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Art. VI.—CLINICAL REMARKS ON TWO CASES OF TUMOUR OF THE UTERUS COMPLICATING PARTURITION.

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Those of the second are situated in the substance of the uterus; they always grow towards that surface of its parieties to which they are nearest, but if they happen to be lodged in the centre, it is remarked that they remain much longer stationary than when situated near either surface. They are much more frequently found near the body than the neck of the uterus.

The third class are developed between the internal surface of the proper tissue of the uterus and its living mucous membrane, which then becomes more distinct than in the natural state, by being detached from the subjacent parts—as they increase in size they continue to push this membrane before them, invest themselves in it, and project into the interior of the cavity of the uterus, and sometimes into the vagina. At last they often cease to be in contact with the walls of the uterus, being attached to them only by the investing mucous membrane, which is lengthened out to form a kind of stalk or pedicle. From these he distinguishes true polypi which arise from a morbid condition of the mucous coat of the cavity. Dr. Lever also observes, that "these tumours are generally formed in the cellular membrane, under the peritoneal coat, or between the layers of the proper tissue of the uterus; occasionally, but more rarely, they are generated beneath the mucous lining, and a tumour so formed is generally accompanied by hæmorrhage of a profuse character." He also notices that in some cases these tumours are projected through the os uteri, and so constitute a variety of uterine polypi.

Having then, perhaps, for too long a time dwelt on the pathology of these growths, I shall now proceed to shew that, besides the dangers subsequent to parturition, arising from inflammation of the uterus, that there also appears to be a decided tendency to hæmorrhage induced, of itself highly dangerous, and affording another reason for the induction of premature labour. Madame Boivin states that the uterus, in the cases under consideration, on some occasions has its parieties thinned, at least on that side opposite the attachment of the tumour. In Dr. Ashwell's fifth case of tumour, it is noticed that *the uterus was found contracted* to the size of a fœtal head, and that there was no discernible lesion in it. *The left parietes* had suffered pressure *from their proximity to the tumour.* Madame Boivin is the only author that I am aware of who has especially noticed the occurrence of flooding in connexion with tumours. She says—"In cases in which a fibrous tumour co-exists with pregnancy, the danger is not entirely past upon delivery. In a case which occurred at the Maternité, a fibrous body of large volume, occupying the posterior paries of the uterus *prevented this organ from duly contracting after delivery,* and the patient died of hæmorrhage." There is also another case of delivery, under Prof. D'Outrepont, in which the patient died also of hæmorrhage; in another case by Dehain, the patient died of hæmorrhage undelivered, just at the moment the practitioner was going *to turn,* (the shoulder presenting,) and it is supposed that the tumour was the cause of the unfavourable *position of the fœtus.* We find in several of Dr. Lever's cases that hæmorrhage was a frequent consequence.

Case 13.—The woman had been under his care for some months, with hard tumour accompanied by menorrhagia. She married, and within three months became pregnant; at the fifth month she miscarried, and there was considerable loss of blood. She again conceived, and at the sixth month again miscarried, when the discharge of blood was again inordinate. In case 14, the pressure of the tumour caused deformity in the child, and in this case there was hæmorrhage. In Dr. Ashwell's paper, in vol. 1st of Guy's Reports "on cases of pregnancy complicated with tumours," case 1st, reported by my fellow student, Mr. Jos. Ridge—At or about the sixth month of pregnancy labour came on with hæmorrhage from the vagina; in an hour a male child was born. In two hours more a second fœtus was expelled, the face lying to the pubis. Dr. Ashwell, in consequence of the delay, introduced his hand and brought away the placenta; expressing his fears for the safety, not because she had lost some blood, but from the collapse into which she was fast sinking. The secale cornutum had been administered, but had failed to induce contraction. In a few hours she died, brandy and ammonia having been largely given without any benefit.

In his second case the hæmorrhage arose from implantation of the placenta over the os uteri. In Dr. Ingleby's Illustrations in Midwifery, published in vol. VI. of the Dublin Journal, under article "obliquity of the uterus," I find the following case:—"About a fortnight prior to delivery, the patient directed my attention to a hard tumour situated on the left side close to the ilium, where it constantly remained. It was slightly moveable, and not unlike a moderately sized fœtal head." There was for some time a doubt as to pregnancy; however, "early in the morning on the 30th January, regular contraction like labour pains came on; after some hours of pain, the fœtal head was felt through the membranes, and also a *portion of placenta.* She was at the seventh month, and had had drainings and hæmorrhage, for which the plug had been used, *together with ergot,* early in January; the hæmorrhage returning, the membranes were ruptured.