fourths of an inch from the apex, is a foul, sloughy-looking ulcer, with ragged, everted edges, and an indurated base. The tongue is thickly coated, and articulation and deglutition are difficult. The growth is two and one-half inches in length, by one inch in breadth. Patient states that, about fourteen years ago, a small kernel appeared on the left side of the tongue, a short distance from the apex; this has gradually spread downwards and backwards, producing abundant salivation, and at times causing severe pain. The submaxillary glands are not affected. On the 27th, he was etherized; during the process of etherization, the pulse and the respiration suddenly ceased, without any apparent cause, and for a few seconds the patient's condition was quite alarming; soon, however, pulsation was felt again at the wrist, at first slowly, and then gradually rising from 30 beats a minute to 40, 50, and, finally, to 80; respiratory action recommenced, and there was no further trouble. An incision, about three inches long, was made, from a point over the lesser cornu of the hyoid bone, toward the left mastoid process; the left lingual artery was found beneath the triangle formed by the hypoglossal nerve and the tendon of the digastricus, and tied. The growth was then cut out with scissors, and a margin of a quarter of an inch of sound tissue was removed with it. There was almost no bleeding. Dr. Fitz was kind enough to examine the tumor, microscopically, and reported that it was an epithelioma. The wounds in the neck and mouth soon healed; the ligature came away from the lingual artery on or about the tenth day, and on the first of April the patient left the hospital, perfectly well. Ligature of the lingual artery in connection with operations on the tongue is not a new proceeding; it has been abandoned, I suppose, on account of the troublesome dissection required to secure the artery. The wound is, at the end of the operation, a pretty deep one, and the movements of the larynx and hyoid bone embarrass the operator. As the lingual arteries, according to Hyrtl, do not anastomose, it is easy to see how completely the supply of blood may be cut off from the side of the tongue corresponding to the ligatured artery. This is the second case that I have treated in this way, and I have been well pleased with the results. See this JOURNAL for Jan. 21, 1869.

CASE OF SARCOMA OF THE UTERUS.

Read before the Boston Society for Medical Observation, April 6th, 1874.

By D. H. HAYDEN, M.D.

Mrs. O., light mulatto, æt. 59, admitted into Aged Colored Women's Home in January, 1872. Had always been a healthy woman. Father was said to have died of cancer of stomach. Mother said to have died of swelling of the bowels. Had had one child. Menstruation stopped at the age of 45 years. Had during that winter more or less trouble connected with the cessation of menstruation; enjoying then good health until the following winter, when she was again unable to work, owing to the severe pains which she suffered in chest and bowels. After this, was in excellent health, and worked hard for twelve years.

In June, 1867, she asserts that she felt something give way in right groin, while lifting; was taken unwell a few days afterwards, and

catamenia came on subsequently for five months regularly, lasting four or five days, being moderate in quantity, and being preceded, as they used to be, by pains in limbs and back. Between these periods, she had "the whites," which discharge continued ever afterwards, at times alternating with flowing, but never to any large amount until the fall of 1871, when she began to flow considerably, every day seeing more or less; and about this time she began to suffer very much with severe pains; these pains, mostly referred to the lower part of the abdomen, she had had, occasionally, for a long time previously, but never of great severity. She was obliged to give up work entirely and keep to the bed in January, 1872, this being followed by an amelioration of all the symptoms, though there was never a day that she was entirely free from pain; discharge, at times, offensive.

March 22, 1872.—With the assistance of Dr. Hall Curtis, the patient was etherized, and a vaginal examination made.

The os was dilated so as easily to admit the tip of the finger, which came, at a short distance within, upon a soft, friable mass, as if projecting from the fundus uteri, and small portions came away upon the finger. These were examined microscopically by Dr. J. C. Warren, who found "abundant small, round and spindle-shaped cells," and gave it as his opinion that the tumor was *sarcomatous*.

Patient had lost considerably in flesh and strength since the previous autumn. There was nearly complete anorexia. Bowels were rather constipated, but dejections were not accompanied by pain. Micturition free and not painful.

The treatment consisted, principally, throughout the whole course of the disease, of subcutaneous injections of morphine to relieve the pain as occasion required. Various tonics employed seemed to produce no result, and were given up, the patient doing as well when not taking them, but begging anxiously for the subcutaneous injections, which rendered invaluable service throughout the remainder of her life, keeping her a large part of the twenty-four hours in a comfortable condition, though at times the pain would be of a most severe character.

