

with enlarged and irregularly-shaped gland-like involutions covering the surface; a mucous and adenoid polyp, not malignant."

Returning a year later, she said that three weeks before a soft mass, which had protruded from the vulva for a week or more, broke off, causing considerable bleeding. Two or three days later another mass protruded. In the vagina were found numerous polypi and some sloughing stumps. The discharge was foul. The masses were torn away with forceps and the uterus and vagina curetted. A large teacupful of cyst-like masses was removed.

Five months later she returned with a soft, dark tumor protruding from the external os, which bled on slight pressure. A tumor, the size of two fists, and made up of soft, friable material was removed. This was the first time that sarcoma was reported.

She came back again two months later, that is, last February, having noticed a lump in the neck of the uterus. She had not been free from pain since leaving the hospital. Hysterectomy was performed, the fundus being amputated low down on the cervix. The disease had infiltrated the pelvis and also appeared on the intestines.

She gained eight pounds in the next two months and a half, but in May she noticed that the nozzle of her douche entered the vagina with difficulty. She entered again and a polyp which filled nearly the whole vagina was removed.

In August, however, she came back, and several sarcomatous masses the size of hen's eggs were shelled out of the vagina with hands and scissors. Microscopical examination of one of these showed a typical sarcoma made up of round and spindle cells.

She began to have pain again in September, and the growth appeared at the vulva on October 25th. On the 25th a large, foul, sloughing mass the size of a banana was removed from the vagina. She remained in the hospital receiving the Coley treatment until her death, which occurred about the middle of November.

The above case is reported for two reasons: (1) because sarcoma of the uterus is a comparatively rare disease, and (2) to show the necessity of early radical operation in all cases of recurrent uterine growth or hemorrhage, whatever may be the result of the microscopical examination.

In all, this patient was operated upon eleven times by six different surgeons, including myself, and it was not until the seventh operation that the microscope showed anything malignant. Had the uterus been totally removed after the first or even second recurrence the result might possibly or even probably have been a cure.

Dr. Whitney was the first to my knowledge to insist on hysterectomy in cases of recurrence, whatever might be found by the pathologist, as his experience shows that the growth may be clinically malignant, or at least may become so.

It is due to the various surgeons in charge of the case to state that until the disease was practically beyond radical treatment, the patient refused to have the uterus removed. The later operations were entirely for the relief of symptoms, hemorrhage and sloughing. The extreme rapidity of growth and the great amount of sarcomatous tissue that formed before sloughing took place were striking features of the case.

A CASE OF MYXOSARCOMA OF THE UTERUS AND VAGINA, FROM THE SERVICE OF DR. J. G. BLAKE AT THE BOSTON CITY HOSPITAL.¹

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ON June 21, 1898, the following patient presented herself for treatment at the Boston City Hospital. The case is reported on account of the rarity of the disease in this location, and also on account of its pathological interest. The salient points are as follows:

Mrs. C., age sixty-three, married twenty-five years. She was operated upon at the Massachusetts General Hospital, May 18, 1898, and the following is taken from their records:

"An eroded fungoid mass springing from cervix occupied the vault of the vagina; limits could not be defined by the finger. Discharge very foul. Large masses removed by fingers, tissues found infiltrated and no exhaustive dissection made; discharged June 11th."

Diagnosis. — Myxosarcoma.

The complaint is, that for the past six months there has been considerable loss of flesh and strength, and recently there has been a constant sharp pain across the lower abdomen and small of the back, and a more or less bloody discharge from the vagina.

While the patient was being prepared for examination, a tumor was expelled from the vagina. Macroscopically, it resembled organized blood clot. Its origin was from the anterior vaginal wall, its former attachment being readily felt. Further examination revealed the presence of three or four more tumors higher up, varying in size from that of a lima bean to that of an English walnut. These masses were removed manually and with the curette by Dr. Blake. The pathologist's report of the specimen was: "Mixed-cell sarcoma."

The patient was discharged in twenty-one days relieved.

The subsequent history of the case could not be obtained as the patient left the country immediately after her discharge from the hospital and no relatives or friends could be found to give further information concerning her condition.

The recognition of this variety of new growth in the vagina belongs to the very recent times. It appears in the form of a circumscribed round tumor in the submucous tissue, and also as a diffuse superficial degeneration of the vaginal walls.

Without question, instances of the first sort may without close historical examination be ranked with fibromyomata and those of the vagina may develop in a similar manner to the rare forms of papillary sarcoma of the cervix, into polypoid papillary excrescences.

It is interesting to note at what an early age this growth has appeared in the few recorded cases, and that in a single case it is stated that at birth a tumor the size of a pea was found between the labia. In one case the age was two years, in another, two and one-half years, and in two others, three years.

The anterior vaginal wall was entirely or largely the seat of the growth in six instances, the posterior wall twice, the right lateral once, and the entire circumference once.

In five reported cases in children the first sign was

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the appearance between the labia, without subjective symptoms, of a small polypoid tumor. When the growth was accompanied by increased secretion, atypical hemorrhages, dysuria, and bearing-down sensations, then it had attained considerable development.

