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ORIGINAL COMMUNICATIONS.

CASE OF FIBRO-CYSTIC TUMOUR OF THE UTERUS, WHICH REQUIRED TAPPING; WITH REMARKS.

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CASE. M. G., æt. 47, single, was admitted into St. George's Hospital, under the care of Dr. Wilson, with great swelling and distension of the abdomen. The symptoms, which had existed about twelve months, had been at first confined to the left iliac fossa, but had subsequently spread over the greater part of the belly. Fluctuation was very evident in various regions, and the disease presented all the characters of ovarian dropsy. Oedema of the legs was present, as well as pain in the region of the heart, and difficulty of breathing in going up stairs. The general health had not been much affected, but of late she had lost flesh; the catamenia had been absent for the last six months; the urine was scanty and highly acid. She was put on diuretics and good diet. After five days, it was found that she had decreased two inches in circumference round the abdomen, and that there was also much less swelling of the feet. Under this plan of treatment, she, at first, continued to improve slightly; but the symptoms and consequent distress having subsequently increased, Mr. Hawkins tapped the abdomen, and drew off fifteen pints of thick fluid, of a reddish colour, and mixed, towards the last, with blood and some flakes of lymph. After the operation, it was observed, that the decrease in size had occurred principally on the left side, and two masses of solid substance were detected, which appeared to form part of a tumour, rising from the pelvis. The operation was, at first, followed by marked relief; but, two days afterwards, symptoms of low peritonitis appeared, and the patient died, on the eighth day after having been tapped.

EXAMINATION OF THE BODY, EIGHTEEN HOURS AFTER DEATH. The cavity of the peritoneum contained a large quantity of dark-coloured fluid, mixed with flakes of recently effused lymph, which served to glue together the convolutions of the intestines. In its lower two thirds,

the abdomen was occupied by a large tumour, which, rising out of the pelvis, had displaced the intestines, and become attached, by slight adhesions, to the anterior wall of the belly. The upper part of this tumour was composed of large, membranous-looking cysts, with thin walls, the interior of which was inflamed, and filled with a quantity of thick, dark-coloured fluid. It was one of these cysts which had been tapped during life. Towards its lower part, the tumour was principally formed of a more solid substance, and filled with an enormous number of cysts, varying from the size of a pin's head to that of a large orange. These cysts, which were all lined with a thin, smooth, delicate-looking membrane, were filled with clear fluid, containing a large quantity of albumen. The diseased mass was, at first, thought to be connected with one of the ovaries, but both these organs were found to be lying behind it, and quite healthy. On further inspection, the tumour was traced to the right side of the fundus of the uterus, to which part it was connected by means of a pedicle, two inches in breadth, and an inch and a half in length, formed by the fibres of the uterus, which were traced upwards some distance, and then lost. Among these fibres, were several vessels of a large size. Here and there, in the lower part of the tumour, were scattered some spots of fibrous tissue, hard, dense, and without any cysts. In the body of the uterus, deeply imbedded in its structure, there was a common fibrous tumour, of the size of a bean. There was no affection whatever of any of the glands. The other viscera contained in the abdomen, as well as those in the thorax, were all quite healthy.

Microscopic examination proved that the tumour was essentially of a fibrous character.

REMARKS. Accumulations of fluid, in connection with Fibrous Tumours of the Uterus, may occur under various forms. As they present all the characters of ovarian dropsy very strongly marked, such cases are of great importance, for they have sometimes led to errors in diagnosis, and to useless operations; especially those cases in which the fluid is poured out into numerous small cysts.

The fluid is sometimes contained in a single cavity, formed by the softening and subsequent removal of the centre of the tumour, the place of which becomes filled up by serum. This, by gradually distending and thinning the outer part of the tumour, may make the disease appear as if it had been, from its origin, a cyst. The quantity of fluid contained in cavities thus formed may be very great.

In other cases there are several cysts containing fluid, which are produced in a different manner. Here, the cavities, lying between the fibres constituting the tumour, are generally towards its circumference, and that principally in cases where the mass, having grown more rapidly than usual, has acquired a large size. In a Fibrous Tumour of the Uterus, weighing fifty-four pounds, which I dissected some time ago, I found several cavities, which were all situated towards its circumference. Some of these were round, others of a semi-lunar shape—the latter appearing to have been the original shape of the greater number of the cysts. Their formation may be thus explained. The tumour was of a pear-like shape, and composed of layers of fibres, presenting a somewhat looped appearance. The extremities of these layers, being firmly con-

nected, formed a perfectly solid mass; whereas the centre of the loops, towards the circumference of the tumour, being but loosely connected by thin cellular tissue, had, in many places, left inter-laminar spaces, which had subsequently become filled with fluid. The cysts thus formed were of various sizes, and few in number; their cavities were perfectly smooth, and not subdivided by bands of cellular tissue.

There is another class of Fibrous Tumours, which appear to have been formed by the union of several smaller ones by means of loose cellular tissue, in the meshes of which, fluid has been thrown out, and has subsequently formed cavities or cysts. In these cases, the cavities, generally speaking, are not of any great size, and the mass looks like a large œdematous Fibrous Tumour. When punctured, but little fluid escapes from them; but, if incisions be made in several places, the greater part of the fluid will drain off in a few hours, leaving a coarse cavernous-looking tissue.

The Fibro-Cystic Tumour described in the case of M. G., cannot, I think, be looked upon as belonging to either of the three varieties already mentioned. From its earliest formation, the tumour was most probably of a fibro-cystic nature, and exactly resembled that form of disease so commonly observed in the ovary, which is composed of unilocular cysts, of various sizes, closely aggregated together, with more or less delicate fibro-serous walls; in fact, so close was the resemblance, that for some time the mass was taken for a diseased ovary. Portions of it also closely resembled the simple cystic disease of the testis, as well as one form of fibro-cystic disease which I have met with in a large tumour of the breast. The accumulations of solid fibrous tissue observed in the case of M. G., were scattered, and small in comparison to the size of the tumour; whereas the mass of it was made up of cysts, which existed in every part, even close to the root.

ON THE CAUSES, CONSEQUENCES, AND TREATMENT OF INFLAMMATION OF THE VEINS:

WITH CASES ILLUSTRATING THE EFFECTS OF PURULENT INFECTION OF
THE BLOOD.

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Hospital, etc.

PART II.

(Concluded from page 240.)

VIII. The experiments cited in the first part of this essay, illustrate the power possessed by the blood of preventing certain foreign substances from circulating with it. They shew that pus, in particular, has a tendency to coagulate the blood; and that by this means, when introduced into the vessels, its progress is arrested in some part of the circulating system. This fact, which, taken by itself, might appear of little consequence, assumes considerable importance when considered as one of the inherent properties of the blood, at all times ready, under favourable circumstances, to be called into action in the living body.