

carcinoma. The nerves of the sciatic and lumbar plexuses showed no degeneration by Weigert's method, but by Marchi's method some of the sections showed some black scales. This was more marked in the nerves of the right side. The primary growth in the breast was an adeno-carcinoma, the metastatic deposits in the lungs, liver and kidneys corresponded with it in structure.

In this case the primary paraplegia was undoubtedly due to the growth of the cancerous nodule which interfered with the anterior columns and nerve roots and compressed the cord in general. The myelitis in the lumbo-sacral region was due to an extension of the inflammation from the bed sore through the bones. The ascending degeneration was due to this latter lesion.

## LARGE SOLID TUMORS IN THE INGUINAL CANAL.

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### A REPORT OF THREE CASES.

I report the following cases because, from a casual search, I believe them to be somewhat unique both as to the gross and microscopic findings. The first two cases I saw with Dr. Stuart McGuire as his clinical assistant,

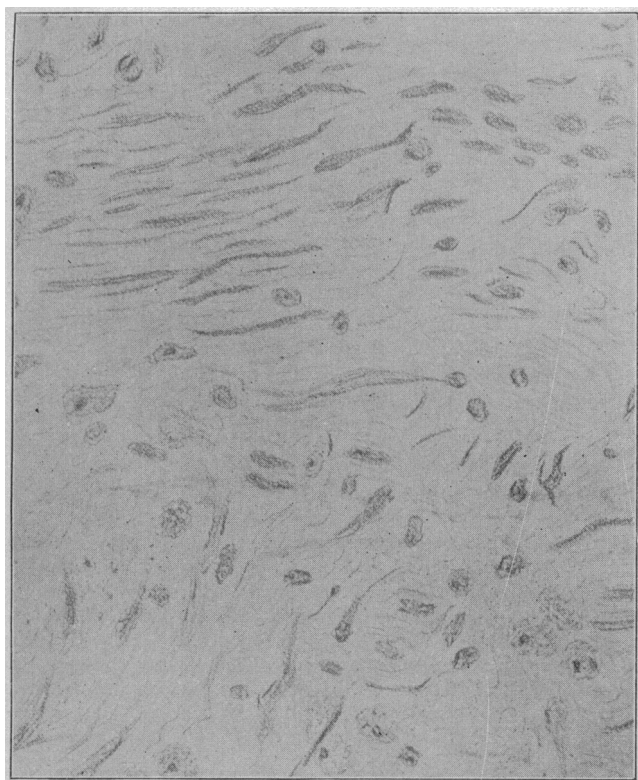


Fig. 1.—Drawing of section from specimen. Case 1. Magnified 400 diameters.

the third in consultation with Dr. M. E. Nuckols. For the microscopic findings I am indebted to Dr. E. Guy Hopkins, of the Laboratory Department of the University College of Medicine.

CASE 1.—Referred to the Virginia Hospital by Dr. G. S. Bell of Oriental, N. C., and operated on by Dr. Stuart McGuire, May 1, 1903.

*History.*—Mrs. W., aged 19, married, unipara, has always been a strong, healthy girl. She had the diseases of infancy, except diphtheria and scarlet fever. When she was 10 years old she fell across a wagon wheel and hurt her side, not

