

November 29 last, and the usual symptoms of pregnancy progressed without incident until May 30, when she felt a sudden gush of water from the vagina, followed by quite a severe hemorrhage. I confined her to bed for ten days, and there being no further symptoms she got up and went about her usual household duties. On July 4, she had two sharp pains in her abdomen and went to the closet to relieve her bladder, when in her words, something passed from her, but was not detached, and, being afraid to pull on it, she supported it to the bed, where I found her about half an hour later. I found a fetus expelled and cord attached; used gentle traction and then quite forcible traction, without result; introduced my finger and found os sufficiently dilated to introduce three fingers, and felt head of living child; followed the cord along the right side of uterus as far as my finger would reach, and, finding no attachment, used considerable force and detached the cord. There was no hemorrhage, no discharge, no pain; in fact, no symptoms. I kept the patient in bed. The fetus was about three months growth; genitals sufficiently developed to distinguish the sex (male); head about the size of tennis ball, and compressed flat. There was no decomposition, no maceration. It looked as if it had been immersed in alcohol.

On July 7, the mother was delivered of a seven-month girl, after a normal labor. After delivering the placenta, I introduced my hand, but found no second placenta. After washing the placenta I found a portion of it, outside the membranes, as large as my hand, presenting the same appearance as the expelled fetus. There is no doubt in my mind that this was a twin conception, and not a superfetation, for there was only one placenta. The mother made an uneventful recovery; the child is well and growing.

A CASE OF PRIMARY RETROPERITONEAL SARCOMA.

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The following case of retroperitoneal sarcoma is reported because of its rarity. The extremely softened condition of the tissues was unusual, perhaps unique. In Steele's summary of the literature of the subject he found 22 cases, or 35 per cent. of the total number of cases reported were cystic, and in 15 of the 22 the degeneration a hemorrhagic one, the center of the softened growth being filled with a dark brown fluid or semi-fluid material. This softening was so extreme in the case here reported as to make it impossible to name its exact origin. That it started in the upper retroperitoneal space was apparent. The case also presented many of the objective symptoms of a pancreatic cyst, which makes the case of interest in considering that affection.

T. A. D., male, aged 27, farmer, gave no history of syphilis or gonorrhea. He had good health until the spring of 1900, when the left scrotum gradually became swollen, and in August it was tapped and fluid removed by Dr. Asa L. Taylor, his family physician. After this, the hydrocele filled again and then the fluid disappeared spontaneously. In September the patient began to have pain in the hypogastrium; anorexia, distress after eating, belching of gas and occasional constipation occurred, and he had to give up work. Dr. Taylor, who examined the abdomen several times at the beginning without finding anything abnormal, on November 10 noticed a tumor, which increased rapidly in size up to the time of operation, November 30. One week before operation the patient became jaundiced, this condition increasing rapidly. The stools were clay colored and the urine very dark. He vomited several times in the three weeks previous to operation and the pain in the hypogastrium was quite severe.

Examination.—Man of fairly good physique, fairly well nourished, severely jaundiced and no marked cachexia present. The examination of the heart and lungs revealed nothing abnormal. Pulse ranged between 70 and 80, and temperature between 99 and 100. Examination of scrotum shows right

testicle much smaller than usual, but otherwise apparently normal. Patient thinks it has diminished in size since last summer. Left scrotum evidently contains some fluid and the epididymis feels hard and nodular but not enlarged. Abdomen is flat. Just above navel and to the left is a slight bulging. A tumor can be distinctly felt here extending slightly below, two inches to the left of the median line and about an inch to the right. It is globular, fairly hard, non-fluctuating but slightly tender; does not move with respiration, and is tympanitic on percussion. Its most prominent portion seems to be just above and to the left of the umbilicus. Tumor shelves off rapidly into the depths of the abdomen. Liver and spleen dullness normal. Exploratory operation advised.

Operation.—Abdomen opened by vertical incision an inch to the left of the median line, extending one and a half inches above and the same distance below the umbilicus. The omentum presented, seemingly very much engorged with blood. The transverse colon lay just below the most prominent portion of the tumor. In attempting to get down to the tumor, the hemorrhage was profuse: then there was a sudden welling up of blood from the depths. The transverse colon and omentum were pushed quickly upwards and the tumor gotten at from below. It was seen that the blood came from a hole in the tumor, the thin walls of which were grasped and drawn through the incision. The hemorrhage had been profuse and it was some minutes before it was controlled by packing. It was not deemed advisable to attempt to bring the sac through the mesentery on account of liability to hemorrhage, and it was stitched to the abdominal wall, the omentum and transverse colon being pushed upward. The sac was packed with gauze. The patient was severely shocked, from the severe loss of blood, but rallied within a few days. Bile passed with the first movement of the bowels and jaundice disappeared completely in about two weeks. The general condition seemed to improve for a while, but the improvement was only temporary. He lost flesh rapidly and died four weeks after operation. The emaciation towards the last was very rapid. About two weeks previous to death, there appeared a bulging just above the incision. This pushed forward with remarkable rapidity, finally pushing the sac from the abdominal wall where it had been stitched and at death presented at least two inches above the surface of the abdomen. The mass oozed blood almost constantly, and in the last two days in large amounts. Patient complained a great deal of severe pain in the back for the last two weeks. Bowels were moved with great difficulty.

Postmortem.—Lungs and heart presented nothing abnormal except some fresh adhesions about the base of the left lung. The tumor mass projecting above the surface of the abdomen consisted of semi-solid material, mostly blood-clots, and a gray, mushy, partly organized material throughout. This mass occupied a cavity running back to the spine, then upwards, filling the left renal space and pushing the kidney outward and extended down to Poupart's ligament. It was surrounded everywhere by intestines firmly agglutinated but apparently not involved. The transverse and descending colons were pushed upward and outward against the wall of the abdominal cavity. In the structure of the left testicle was a small hard mass, which was removed for examination.

Report of Pathologist.—Organized pieces of the tumor were removed from several parts of the growth. Sections of some of these presented the appearance of a small round-celled sarcoma with a small quantity of stroma. In other sections taken from near the periphery there was much more fibrous tissue and many blood vessels. The tumor may be classed as a small round-celled sarcoma undergoing degeneration, which is so frequently met with in this class of malignant growths.

The nodule removed from the testicle was examined and found to be composed of fibrous tissue. There was no evidence of its being associated in any way with the abdominal growth.

Professor Howntze, a Danish physician, stated at the Congress of Scandinavian Surgeons, that he had cured several cases of cancer by freezing them.

1. Steele: Am. Jour. Med. Science, March, 1900.