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## Original Communications.

### FIBRINOUS POLYPOID UTERINE TUMOUR—SECONDARY HEMORRHAGE REMOVAL OF TUMOUR.\*

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NARRATION OF CASE.—Mrs. M., wife of an actor, æt. 22, pale, little, blonde; secundipara; was easily and naturally delivered of a healthy female child on 30th May, 1881. The placenta came easily and was entire; the membranes untorn; in size the placenta seemed rather small, but appeared quite healthy. Mrs. M. originally a weak, fragile woman, of nervous temperament, had been confined of her first child sixteen months prior to the second delivery. She nursed her first baby nine months. Lochia lost colour on fourth day; mother nursed child; milk sufficient; pulse and temperature normal, average 80 and 98°. In consequence of her husband's pecuniary embarrassment at time of her confinement, she had no regular nurse, and possibly exerted herself more than was prudent from the very first. However, she did exceedingly well up to 9th June, (the eleventh day); she rose on that day, but did no house work. In the evening she carried her little boy across the room, and thoroughly washed him; she felt very tired after doing so. Between three and four hours after this bleeding began. I was sent for about 11.30 p.m. On visiting I found my patient reclining in an arm chair, in a profound faint; no pulse at wrist; face pallid as death. The quantity of blood lost was very great; but as she had been sitting up, fully dressed, when hemorrhage commenced, it was impossible to estimate how much, even approximately. The whole of her clothing from below the waist was saturated; the chair, covered with leather cloth, contained a large pool, and from it the blood had streamed over the floor. The faint lasted for

several minutes after my arrival, although on my seeing her she was immediately placed flat on the floor, with her head low. Upon recovering consciousness, the clothing was removed, and she was gently lifted into bed. On examination the vagina was filled with clots, as was also the lower uterine cavity; two fingers could be easily introduced within the os. The uterus felt about the size of a foetal head. By external and internal manipulation many clots were removed, the uterus contracted, and was fixed by a pad and roller. The following was prescribed—

R Ext. Ergotæ fl. ʒi  
Tr. Hamamelis ʒss.  
Aq. ad. ʒij.—M.

Sig. Two teaspoonfuls at once, and one teaspoonful every two or three hours. Cold water cloths were applied to the vulva for an hour and half. After remaining an hour I felt satisfied that bleeding was checked and left. During the night, and next day, several small clots were passed, and about six or eight napkins used. On 11th June two or three cloths were required; on the day following the discharge ceased. Mrs. M. continued to nurse her baby, but was strictly enjoined to maintain the recumbent position in bed. On 13th June, about 2 p.m. I was again sent for. I found the patient sitting up in bed. She was very nervous; bleeding recommenced with much severity about half an hour before. Fully twenty napkins were used; half of the number perfectly soaked. The vagina was cleared of all clots; two fingers introduced *in utero* and some clots, half the size of a hen's egg, removed. The uterus was not nearly so large as on the former occasion. I learned she had only taken her mixture for 48 hours. She had been wholly in bed; but had been "obliged to sit up frequently to attend to baby, as she was fretful." A full dose of ergot was given, and the former mixture ordered to be taken every four hours, also whiskey frequently.

14th June—Clots passed in early morning; discharge very moderate. As her strength was seriously impaired, she was advised to wean her baby.

15th and 16th June—Color of discharge brownish, only one napkin in the twenty-four hours.

17th—Lochia brighter; two napkins through day. 19th—Color almost gone; one napkin in twenty four hours. 22nd—Small quantity of "slimy discharge." 24th—Feeling well; rose; no

\*Read before the Obstetrical Society, Edinburgh, May, 1884.