Clinical Department.

RESECTION OF THE CECUM AND A PORTION OF THE ILEUM FOR CARCINOMA.¹

BY FREDERICK WILLIAM JOHNSON, M.D., BOSTON.

M. L., sixty-five, widow, entered the St. Elizabeth's Hospital March 6, 1899. Her mother died of strangulated hernia. Patient had always enjoyed good health up to one year ago. Married thirty-four years and has had five children. Menopause fifteen years ago. There has been loss of strength and flesh during the past year. Though always pale, the pallor has noticeably increased during the past few months. Bowels somewhat constipated. Appetite good. No pain in the abdomen. Urine, sixty ounces in twenty-four hours; specific gravity 1.017; no albumin, no sugar.

Physical examination.—Left inguinal hernia. Just above McBurney's point there was a mass which felt the size of a cocoanut. This mass was nodular, movable, and sensitive on pressure. There was also a rectocele protruding through the vulva and external hemorrhoids.

An incision was made directly over the tumor. After about half an hour's work in separating adhesions and adherent intestines it was found that the condition was one of malignant disease of the cecum in the neighborhood of the ileo cecal valve. Several inches of the intestines were resected, removing all the cecum and a few inches of the ileum. The cut end of the colon was closed in the usual way, thus making another cecum. Into this new cecum, at about one inch from the end, a button-hole was cut. Into this the ileum was drawn for an inch by traction threads and there fastened with silk. The omentum was carefully spread around the anastomosis and gauze drain was put in. The sequel proved that the gauze was not needed. A few enlarged mesenteric glands were found in the specimen removed. Careful search was made for enlarged glands and diseased omentum before closing the incision, but nothing suspicious was found.

Six days after the operation she was doing well. The temperature was normal; pulse 80. Bowels moved thoroughly, gas was freely passed, and digestion was going on satisfactorily.

Dr. Warren F. Gay reported that the disease was an adenocarcinoma of the cecum. He could not find in any place that it had passed through the intestinal wall. The mass inside the cecum was the size of a hen's egg.

April 24th. She went home, having been up and about for several days. She had a good appetite, no indigestion, slept well, and the bowels moved naturally every day.

May 3d. Her son reported continued improvement.

THE SUPPORT OF BALTIMORE COLLEGE DISPENSARIES.—According to the *Journal of the American Medical Association*, the medical colleges of Baltimore have decided that unless the city appropriates money for the maintenance of the dispensaries connected with them, these dispensaries will be closed.

¹ Read before the Suffolk District Medical Society, Section for Obstetrics and Diseases of Women, March 22, 1899.

A TUMOR OF THE LABIUM.¹

BY EDWARD L. TWOMBLY, M.D., BOSTON.

A FATTY tumor of the labium is said to be "one of the rarest gynecological affections." The cases recorded number only 23 or 24, and Kelly states that "no writer has recorded more than a single instance in his own practice." For this reason I am led to give you a short account of one other, which came under my notice in August, 1898.

The patient, K. L., white, single, age forty years, was born in Maine and was first seen in the Out-patient Department of St. Elizabeth's Hospital by Dr. C. M. Whitney, who referred her to me for operation.

Her family history was good, and she herself had always enjoyed good health. Menstruation began at fourteen years; three days in duration; no pain or clots; six napkins; always regular. Bladder symptoms none; urine negative. Heart and lungs negative. When she was eighteen years old, she states that she had some "hard bunches in each breast" that disappeared after a few months, and she also had a wen on the right side over the ninth rib, which discharged "curious, worm-like, yellowish-white matter" and then healed.

She first noticed this growth on her right labium two years ago, and describes it as a "hard bunch, the size of a bean." In one year it had grown as large as a walnut, and then began to be pedunculated. The elongation continued for five months and then the tumor itself had reached the size of an orange and began to bother her when she walked or sat down. There had never been any pain, nor increase in size at menstrual periods.

On examination, the tumor was found to hang from the outer side of the right labium at a level of the clitoris. The tumor rested on the table with the patient lying down. Its pedicle was three centimetres in length and three in circumference. The tumor was 17 centimetres in length and 14 in circumference, and there was a superficial ulceration at its lowest portion from friction. Its appearance was pear-shaped, which flattened out very much when it was placed on a table. It felt soft, with the fat predominating, and was covered with wrinkled skin, from the upper part of which grew a few hairs. It was not sensitive or painful on pressure, and its pedicle did not extend into the inguinal canal.

On August 2d the operation was done under aseptic precautions, and while the pedicle did not seem large enough to suggest hernia, yet that possibility was kept in mind in spite of the fact that there was no impulse on cough, or reduction in the horizontal position. An oval incision was made in the labium at the base of the pedicle, which was then excised. Several (five) vessels were tied with No. 1 chromicized catgut, so that the wound might be perfectly dry, and it was then closed with a buried continuous suture of the same. There was no elevation of temperature; the wound healed by first intention and she was discharged well in six days.

Six months afterwards I saw the patient, who had not suffered the slightest discomfort or any further swelling of the labium, and the scar was scarcely to be found.

The diagnosis in this case was easy, because the

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