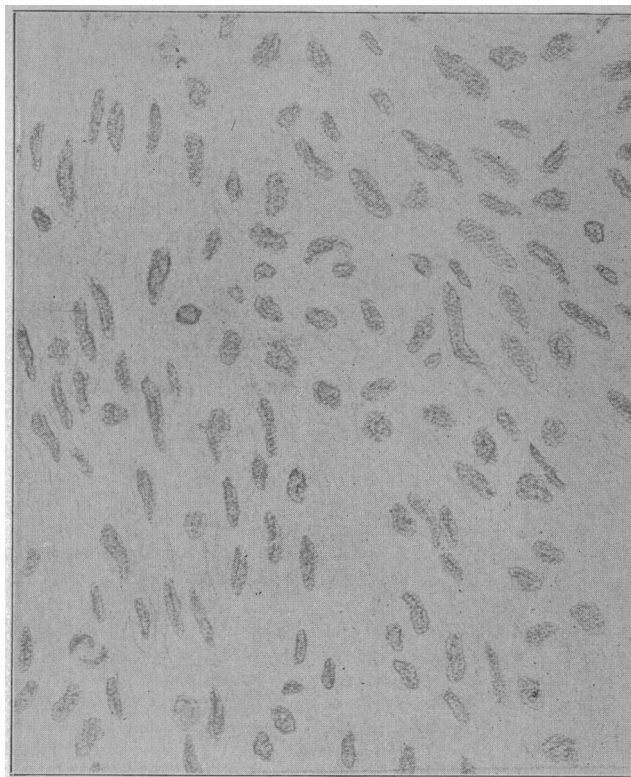


Fig. 2.—Drawing of section from specimen. Case 2. Magnified 400 diameters.

seriously enough to confine her to bed. She has been perfectly well, doing her own cooking, washing, and housework during her first pregnancy, which ended in a natural easy labor, with no physician present, just eight weeks before entering the hospital.

Two months after conception she noticed a small hard lump,

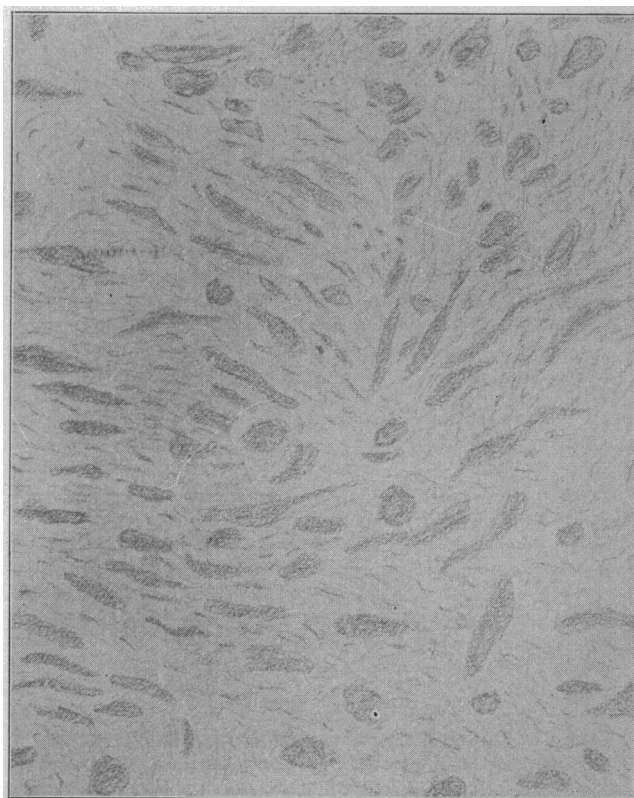


Fig. 3.—Drawing of section from specimen. Case 3. Magnified 400 diameters.

the size of a Malaga grape, painless and slightly movable, in the left inguinal region. It did not interfere with her daily work, and did not cause her any inconvenience whatever until after her baby was born, when, in the subsidence of the abdomen, it was not only very apparent, but began to grow rapidly, until it attained its present considerable size.

**Physical Examination.**—A hard, globular tumor was found about the size of child's head at birth, apparently occupying the right inguinal canal. It was freely movable, with smooth round surface, and was not attached to the uterus or the ileum. There was no pulsation or bruit and no enlarged inguinal nodes, nor was there any evidence of hernia.

**Operation.**—The thinned fibers of the external oblique were slit, and the tumor quickly hulled out of its bed in the canal. There was no pedicle. It seemed to have developed in the canal. The wound was closed as in Bassini's operation for hernia, for both the floor and roof of the canal were stretched to extreme thinness, requiring lapping of the external fascia and suturing to the right rectus.

**Post-Operative Course.**—The patient made an uneventful recovery and has since given birth to another child in a labor easier than the first, and unattended by a physician. At this time, three and one-half years after the operation, there has been no return of the growth, and her general health has been excellent.

