

factor; but neither in my own practice, nor in the writings of Ramsbotham, Churchill, Montgomery, Ashwell, Meigs, Playfair, Thomas and others, can I find records of an amount of watery discharges constantly draining as was the most noticeable feature in this case. Dr. Ashwell, in the article on Menorrhagia, says—"Protracted and dangerous hæmorrhages, whether arising from uterine congestion, from sub-mucous tumour, polypus, or from disease of the mucous lining, is by no means easy to make out. Klob, in describing vascular growths occurring on mucous membrane of uterus, thus writes—"These puffed elevations are red and shiny, velvety and smooth; on scraping them with a knife, a milky fluid exudes from them, which under the microscope, exhibits nothing but the glandular epithelium of the uterus, sometimes transparent vesicles and colloid bodies of varying size." In a post mortem examination of a woman 36 years of age, who had died from metrorrhagia, he was unable to find anything except such a vegetation of mucous membrane about one inch thick, and one and a-half inches in diameter. Dr. Thomas says—"It is astonishing how profuse and constant a flow will sometimes result from very small and insignificant vegetations. Some years ago, I had an opportunity of examining, post mortem, a patient of Dr. Louis Elsberg, of New York City, of whom this history was given. The patient had suffered for years from menorrhagia, and occasionally from metrorrhagia. On many occasions Dr. Elsberg had resorted to the tampon, and on several occasions had plugged the cervix with considerable force to prevent death from excessive flow. Upon inspection, I found nothing to account for the condition but three fungous projections, which were situated just above the os internum. Unfortunately they were destroyed before they were examined by the microscope. It might be suggested that some other cause might have existed, but none such was discovered on careful investigation. The uterus, ovaries and pelvic tissues appeared to be in a perfectly normal condition." If we assume that the case I now submit to the Society was probably identical with Dr. Elsberg's case, there still remains the difficulty of accounting for the large watery discharge, unless we assume it to have been a separation of the serum of the blood from the crassamentum, a theory scarcely consistent with our knowledge of the retardation of this

process while it is in contact with living surfaces. The experiments of Simon, Thackrah, Henson, Valentin, and other physiologists, all go to prove that blood will retain its fluidity for a very long time in the body; this view can hardly, therefore, be accepted as a reasonable one. The third possible cause will be vegetating epithelioma of sides or fundus of uterus. Ashwell and other writers describe the most frequent seat of this form of uterine disease to be the cervix, but it is admitted by Thomas, Klob, Virchow, and other German pathologists, that these tumours may grow from the mucous membrane of body and fundus of uterus. Virchow believes that some tumors resembling in every outward respect vegetating epithelioma are really non-malignant papillomata. The difference between these and the real epithelioma is to be found only by microscopic examination of the submucous tissue; in the one case it is healthy, in the other diseased. "Whilst," says Klob, "in the benign form simply an arborescent epithelium is covered by a more or less thick layer of basement epithelium, in the canceroid tumor, so-called canceroid alveoli are developed in the substance proper of the tumor, and also in the parent tissue, which is affected by hyperplasia of the connective tissue." Dr. Thomas, in describing this affection, says—"The disease may pass through its period of inception, and make considerable progress towards a fatal issue, without developing any symptoms which attract the attention of the patient—as only slight leucorrhœa and hæmorrhage may exist, which may have been passed over as trivial circumstances, not deserving treatment or investigation. Menorrhagia and metrorrhagia may exist even before ulceration has occurred, resulting from the congestion of the mucous membrane. Pain and tenderness are not nearly so constant and severe as would be supposed, and they may both be entirely absent. Ichorous, watery, and grumous discharges generally mark the advance of the disease, the second exhausting the patient by the draughts made on the serum of the blood. The third creates fœtor, and sometimes results in septicæmia, for the material giving color and odor to the flow is a putrilage formed by the detritus from decaying uterus." This description from Thomas's work on Diseases of Women, the most nearly approximates to the symptoms in the case under consideration. The discharge being at first inodorous would naturally