

discharge. 25th—Very slight discharge. 26th—Rose about noon; up two hours; bleeding began necessitating two or three napkins; went to bed, but bleeding continued profusely; after a time it gradually ceased; there was then “a very free clear watery discharge; about 8 p.m. a large blood clot was passed.” I visited about 10 p.m., by this time the bleeding had almost ceased. P.V. examination; after removal of some clots, a pyramidal fixed mass fully occupied the cervix; the uterine tissue was soft, and it was possible to introduce two fingers within the os. The surface of the mass felt rough. The uterus could not be felt distinctly in the hypogastrium. In consequence of the feeble state of the patient, a prolonged examination was deemed inadvisable. The vagina was plugged; full doses of ergot and witchhazel ordered. The handling of the tumour caused little pain; patient stated she “had severe pain in the belly to-day, before and after the bleeding.”

27th—Feeling pretty well. To ascertain the exact nature of the tumour, a sound was used; it passed two and-a-half inches within the uterus. The diagnosis being clear; the tumour was fixed by forceps, and twisted off, with little difficulty. The growth was, roughly, the size of a hen's egg, and was encapsuled in a distinct membrane.

2nd July—Patient exceedingly agitated, on account of a drunken row in lodging-house, but no recurrence of hæmorrhage. The subsequent history contains nothing of note; in fact, from the removal of the tumour she progressed most satisfactorily. On the 13th July she was able to take a longish walk.

REMARKS—The whole subject, and especially the pathology of fibrinous uterine tumours requires so much consideration that I sent the tumour for minute examination to Dr. Woodhead, who after careful observation reported as follows:—“The tumour appears to consist of two factors, a piece of placenta and large masses of coagulated blood. Near the surface of the tumour is an appearance somewhat like that very roughly washed in on the other side. The pink being the placental structure in which are a number of connective tissue, and it appears to me, muscular fibres. The villi are covered with a layer of flattened epithelium and are cut in various directions. In some parts of the section there are numerous cells apparently from the wall of the uterus which are undergoing the

coagulation necrosis, *i. e.* are with the fibrine forming a coarse net work, the coarse strands being formed by fibrin and the periphery of the cell, whilst in the centre of the mesh is frequently seen the nucleus with a small quantity of granular protoplasm. This cannot be accidental, as it occurs at several points and in every specimen I have examined. It is very like the net-work formed in diphtheria. The remainder of the tumour consists simply of coagulated blood which has been thrown out at different times, for in some cases the coagula are much more distinctly seen than in others. Delicate bands of fibrin, form a net work more or less dense and perfect, in which lie the coloured and a few colourless blood corpuscles.” Dr. Woodhead, who was most kind in thoroughly examining the tumor, wrote me further that he considered the cells to be “epithelial, not muscular, in character,” “those lining the uterus and probably some of the glands.” I was most anxious to have the opinion of an expert microscopist, as I have found very great confusion in literature regarding the variety to which some of these tumours should be referred.

On macroscopical examination the tumour which was fully as large as a hen's egg, appeared to me more like a small fibro-cystic growth than a fibrinous polyp. I noted that what seemed to have been a cyst was for the most part occupied by a reddish bloody stratum, this stratum evidently having been formed from extravasation of blood within the cyst; the membrane forming the cyst wall was well developed. There had evidently been discharge of part of the contents of the cyst, as the dense coagulated blood and fibrinous appearance, together constituting the main part of the tumour, did not wholly occupy the investing membrane. My rough microscopical examination, before proper hardening, shewed bands of tissue somewhat like fibro-muscular structure, but this has been more exactly described in Dr. Woodhead's report.

Having determined the morbid anatomy of the growth, its pathogenesis next demands notice. The most natural theory is that a growth shewing evidences of placental structure is more or less a product of the placenta. It is well known that poly-poid formations are a frequent result of one or more pieces of placenta having been left *in utero*. It is also equally well known, that at times portions