**Gross Appearance of Specimen.**—The tumor was smooth and free from nodules and distinctly encapsulated. It weighed between 2 and 3 pounds, and was white in color. Section revealed a plane, white surface, with no cysts or pockets of fluid. The blood vessels were few in number and small in size, but all presented well defined walls.

**Microscopic Appearance of Specimen.**—The structural elements and their arrangement proclaimed it a fibromyxoma. The connective tissue cells were scattered without plan through a matrix consisting of myxomatous material, through which a tangle of tiny fibrils was interwoven. The preponderance of matrix over cells at once attested the benign character of the growth. As will be seen in Figure 1, the spindle was the prevailing type of cell, with thread like tapering ends characteristic of myxomatous tissue. The field shows no blood vessels, but in other areas vessels were noted, always with well defined walls.

CASE 2.—Referred to St. Luke's Hospital by Dr. J. P. Roy of this city and operated on by Dr. Stuart McGuire.

**Patient.**—Mrs. S. E. G., aged 26, married. Family history negative.

**Personal History.**—Had the mild diseases of childhood. Has two children, the youngest 2¼ years old. Menstruation always normal. Never did hard work or heavy lifting, or had a chronic cough that might cause hernia. Trouble dated from three years ago, when she first noticed a sharp pain in the left groin, and on examination found a small lump, which gradually increased in size. The local pain had persisted and increased in severity, especially in damp weather. She had also suffered occasional paroxysms radiating from the inguinal region over the lower abdomen and into the back. These were sometimes brought on by long walks or long standing. The tumor was uninfluenced by menstruation, and had never become inflamed, nor had it interfered with urination. It did not decrease in size on lying down, and did not affect her general health.

**Physical Examination.**—In the left groin, above Poupart's ligament, was a mass about the size of the closed adult fist, oblong in shape, and directed downward and inward. Over the mass the skin was freely movable. The veins of the skin were slightly engorged, but not markedly so. On palpation the tumor was hard and somewhat elastic in consistency, and could be slightly moved. It was clearly outlined, and seemed to have an attachment to the outer wall of the pelvis. There was no pulsation or bruit. About the anterior superior spine of the ileum there was marked tenderness.

In the region of the external abdominal ring, when the patient stood erect, a small lump about the size of an almond was seen, which disappeared when she was on her back. With a finger in the ring an impulse was felt on coughing, which was not noticeable elsewhere on the tumor. Percussion over

the large tumor elicited a partially dull, but not a flat note. Heart, liver, lungs, spleen, etc., were normal.

**Diagnosis.**—Tumor of left inguinal canal, apparently attached to crest of ileum, probably osteosarcoma. Complication: Left incomplete indirect inguinal hernia.

**Operation.**—The thinned external oblique was slit up from the external to the internal ring, and the tumor exposed. It was firmly adherent to the fascia, and was attached by a broad pedicle to the inner aspect of the ileum. What was thought to be a hernia was found to be the cystic lower end of the tumor. It was hulled from its bed and its pedicle stripped away from the ileum. There was much bleeding from many thin-walled veins; this was readily controlled by pressure.

There was far more suggestion of malignancy about this case than in the preceding, both as to its bleeding and its firm periosteal attachment. Closure was effected as in Case 1, by uniting the cut external oblique to the border of the rectus over the approximated conjoined tendon and Poupart's ligament. The wound was drained by a stab wound, behind and below the anterior superior spine of the ileum.

**Post-Operative Course.**—The wound drained very freely, but united without pus formation. Patient made a good recovery, and at the present writing there has been no return of the growth.

**Gross Appearance of Specimen.**—An oblong mass, firm in consistency, with several loculi of clear fluid at the lower extremity. Section showed a firm surface, with many well defined vessel walls.

**Microscopic Appearance.**—In Figure 2 it will be seen that the intercellular structure is greater in amount than the cells, though the cells are far more numerous than in Figure 1. The matrix is of the same character as seen in Figure 1, but the cells, while still retaining the spindle shape, are shorter and more rounded at the ends. Vessels, where found, had well defined walls.

