ART. IX.—*On a Peculiar Morbid Growth from the Os Uteri*^a.

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It is remarkable how frequently the recurrence of hemorrhage indicates the commencement of uterine disease, and is so often the first circumstance which attracts the attention of the patient, and makes her seek for medical advice. The following case is an instance of this kind, and serves to impress on the mind of the practitioner the necessity and importance of instituting a careful examination of the uterus in all diseases of that organ, particularly when attended with this symptom.

Mrs. G., aged 39, the mother of two children, was not pregnant since an abortion, which took place fourteen years ago, in consequence of an accident; her health was good until seven years after this occurrence; she then suffered from slight uterine hemorrhage, which recurred every week or fortnight, and continued for several days on each return; three years from its commencement it became nearly constant, but not to any great extent, and was occasionally accompanied by expulsive pains. Her size increased so much that she supposed herself pregnant.

It is now (November, 1854), two years since I first saw her: she complained then of severe pain over the lower part of the abdomen, which was large, tense, and exquisitely tender to the touch; the vagina was occupied by a tumour the size of a child's head at the ninth month of utero-gestation, which felt as if containing fluid, and so completely filled the pelvis, that it was impossible to ascertain by examination from what part it had its attachment; there was no discharge of any kind. To all appearance the woman seemed so very low that her death was hourly expected. After suffering a great deal she at length improved, and the tumour in a few months after, when I again saw her, was completely removed. No trace of it whatever was to be felt, and the os uteri could be reached without difficulty. Six months ago (May), she consulted Dr. Churchill, who informed me that a tumour resembling a polypus was felt in the vagina; this, and a similar one, were removed by ligature.

On the 21st of October I was called to her on account of violent expulsive pains, which I found to be caused by the

^a Read before the Obstetrical Society of Dublin.

presence of a tumour which partly protruded through the os externum. Neither its attachment nor the os uteri could be reached by examination. Externally the uterus felt irregular on its surface, and about as large as at the fifth month of pregnancy.

The expulsive efforts having been quieted by opiates, next day I applied a ligature, and on the third day removed the tumour (which was about the size of a large pear) by a scissors. In a week after a similar growth, but very much larger, appeared, which I took off in the same manner.

On the 12th of November I was informed that she had suffered severe pain in her left arm, which had become of a dark colour. I saw her on the 13th; the fingers were then very much reduced in size from shrinking of the flesh and integuments; the hand and forearm, to near the elbow, were in a state of dry gangrene; this extended, and on the 16th the blackness and gangrene had reached to the upper part of the arm, close to the axilla. The parts over the vessels felt hard, and were very painful; no attempt at a line of separation took place; the gangrene did not extend to the shoulder, but the dark colour gradually declined from the diseased arm to the surface of the integuments on the thorax.

There was very little increase in the size of the vaginal tumour since the last application of the ligature; and a good deal of thick, drab-coloured discharge, exceedingly fetid, flowed constantly from the vagina.

The tumour in the abdomen had diminished very much; it lay towards the left iliac region, and felt about as large as the closed hand.

From this date (November 16) the strength rapidly gave way under great suffering, and death took place on the 24th instant.

On examination the abdomen felt flat and hard, its cavity contained no fluid, and the peritoneum was healthy. The tumour, which was felt in the left iliac region during life, was found to be the uterus, which occupied the same situation after death; and the vaginal tumour was about the same size as when last examined.

The following are the appearances which presented themselves on removal from the body.

The body of the uterus was larger than natural, and of a pale drab-colour, with a small tumour, about the size of a pea, growing on its anterior surface, a little to the left of the mesial line, covered by peritoneum.

The interior contained a quantity of brownish matter; the

mucous membrane was of a brownish colour, and had near the fundus, on the posterior wall, a portion of projecting body, soft, and with raised edges, about the size of a sixpence.

The right ovary had a cavity about what would hold a pea, which opened anteriorly, evidently caused by an abscess, but not at this time containing matter.

The tumour which filled the vagina had its attachment to, and seemed to be a growth from the anterior lip of the os uteri, measuring 12 inches in circumference, and 5 inches long, of a dark red colour; excepting at its lowest extremity, where it was brownish, marking the situation where the ligature had been applied.

Posteriorly it had an adhesion to the wall of the vagina 5 inches in circumference. From the upper edge of this adhesion to the os uteri the measurement was 2 inches.

The tumour on its posterior surface, where it was not adhering to the vagina, was separated from above downwards by deep fissures.

On its anterior surface, to the right of the mesial line, there was a projecting portion, about the size of an ovary.

