

sented the appearance of a large hard spheroidal mass; on the anterior lower portion of which was seen the os-tinct, smooth and open, but without ulceration; on cutting into the mass from behind, it was found of a semi-cartilaginous hardness. It consisted of two portions, one about half an inch thick, formed of long fibres of a gray colour, and evidently the developed tissue of the uterus, which encircled the other portion that formed the bulk of the tumor, and which was of a white colour, and made up of indistinct masses or large grains without any intermedium, and cutting like fibro-cartilage, harder in some parts than in others. The small globular tumor above was similarly composed; a thick covering of apparently uterine fibres inclosing the hard granular matter; the cavity of the uterus terminated below this mass.

FIRST OBSERVATION.

The uterine tumor described above, is evidently of the kind denominated by W. Hunter and several more recent writers, *fleshy tubercle of the uterus*: and by Lever, in his recent work, *hard, fleshy, or fibrous tumor of the uterus*, and which he defines "for the most part non-pedunculated; and either non-malignant, or if malignant, possessing that characteristic in a very low degree." European writers of celebrity describe such tumors as of very frequent occurrence in women past the middle period of life:—thus Bayle affirms, "that in twenty out of one hundred women taken indiscriminately after the middle period of life, the fibrous tumor is found imbedded in the walls of the uterus. Dupuyren affirms that there are few women of a certain age who are without tumors of this description about the uterus; and Dr. Lee of London gives his opinion from personal observation, that Bayle's estimate is correct. Now, in this country, though ovarian and uterine organic diseases are by no means infrequent, I should be loth to recognise an approach to that proportion so obtaining here, comparatively few of those, whose bodies I have had an opportunity of examining, who had died without manifest uterine disease, having exhibited changes of organic structure. In this opinion I am happy to be corroborated by so good an authority as Dewees of Philadelphia, who, (Treatise on Diseases of Females), in speaking of organic diseases of the uterus, observes,—"The diseases about to be considered are not very common in this country; at least, they would appear to be less frequent here than in Europe." Dr. Lever (Organic Diseases of Uterus), deriving his knowledge from the Army Medical Reports, states, that in Quebec three women in fifty suffer from carcinoma; in Montreal two women out of fifty suffer from organic

disease; that in the country the proportion is nearly the same; in Halifax one in forty suffers.

Now, though the terms "Carcinoma" and "Organic disease" are by no means convertible, yet as "hard tumor" is so frequently accompanied by affections of the pelvic viscera, similar to those which true carcinoma inflicts, it is not unreasonable to suppose, that the former may frequently be included in the latter, or in the more general name of "malignant disease;" and we may therefore be warranted in concluding that organic disease is less common in America than in Europe. Dr. Dewees attempts to account for this circumstance, by asserting it to be "a fact sufficiently well established," that tedious, laborious, or impracticable labours are very much more common in Europe than in this country;" he adds, "it will necessarily follow that the uterus of the European women is, in the same proportion, exposed to injuries from this cause."

I have just said that "carcinoma" and "organic disease of the uterus" are by no means convertible terms; and it is of much importance to be aware of the difference; as the one tends to speedy death with great suffering, while the other may subsist for many years with comparatively little inconvenience.*

The symptoms of the latter are chiefly those arising from the pressure of the tumor; consequently, they are not commonly experienced till the tumor has acquired some size; then, symptoms similar to prolapsus may supervene, or, inconvenience in discharging the bladder, or rectum; or, from pressure on the nerves, cramps or pains, or numbness of the lower extremities may occur; and especially the patient will be liable to frequent hemorrhages from the vagina, producing probably debility and œdema. Moreover on examination per vaginam, if the tumor be distinguished, it will not be painful, and the mouth and neck of the uterus will be commonly intact. In carcinoma again, the part affected is very generally the cervix, which becomes thickened and hard; painful when pressed; and this change is accompanied by shooting pains through the pelvis and neighbouring parts, and sympathetic disturbance of the system; and followed sooner or later by ulceration of the os and cervix uteri.

The agreement of the progress and effects of the tumor in the present case, with those ascribed to fleshy tubercle will be apparent; and the fatal termination seems to have been quite independent of its existence.

* Sir Charles M. Clarke has observed, "all tumors which have the character of *hardness*, have been called *scirrhus*, and *scirrhus* has been considered as the forerunner and first stage of cancer. But many tumors which are *scirrhus*, that is to say *hard*, have no disposition to acquire an ulcerating state, or at least have that disposition only in a trifling degree."