In the following summer (1872), patient began to suffer much with various distressing, gastric symptoms, such as heart-burn, "a distressed feeling and pressure (as she described it) in the pit of her stomach," profuse salivation (sometimes filling six or seven spit-cups in the course of the day), nausea, though never vomiting, and occasional attacks of gastralgia. The appetite continued poor, but there was no particular distress brought on after eating. There was, also, considerable tenderness over the epigastrium on pressure, but no tumor to be felt.

Various remedies, such as bismuth, sulphate of zinc, nitrate of silver and alkalies produced but little if any amelioration of these symptoms, they continuing, with varying degrees of severity, up to death.

Aug. 29, 1872, it is recorded:—

Of late, the morphia has been increased to one-third of a grain once daily, with which patient gets on quite comfortably, though if omitted there is great suffering from pain. The gastric symptoms have, of late, been less distressing, and patient has, for several weeks, given up taking medicine for them. Discharge (vaginal) abundant, and at times much colored with blood; generally offensive.

April, 1873 :—Patient lingers along without any marked change in the symptoms. Some days, feels bright and hopeful ; these followed, invariably, by a change for the worse, she suffering much with pains, and becoming despondent and depressed. Appetite and digestion pretty good. Morphia has been increased to half a grain per day.

May 9th.—Morphia is increased to half a grain morning, and one-fourth grain at evening.

Aug. 23, 1873, it is reported :—

Since last reported, has been steadily failing. Morphia has been gradually increased, so that, at present, it is found necessary to administer two-thirds of a grain every three hours during the day. This keeps down the pain pretty effectively, though patient says that there is more or less continuously in hypogastric region. There is a constant sinking sensation in epigastrium, which is very tender on pressure, but no tumor is to be felt. Anorexia complete, and patient takes but little nourishment. Discharge abundant, very offensive, and often highly colored. In addition to the subcutaneous injections during the day, patient takes at night one to two drachms of McMunn's elixir. This latter, according to patient, has a more quieting and sleep-producing effect, though the injection acts more effectively in stopping the pain.

Died September 1st, at 2½ P.M.

The autopsy was made by Dr. John Homans. There were no thoracic nor cerebral symptoms during life, and the abdomen was alone examined.

Emaciation everywhere extreme.

The stomach was contracted, the mucous membrane pale and rather thin ; otherwise free from disease. With the exception of the uterus, the other abdominal organs were healthy.

The uterus was submitted to Dr. James R. Chadwick for examination, and to him I am indebted for the following report :—

"Length of uterus, 3½ inches.

"Length of cavity, 3 inches.

"Breadth of uterus on level with insertion of round ligaments, 2½ in.

"Thickness " " " " " " 1½ in.

"Cavity of uterus almost filled with an irregularly lobulated, shreddy growth, arising from the whole inner surface of the organ, except at the fundus between the orifices of the tubes and the lower half of the cervix. The orifice of the right Fallopian tube seems to be occluded, but that of the other to be free. The vaginal portion of the uterus projects but very little beyond the surface of the vaginal *cul-de-sac*, has one deep, cicatrized notch, and is not at all implicated by the foreign growth. The os externum readily admits a finger. The walls of the organ are somewhat thickened. The limits of the tumor are not clearly defined from the true uterine tissue. At one point on the anterior surface of the body, there was a soft, elastic nodule, as large as a pea, which, on being incised, was found to contain pus.

"The ovaries and free ends of the tubes are bound to the uterus by firm, perimetric adhesions.

"Microscopic examination of the tumor proves it to consist entirely of round and irregularly-shaped cells, and to be a medullary sarcoma."

This specimen is one of rare occurrence, and it is only within the last few years that its presence has been demonstrated in the uterus.

In the *Archiv für Gynäkologie* are to be found the following articles upon this disease, for reference to which I am again indebted to Dr. Chadwick:—

Erster Band, Zweites Heft, "On Sarcoma of the Uterus," by von Gusserow.

Zweiter Band, Erstes Heft, "On Sarcoma of the Uterus," by Dr. Hegar.

Dritter Band, Zweites Heft, "Two Cases of Sarcoma of the Uterus," by Dr. Winckel.

Vierter Band, Drittes Heft, "Contribution to the Knowledge of Sarcoma of the Uterus," by Dr. Chrobak.

We find given as clinical differences between sarcoma and carcinoma uteri:—

Sarcoma grows invariably from the fundus or body, and never invades the orificium uteri, although often protruding from it.