There are several circumstances which are deserving of attention in this case. In the first instance it cannot be wondered at, considering the age of the patient, that she should have supposed herself pregnant, and very likely to be threatened with an abortion, as her size was increased, and she had hemorrhage and expulsive pain, symptoms which had been present on a former occasion, when, as is stated, seven years ago, in consequence of an accident, she miscarried.

On the first occasion of my seeing her she seemed to be rapidly sinking from peritonitis. She was exceedingly weak and prostrate, with a rapid, feeble pulse. The tumour, which is described as filling the pelvis at this time, differed a good deal in its character from that which is represented in the accompanying drawing: it felt exactly like a thick bag of membrane, containing liquor amnii, rendered tense by pressure, and had no fissure in any part that could be perceived by the finger. The time that elapsed from my seeing her on this occasion until I again had an opportunity of ascertaining her state might have been between two and three months. It was during this interval that the tumour had disappeared. Neither from the patient herself, nor from her friends, could I discover that anything particular to attract their attention had occurred while this was taking place. In about sixteen months after, she consulted Dr. Churchill; after which two portions of the tumour were removed by ligature. In about three months from this

date she was seized with the violent expulsive pains mentioned in her case, and again sent for me. The size and the situation of the tumour at that time, as described above, enables an idea to be formed of the rapidity of its growth.

It has been remarked that enlargements or growths from the os uteri sometimes pass into the uterine cavity and remain there for a time. If such could have taken place in the present instance, its descent would account for the great diminution of the uterine tumour as felt in the abdomen on the 21st of October, compared with what it was on the 16th day of November; but it will presently be seen that there are reasons for believing the tumour could not here have done so. From the end of October, when the large piece was removed, until the 24th of November, nearly a month, the date of the patient's death, the tumour in the vagina seemed to have remained stationary, which might be accounted for by supposing that it had descended to its fullest extent, or that the abundant discharge that came from the vagina at this period had retarded its growth. Cutting off the tumour, below the ligature, was very necessary, owing to the great fetor caused by so large a mass of dead animal matter. It was accomplished without the least difficulty, and gave the patient no uneasiness whatever. This practice has been found of much advantage, for a like reason, in the treatment of uterine polypi: by it the risk of irritative fever is greatly prevented, and the danger of hemorrhage may be avoided by allowing sufficient time for the circulation to be arrested by the ligature before resorting to it.

As well as could be ascertained by external examination of the arm that was gangrenous, it seemed as though the circulation had been impeded from pressure over the bronchial artery at its upper portion, near the axilla, where the surrounding parts felt hard, and very resisting. It was with considerable difficulty that an autopsy was obtained from the friends of the patient, so that, unfortunately, it was impossible to ascertain with precision its real state. The appearances found in the inspection of the uterus were most important, and made a valuable addition to the history of the case, particularly as they are faithfully represented by the accompanying coloured lithograph. Before opening the abdomen for its removal, I endeavoured, by a vaginal examination, to ascertain the attachment of the tumour, which information could not be arrived at during life; but this I found to be impossible, owing partly to its great size, which filled the vagina, and partly on account of the very contracted state of the os externum, which prevented the introduction of the hand.

On considering its adhesion to the vagina, the remark alluded to, of growths from the lip of the os turning into the uterine cavity, does not seem applicable, as this circumstance would go far to prove that the tumour must have been held so firmly in the vagina it could not have passed into the uterus. If, during life, the real nature of its attachment to the lip of the uterus had been known, a ligature might have been applied between this part and the vaginal adhesion; but when all the circumstances of the case are considered, it is difficult to form an opinion as to the amount of benefit which might have accrued to the patient by the operation.

Dr. Montgomery was good enough to show me a preparation in his Museum which somewhat resembles the one now described. It consists in a large tumour which is attached to the anterior lip of the os uteri, of about six inches in length, nine in circumference, and two where it adheres to the lip of the uterus. Its surface is smooth throughout, without either fissures or growths of any kind; it is not attached to the vagina, and is of an oval form: thus differing in several important particulars from the present one, so far as regards the application of a ligature for its removal, had such been practicable during life. The preparation was presented to Dr. Montgomery by a medical gentleman.

On laying open the tumour which is the subject of this communication, it presented the appearance of spread out muscular fibre growing from the uterine tissue,—imparting to the touch the same flaccid feel that it did during life. At its lowest part, where it had been cut through by the ligature, the change of colour described as present on its outer surface was also apparent. I regret that at the time circumstances prevented me from making a microscopical examination of the growth.