ART. XV.—Case of Large Polypoid Growth of the Uterus in a Young Girl, with Observations. By S. L. Hardy, M.D., F.R.C.S.I.; Physician Accoucheur to, and Lecturer on Midwifery and the Diseases of Women and Children, Steevens' Hospital; Physician to the Institution for Diseases of Children, Pitt-street, &c.

In several forms of uterine disease hemorrhage is frequently the first symptom which attracts attention, and induces patients to seek for medical advice. This is remarkable, particularly in polypoid growths, where it often constitutes a most prominent and dangerous feature of the complaint, even sometimes in cases of very small polypi. The following case illustrates to what a size those growths may attain before the existence of any other symptom:—

A. C., aged seventeen, a well-formed country girl, was under my care in Steevens' Hospital. She informed me that menstruation had commenced when she was fifteen years old. Two years after this she was affected with considerable loss of blood, which continued for four months without intermission; the discharge then became watery, and occasionally hemorrhagic. A tumour was at this time perceived by her in the vagina, which sometimes protruded externally. Pain in the back and epigastrium became very distressing.

Dr. Cahill, of Mullingar, was now consulted (I am indebted to him for the history of the case previous to her coming to hospital, and after her return to the country, until the time of her death). Dr. Cahill writes:—"She had repeated attacks of uterine hemorrhage, and a tumour as large as a child's head filled the vagina. In consultation with Dr. Stokes, of Mullingar, it was determined to put a ligature on it. The operation was very difficult. In the manipulation there was prolapse of the uterus, extruding a large fibroid tumour, with a narrow neck, traversing the cervix uteri. Having applied a ligature, the tumour was cut away; no bleeding followed, and the uterus was replaced. The cut surface was touched occasionally with nitrate of silver, and under suitable treatment her anemic symptoms disappeared. Two months subsequently the tumour had attained its former dimensions, with all the distressing accompaniments that had so reduced her system previously. The
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operation was again had recourse to, the acid nitrate of mercury being lightly used immediately afterwards. For a time her health again improved, and I lost sight of her."

It was during the interval of Dr. Cahill's seeing her that she was in Steevens' Hospital. I found that the tumour had grown so large as to completely fill the vagina. A ligature was applied which removed this enormous growth; no hemorrhage followed, the general health greatly improved; and, a few weeks after the operation, there was, for three days, what seemed to be a regular menstrual period. Shortly afterwards, on examination, the os uteri was found closed, and nothing of the tumour to be either seen or felt. Externally, behind the pubes, there was no remarkable enlargement. She returned to the country, and, in about three months from the time of leaving the hospital, she again consulted Dr. Cahill, who, in continuing the history of the case, says:—"When called to her there was profuse hemorrhage and pain. The tumour was lying on the bed, its dimensions exceeding that of a large placenta, and divided into three lobes, one of which, the largest, descended, by a narrow neck, through the os uteri; a second took its origin from the root of this, and the third, nearly as large as the first, grew from the lip of the os. This whole mass, including the elongated cervix, had been outside the vagina for twelve hours. Every attempt to handle it increased the hemorrhage. Separate ligatures were applied with great care, and the whole excrescence removed without increased loss of blood. She was much improved in her general health after the operation. No further hemorrhage followed, but she suffered from excessive sanious and purulent discharges, to abate which she used astringent injections."

Dr. Cahill continued to watch the case; and, five months after removing the tumour in the manner above stated, wrote me the following statement:—"At length the poor girl has succumbed to the fell disease that gradually exhausted her vital powers. Day by day she became weaker, the discharges latterly having lost their sanguineous character, and the tumour diminishing in size. Her stomach became so irritable that nothing settled on it. No post mortem examination would be permitted."

I published a somewhat similar case in this Journal for May, 1855. The woman was aged thirty-nine, and had given birth to two children. A large tumour grew from the lip of the os uteri, which was several times removed, but rapidly returned. At length the patient sunk under constant fetid discharges. A drawing is