When suppuration and extension to neighboring organs had occurred, then the symptoms were dependent on the local changes, and in children especially the pressure symptoms on the pelvic organs were very marked.

A Russian observer reports two cases. The first concerns a strong multipara in whom two years previously there had appeared a small tumor on the posterior vaginal wall near the fornix which slowly increased in size, resisting all local measures. The tumor was about the size of a half dollar and was ulcerated upon its surface.

Prof. Kieter extirpated it and it proved to be a spindle-cell sarcoma lying in the mucous membrane, and extending scarcely at all into the submucosa. Recurrence speedily set in.

Kieter reports a case of similar nature which was seen in the Moscow Marien Hospital, the patient being a female seventeen years old. On the post-vaginal wall was a soft, easily torn tumor the size of a goose egg, and in four months after extirpation it had recurred, and was the size of the fist. The very anemic patient died shortly after the second operation.

Spiegelberg reports a case of fibrosarcoma of the lower portion of the vaginal wall the size of a walnut. This was extirpated, and examination proved it to be a spindle-cell sarcoma. The patient convalesced well, although in poor condition at the time of the operation. Four years afterwards there was no recurrence.

Steinthal divides the disease into two varieties, the polypoid and the diffuse. The former more common in children, and usually situated in the anterior vaginal wall. The latter more common in adults, and found in any portion of the vaginal canal. In adults, when secondary to sarcoma of the uterus, usually first noticed as knobbed polypoid outgrowths in the vaginal vault.

Symptoms. — In children pain and tumor. In adults vaginal discharge and slight hemorrhage from surface of the growth.

Diagnosis made by microscopic examination.

Delay makes prognosis serious.

Treatment early and radical removal of the growth.

Kelly reports two cases where permanent recovery followed removal.

CASE OF SARCOMA OF THE UTERUS.¹

BY F. H. DAVENPORT, M.D., BOSTON.

THE case I am about to report is interesting not only on account of the ultimate diagnosis, namely, sarcoma, but also for the preceding history, which covers a period of nearly five years. The patient was a married woman who had had one child, and was between forty and forty-five years of age when I first saw her, October 29, 1893. I was asked to see her by Dr. Lovett to operate for the removal of a fibroid polypus. She had had the usual symptoms of irregular flowing and leucorrhea. I found a round polypus about the size of a billiard ball attached by a small pedicle to

the uterus, and removed it by twisting and severing the pedicle with scissors. She made a good recovery.

I next saw her in June, 1894, and found on bimanual examination what I supposed to be an enlarged and irregular uterus, the seat of multiple fibroid growths. The patient gave a history of six weeks' constant flowing, which, however, had ceased before she came to me. I advised doing nothing at the time, but in July she consulted her physician at her summer home, who found another polypus extruded from the os uteri. That was removed at St. Margaret's on July 11th. In October of the same year she began to have an increased flow and watery discharge between times, and in December a third growth similar in character to the previous ones was discovered and removed. These growths were to my eye typical fibroid polypi, and with the uterus presumably the seat of multiple fibroids, their gradual development and extrusion was explained. The growth in the pelvis was slowly enlarging. The question of some more radical operation was spoken of at this time, but family considerations made it extremely unwise then, and as the patient's general health continued good it was postponed. Nothing new developed until November 26, 1895, nearly a year, when the fourth polypus was removed. This was done at a time when there had been and still was considerable hemorrhage, and the operation was followed by a decided flow, which was checked by packing the uterus. In fact it was a peculiarity of all these operations that they were accompanied by more flowing than is usually the case.

April 21, 1896, five months after the last polypus, another was discovered. There had been a rapid increase in the size of the tumor since the last operation, so that it reached nearly to the umbilicus, and enlarged the abdomen considerably. It was still thought to be a fibroid. The operation was as usual, and the first day or two of the convalescence uneventful. On the morning of the third day the patient was found to be in intense pain in the abdomen, coming on in paroxysms, alternating with collapse, weak pulse, vomiting and suppression of urine. Under stimulation she improved, but was in a critical condition for twenty-four hours. On examining the abdomen at this time it was found that the tumor had disappeared and the abdomen was flat. Of course the explanation was a spontaneous rupture of a cyst, and the collapsed condition was due to the flooding of the peritoneum with the cyst contents and its efforts to absorb it. I regret that the exact notes of the case at this time cannot be obtained, as the condition was a very unusual and interesting one. Perhaps Dr. Lovett or Dr. Stone, both of whom saw her at the time, can give fuller details.

An examination of the specimen removed at this time by Dr. Curry, of the City Hospital, showed it to be a submucous fibroid which had undergone myxomatous degeneration, portions of which were necrotic, and into which there had been much hemorrhage.

The collapse of the tumor disproved the diagnosis of a fibroid, and put a new aspect on the case. I hoped that it was one of those thin-walled cysts of the broad ligaments which rupture easily and do not refill. Unfortunately that did not prove to be the case, for after some months the tumor could be again felt, and grew so rapidly that by November of that year it was deemed best to operate for its removal.

A laparotomy was performed on November 30th, and the following condition of things found: The uterus

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