difficulty of diagnosis does not merely depend upon our not finding the pedicle of the tumour encircled, as is usual in other forms of uterine polypi, but also from the still more fallacious circumstance, that the os uteri though traceable in the stalk of the tumour, is generally so displaced in situation, and altered in form, as to render its identity doubtful. The difficulties attending the diagnosis of those forms of polypus to which these remarks refer, would in most cases be perfectly removed, if we could assure ourselves that the body of the uterus itself was of the natural size, and in its natural position, and that the imperfect cleft that may be traceable on the inside of the tumour was in reality the os uteri. If these points could be fixed with certainty, the attachment and nature of the tumour would at once become evident, the question of the propriety of its removal would be resolved, and the exact point of its removal more safely and certainly determined than otherwise could be. These important points in diagnosis we would in future propose to fix, by introducing the uterine sound into the cavity of the organ, so as to determine the real situation of the os and the position and state of uterus itself, as ascertained by the direction and length of its cavity. The introduction of the instrument in particular cases will require unusual care and patience, in order to pass it through the displaced and altered uterine orifice. But the clear information afforded by the examination in a set of cases which are often so perplexing in their character will amply repay the mastering of any such difficulties as I have presupposed in the employment of the means."—*London and Edinburgh Monthly Journal*, April, 1845.

SIMPLE ULCERATION OF THE OS UTERI.

(*London and Edinburgh Monthly Journal*, June 1845.)

The occurrence of simple ulcerations of the os uteri was denied by Boyer, owing, no doubt, to the little use made of the speculum in his day. Nothing, however, is more common than the appearance of these ulcers; and it may be said, that every woman labouring under leucorrhœa, purulent or lactescent is affected by this disease, if not with cancer [!]. Five or six varieties of this affection are at present under treatment in the wards of St. Louis under M. Jobert, and these have all been carefully studied by means of the speculum. It is so rare in ordinary practice to have so many patients under the eye at one time, and so inconvenient, moreover, to examine them in a suitable manner, that the present opportunity of doing so is interesting. The disease as far as regards the ulceration, presents itself under various forms; but they all proceed from the same cause—hypertrophy of the neck. This hypertrophy, without doubt, precedes the erosion, and is sometimes accompanied with induration, sometimes with softening. The hypertrophic softening is sometimes considerable; in this condition, it presents no morbid sensibility; the ulceration appears, no doubt, as a consequence to this state, and in the natural process of chronic inflammation. The ulcers may have their seat on one or the other lip, sometimes on both; in some instances

they cover the entire circumference of the os tincæ, and in others they are seated deep in the neck of the uterus, where they are concealed by the swelling of the anterior lip; but even here they may be discovered by a proceeding which we shall presently indicate: so much for the seat of the ulcers. As to their form, they are sometimes superficial: simple aphthæ, of the size of a lentil, having their seat on the edge of the neck, and more or less numerous, which is the most simple case; these aphthæ, however, not unfrequently extend, become confounded together, and constitute a superficial erosion of a mapped form, and more or less irregular; the lesion then becomes more serious. It is not necessary, however, that an ulcer should pass through the aphthous stage to arrive at this state, for it may originate at once in the inflammatory process alone. This species of ulceration presents a great resemblance to those large erosions of the superior part of the cornea, described by Velpeau under the term "*Ulceres a coup d'angle*"; it is, however, proportionably much larger. It may be compared more exactly to the surface of a suppurating blister; it is covered with granulations, bleeds easily, and is often infiltrated with blood; its aspect is, therefore, always red, but it is not painful to the touch. It is probable, that those women in whom there is hemorrhage after sexual intercourse, have some slight lesion of this kind.

In a third variety the erosion is no longer superficial, it is hollow, and sometimes very deep. Its base is more or less foul, its surface always of a bright red, and infiltrated with blood. The erosion then very much resembles the ulcers on the legs of varicose subjects, after they have taken exercise. This kind of ulcer often causes a notch on one side of the os uteri, generally on the superior lip. In some cases the ulcer attacks the whole circle of the internal surface of the os uteri, and hollows out a cavity from above downwards. These hollow erosions must always be regarded with suspicion, more especially if they make any progress in depth, for their nature is frequently not simple; and if they have originally been so, they are liable to assume a bad character. As a general rule, an ulcer may be said to be simple when its surface is granular. In regard to form, the third variety resembles the preceding, it differs, however, in situation, being always in the neck. In conclusion we have to repeat that there are three forms of ulcers of the os and cervix uteri; the aphthous, ulcerative abrasions, and the deep excavated ulcer; all, however, are more or less granular. Hollow ulcers which are not granular are suspicious.

Those affected with ulceration of the neck of the uterus are in general young, having seldom passed their thirtieth year; they have usually had a family or miscarriages, and have been for some time subject to abundant leucorrhœa and hemorrhages, or at least to fluxes of blood from the uterus other than the catamenial; their constitution is lymphatic; they are frequently dark women, of ardent feelings, with the pilous system highly developed.

The symptoms are of two kinds. On the one hand, an abundant leucorrhœa, with lactescent discharge; on the other, symptomatic phenomena peculiar to most other chronic uterine affections; viz., lassitude of the extremities, pain and dragging of the loins, want of appetite, and sometimes a painful contraction of the sphincter ani.

A precise diagnosis can only be obtained by means of the speculum; the "*toucher*" alone is insufficient; by its means a state of hypertrophy can merely be ascertained, and that not with much certainty. In order to institute a thorough examination with the speculum, the patient must be placed, not on the edge of the bed, as is generally done, but on a table, with the hips very much raised, and the thighs bent backwards, so that the knees almost touch the abdomen. It is then only by a strong ray of natural light that the fundus of the vagina can be distinctly seen. In order to examine the whole periphery of the neck, a double-