CASE 3.—Seen at the Virginia Hospital, with Dr. M. E. Nuckols, April 4, 1906.

**Patient.**—Negro woman, aged 23, with one child 3 years old. Family history negative.

**Personal History.**—Regular menstruation. Eighteen months ago a small tumor appeared in the left inguinal region and grew slowly and painlessly until a few days ago, when she began suffering with an aching pain in the region, which led her to seek relief.

**Physical Examination.**—A large, firm, somewhat oblong rounded tumor of the left inguinal canal, extended from the crest of the ileum beyond the median line. It was quite movable, though apparently attached to the ileum externally. It was not attached to the uterus, gave no bruit on auscultation, nor any impulse on coughing.

**Diagnosis.**—Myxomatous tumor of the left inguinal canal.

**Operation.**—This was performed by Dr. Nuckols just as were the foregoing. The tumor was easily separated except at its pedicle, which sprang from the periosteum over the anterior superior spine, from which it had to be torn. Care was taken to take a portion of the periosteum away with the pedicle, as the tumor was quite vascular, and had rather an ugly look. Repair of the canal was effected as in the two foregoing cases.

**Post-Operative Course.**—Uneventful recovery. Case lost sight of since leaving the hospital.

**Gross Appearance of Specimen.**—Firm, smooth, oval tumor, weighed 3½ pounds, presented a uniform interior, free from cysts.

**Microscopic Appearance of Specimen.**—As seen in Figure 3, the cellular elements, while more numerous than in either Case 1 or Case 2, still constitute less of the tissue than its intercellular substance. The intercellular substance consisted of myxomatous material and fibrils like the foregoing. The prevailing type of cell here was also the spindle, though larger than the foregoing.

#### SUMMARY.

These tumors occurred in women between the ages of 19 and 26. All three had borne one or more children, and in one at least pregnancy seemed to accelerate the growth. Two of the growths sprang from the perios-

teum or fascia covering the inner face of the ileum, while one lay free in the canal, attached only to its coverings. All were of comparatively rapid growth, the average duration from the earliest detection to the time of operation being 22 months.

The growth was most rapid in the younger women. The smallest tumor was the oldest growth, occurring in the oldest woman. All were probably fibromata, which underwent myxomatous degeneration, and the first two were distinctly benign in appearance, but the size and appearance of the cells in Case 3, coupled with the proportion between the cells and the matrix, is suggestive of that strange borderland type which is so seriously near to sarcoma.

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### TURNIP TOP TREATMENT OF CHRONIC DIARRHEA AND AMEBIC DYSENTERY.

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Nothing has given more concern than the treatment of chronic diarrhea and dysentery. In reporting our experience in the treatment of such conditions with the boiled tops of the turnip, spinach, mustard and *phytolacca* we feel fully convinced of the specific action of this diet, and append the report of some cases so treated. Our attention was first called to this treatment during 1904 in the following manner: A patient, male, white, aged 28, consulted us for a chronic diarrhea. He had suffered for several months and had tried the various astringent and dietetic remedies commonly employed in such conditions. He was pale; had lost in flesh; had four to six stools a day with very little pain. The stools were chalky in color, semi-solid and very offensive. We advised him to go into a hospital, where he was put on rigid milk diet with astringent enemata. He grew worse, and his diet was changed to cereals and meat juice. On this he was kept for six weeks without much trouble, but gained nothing in weight nor strength. In disgust he left the city and went home, as we supposed, to die; certainly rest in bed and the hospital régime had not benefited him. Some months later he walked into our office a well man. He had gained largely in weight and had the appearance of perfect health. When we inquired for the cause of his recovery, he replied: "Poke salad" (*phytolacca* top). He had begun, shortly after leaving the hospital, to eat cooked sprouting tops of *phytolacca* and, when these could not be obtained, turnip tops, mustard or spinach, with the result stated. We watched this man for some time and saw him return to his regular work, bridge builder. We lost sight of him after a year, but have lately learned that he has died; from what cause we do not know. We have prescribed turnip or mustard "greens" in four cases of chronic diarrhea since this, and in every case the result has been most satisfactory. The diet at first should be rigidly "greens," and later cereals, as they can bear them. Meat seemed to be the hardest thing for our patients to digest.