In *sarcoma* there is very great pain from the outset. This does not generally occur in carcinoma until the neighboring organs are involved.

In *sarcoma*, hæmorrhage appears early, and there is a less amount of foetid, serous discharge, so characteristic of carcinoma. In carcinoma, the hæmorrhage seems to supervene after sloughing or ulceration has commenced.

The great friability of the *sarcomatous* mass would distinguish it from a fibroid tumor, enabling fragments to be removed for diagnosis by microscope. The slow growth after pieces have been removed, and the relief thus afforded, point to such a course as a most advisable one in treatment. The duration of the disease is often great, running a much longer one than *carcinoma*, sometimes of several years.

In this case, as will be shown, the disease occupies the fundus and body of the uterus, and does not invade the cervix. Hæmorrhage and pain were early and prominent symptoms. There was some smell to the discharge from the very first, but it was not until the later stages of the disease that the discharge became very offensive. The duration of the disease was also a long one. If we reckon from the time that she commenced to be again "regular," in June, 1867, the disease lasted six years. It was not, however, until the fall of 1871 that she began to flow severely, and to suffer severe pain. Reckoning from this date, the disease would have lasted two years, a longer time than is ordinarily the case with carcinoma.

The operation of removing portions of the tumor, we think, in this case, would have been productive of much benefit had it been resorted to, and we regret that the procedure did not suggest itself to our mind, although the disease would eventually have terminated fatally. The mass projecting into the uterine cavity was soft and friable, and the operation could have been easily performed. The source of so much suffering would thus have been, at least for a time, removed, and with return of the growth the operation could have been repeated.

The subcutaneous injections of morphia were of invaluable service, the use of opium or of its preparations by internal administration being very badly tolerated, occasioning many unpleasant symptoms, and being also much less effective. The patient looked eagerly and impatiently for the time to receive her injection, and seemed willing to put up with anything, provided only that she might be kept free from the pain, which, when not relieved by the medicine, was of a most severe and agonizing character.

The absence in this case of any evidence of disease of the stomach is interesting, in view of the numerous subjective symptoms pointing to that organ during life, probably all of reflex origin, unless the large use of morphine was in part a factor.

Since the report of the above case was taken down, there has appeared in the *Philadelphia Obstetrical Journal* of October and November, 1873, a very interesting article "On Sarcomatous Growths of the Uterus," by Dr. Wm. F. Jenks, of Philadelphia.

CASES OF DRAINAGE FROM THE CUL-DE-SAC OF DOUGLASS AFTER OVARIOTOMY.

By GILMAN KIMBALL, M.D., of Lowell.

(Continued from page 572.)

CASE V.—Miss T——, of West Newton, 52 years old, unmarried, of healthy, vigorous constitution, began to have an enlargement of the abdomen in 1866. It increased rapidly, and very soon her general health became seriously affected; so much so that for more than a year she found herself obliged to give up all bodily exercise and confine herself almost entirely to her room.

I was first called to see her in October, 1868. She was then very large, her disease evidently ovarian; had been tapped three times, but with only partial relief. Great emaciation, inability to lie down from difficulty of breathing, loss of appetite, œdema of lower limbs, and quickened pulse all showed the disease to be passing through its last stages. The chance of cure by surgical interference was not promising. Great opposition to an operation had been expressed by her attending physician, yet, with so much present suffering, and with only an early death to look forward to, she demanded this possible chance for her life. The disease was removed the 26th of October.

The tumor was of compound character, cystic and solid, and, as had been anticipated, extensively and firmly attached to the parietes, mostly to the right side. After evacuating several of the largest cysts, and enlarging the incision, which, at first, was merely explorative, an attempt was made to overcome the adhesions without resorting to the knife. In this attempt, a portion of the cyst walls gave way, leaving a patch of several superficial inches still attached to the parietes. From this, as well as from various other points, there was considerable bleeding, requiring the application of several ligatures. The pedicle was rather broad and thick, and too short to be easily brought outside. It was therefore tied in the usual manner, and the stump allowed to fall back into the pelvis.

In this, as in two cases before, I carried the ligature down through Douglass's fossa and out by the vagina. Instead, however, of simply passing them through a punctured opening they were lodged in a silver canula, which had been passed up through the vagina into the pelvis by means of a long, slightly curved trocar.

In closing the wound, it seemed particularly desirable to exclude, as far as possible, the surfaces damaged on account of adhesions; more especially that portion to which the patch of cyst wall above referred to still remained attached. In attempting this, I met with some diffi-