We are giving the reports of six cases, four of chronic diarrhea and two of amebic dysentery. Of the patients with diarrhea one has died.

#### CHRONIC DIARRHEA.

CASE 1.—An old lady who had a severe chronic diarrhea, had all her symptoms relieved on the "greens" diet and went to the country for a change. While away it was impossible for her

to get the diet; she had a relapse and died after six weeks in bed.

CASE 2.—Mr. A., aged 40, white, married, real estate agent. First noticed diarrhea January, 1905; until June, 1905, had irregular diarrhea, alternately better and worse. Had been put on a low diet with bismuth, but on the whole was losing ground, and the diarrhea continued. June 1905, he began taking "turnip greens" almost exclusively for four months; improvement was prompt, and he soon began to gain in strength and weight. The diarrhea was controlled at once. It is fair to say that for a while he took a mixture of chalk and bismuth. In a letter received from him to-day he states that he gained 10 pounds on this strict diet and he now eats anything, and has gained 15 pounds more, 25 pounds in all.

CASE 3.—Male, white, aged 45, railway conductor. First noticed diarrhea in March, 1902. His stools numbered from four to twelve a day, keeping up throughout the twenty-four hours; they were semi-solid, frothy, pale, chalky in color and of extremely offensive odor. There was no jaundice nor pain, but a great deal of gurgling in the bowels. He stated that milk always aggravated his symptoms. For twelve months he was sick this way, sometimes apparently improved for a day or two, only to relapse and find himself weaker than before. During this time he was able to work on an average one-third his regular time. He was continuously under medical care. In February, 1903, he began taking "turnip greens." He ate them exclusively for two weeks, and improvement began at once, even though he was taking no astringents. After two weeks his diet was gradually enlarged until at the end of two weeks he was on full diet. During this period he gained 30 pounds and felt well and strong. He now eats anything and is not troubled in the least; he occasionally eats the salad, but not systematically.

CASE 4.—Mrs. M., white, aged 65, first noticed trouble in the fall of 1903. Stools numbered from four to twelve a day; usually more trouble in the morning. Movements were pale yellow, semi-solid, frothy and very offensive. There was no jaundice. Milk always aggravated the symptoms. She endured this for eighteen months, taking the usual remedies with periods of temporary improvement, followed by relapses. In June, 1905, she began taking "turnip greens," and took them exclusively for three days and almost exclusively for six weeks. During this period she improved steadily; the diarrhea was controlled and she gained materially in weight and strength. She is still eating "greens" and with them anything else she wishes. Her health is entirely regained and she is as strong as she ever was. Weight on beginning treatment, 115 pounds; weight to-day, 148 pounds.

These facts have been obtained from the patients living to-day; we regret the incomplete record of the fatal case. Of the five patients, all but one had symptoms that closely resembled tropical sprue; the tongues were red and bare of epithelium; there was great weakness and pallor, with pale, semi-solid, frothy stools, but all did badly on milk. None of these cases had bloody stools.

Our experience with this diet in amebic dysentery, though limited, is most satisfactory. The two patients had tried all the ordinary remedies, and the first was ready to undergo an appendicostomy or an enterostomy. He had quinin and nitrate of silver irrigations, rest in bed, carefully restricted diet, and, in fact, had carried out every detail of directions given him, and his condition was extreme. The patient in the second case was not so bad, but he had given up his work and did not expect ever to return to it. He had been in the hands of good physicians, and we lost no time in putting him on "turnip greens." You will note the result in the report of the case below.

#### AMEBIC DYSENTERY.

CASE 1.—White, aged 29, married, merchant; was first seen Oct. 28, 1905. He gave a history of having had an attack of dysentery in 1904, lasting three months, and from which he seemed to recover. He had, however, never regained his for-