

PATHOLOGICAL REPORT OF THE ROTUNDA
HOSPITAL FOR THE YEAR ENDING 31ST
OCTOBER, 1910.

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THE work of the Laboratory continues to increase at even a more rapid rate than the clinical work of the Hospital. In the year now under review 261 specimens were dealt with as against 143 in my first ten months in 1905.

Autopsies were performed in the case of seven adult patients, three of whom died in the maternity, four in the gynæcological wing. Brief notes are appended :—

CASE I. (Gynæcological).—K. M., aged twenty-five, died February 12th, 1910. Autopsy same day.

Patient had had pneumonia, and had, after discharge from hospital, developed a large subphrenic abscess, which was opened. A fortnight after the operation, a large necrotic mass, the size of one's hand, came away through the wound.

Autopsy.—Wound from ensiform to umbilicus, filling with granulations.

Right pleural sac—many adhesions, with one pint encysted turbid fluid. Large abscess buried in base of right lung. Extensive broncho-pneumonia.

Left pleura—adherent everywhere, and a little fluid. Abscess buried in base of lung.

Heart—small; mitral valve thickened.

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Abdomen—Abscess-sac in left lobe of diaphragm, with sinus leading to wound and discharging green pus. Entirely shut off from rest of peritoneum, which, except in pelvis, is quite healthy. Adhesions in pelvis enclosing green pus in small quantity in Douglas's pouch. Abscess, size of hen's egg, in right ovary.

Spleen absent, except small piece, size of hazel nut.

Kidneys healthy.

Liver congested.

The absence of the spleen at the autopsy leaves no doubt that it had been the necrotic mass which puzzled us some weeks earlier.

CASE II. (Gynæcological).—C. L., aged thirty-eight, died February 21st, 1910. Ovarian cyst removed twelve months ago.

Right pleura contains several pints of slightly bloody fluid. *Pleura* is infiltrated everywhere with cancerous tumours, some mere nodules, others large plaques. *Diaphragm* is most affected, and the *parietal pleura* more than the *visceral*. The *lung* is small and shrunken, being enclosed in a case of tumour material.

Left pleura and lung healthy.

Pericardium shows slight infiltration on right side.

Heart normal.

Abdomen—*Liver* is adherent to *diaphragm* and *anterior abdominal wall*, also to *colon*. The *liver* and *diaphragm* are welded together into a tumour, in the middle of which is a cavity containing a pint of bloody fluid, some of the blood having clotted. In *abdominal wall* near *liver* are several small tumours, also small tumours in *peritoneum*, near *liver*. Several small growths in *liver*. None elsewhere in *peritoneum* except in *pelvis*, where there are several small nodules.

Other organs healthy.

I recounted the history of this case in my last report—*q.v.* ^a. The patient had had a papillary cyst removed in

^a Transactions of the Royal Academy of Medicine in Ireland. Vol. XXVIII. Pp. 366–7.

January, 1909. The masses found in the body at the autopsy showed a papillary structure.

CASE III. (Gynæcological).—M. K., aged thirty-seven, died April 14th, 1910. Patient had an operation for removal of pus-tubes six weeks previously. There were extensive adhesions, and unfortunately the rectum became punctured during the operation.

Abdomen—General peritonitis, with large quantity of foul-smelling pus. A hole, size of a florin, has sloughed in rectum, with escape of faecal material into pelvic peritoneum.

CASE IV. (Maternity).—M. D., aged twenty-four, died May 17th, 1910, a fortnight after confinement.

Right lung normal.

Left lung—Tubercular cavity in apex. Patches of tubercular pneumonia in upper and lower lobes. Large red infarct in lower lobe, occupying three-quarters of the lobe.

Pleural sac completely obliterated by adhesions.

Heart soft, pale, flabby, with fatty deposit in epicardium. Cavities empty. Valves normal.

No peritonitis.

Spleen very soft and diffuent, twice normal size, and containing several infarcts.

Kidneys and heart normal.

Uterus, size of four months' pregnancy. Necrosis and gangrene of endometrium.

CASE V. (Maternity).—C. K., aged thirty, died June 26th, 1910. Died two hours after delivery by forceps. Only lesion discovered—rupture of posterior wall of vagina and cervix, with consequent severe hæmorrhage into peritoneum.

CASE VI. (Maternity).—M. O'B., aged thirty-eight, died August 4th, 1910, seven days after confinement. She died suddenly on rising from bed.

Lungs very œdematous.

Heart dilated.

Other organs all normal.

I can only suggest that acute dilatation of the heart was the cause of death.

CASE VII. (Gynæcological).— M. M'A., aged sixty, died August 24th, 1910, six days after Wertheim's operation for malignant disease. Only lesion, marked congestion of *lungs*. Mass of cancerous glands fixed to common iliac artery at its bifurcation.

Curettings and other fragments were examined on eighty-four occasions for diagnostic purposes.

TABLE I.—EXAMINATION OF CURETTINGS AND OTHER FRAGMENTS FOR PURPOSES OF DIAGNOSIS.

Endometritis	40	Myoma of uterus	2
Endocervicitis	2	Decidua, placenta, &c.	10
Epithelioma of cervix	6	Carcinoma of ovary	1
Adeno-carcinoma of uterus	4	Normal tissue, clot,	
Erosion of cervix	1	débris, &c.	15
Mucous polypus	3		

The 40 cases of endometritis have been described as follows :—

TABLE II.—ENDOMETRITIS.

Glandular (including	23	Interstitial	1
Cystic)		Septic	16

This classification presents, in our present lack of knowledge of the pathology of the endometrium, many difficulties. Many sections presented true inflammatory changes as well as structural changes in the glands, and the separation into “glandular” and “septic” does not proceed on any exclusive principle of classification. Of the 23 specimens described as “glandular” the glands presented cystic changes in three.

Tumours and other operation specimens were examined in 114 cases.

TABLE III.—TUMOURS AND OTHER OPERATION SPECIMENS.

Epithelioma of vulva .	2	Ectopic pregnancy .	4
Epithelioma of cervix .	8	Pyo-salpinx and Salpin-	
Adeno-carcinoma of		gitis .	15
uterus .	2	Tubercular salpingitis .	6
Sarcoma of uterus .	1	Cyst of ovary .	22
Fibro-myoma of uterus	37	Dermoid .	3
Mucous polypus .	5	Carcinoma of ovary .	2
Papilloma of cervix .	1	Parovarian cyst .	1
Prolapsed uterus .	1	Tubercular sinus .	1
Cervix .	1	Carcinoma of breast .	1
Carcinoma of tube .	1		

One of the cases of adeno-carcinoma of the uterus is of interest in that two ovarian cysts were present, in one of which were masses of the same nature as the tissue in the uterus.

Sarcoma of the uterus is a comparatively rare condition. This is only the third specimen we have met in six years' practice at the Rotunda. The tumour is a large, soft, homogeneous mass, situated, as nearly all these tumours are, in the endometrium of the fundus. It had infiltrated the wall of the uterus, so that it was invading the peritoneum and forming adhesions with neighbouring viscera. Microscopically, it consisted of irregular, large, round cells.

An examination of the fibroids as regards degeneration was again carried out. Of the 37 cases, 25 presented no signs of degeneration. Changes noticed in the twelve remaining were—hæmorrhage in 2, mucoid change in 2, cystic spaces in 2, grey necrosis in 2, red degeneration in 1; 1 was inflamed, and 1 large myoma occurred in a uterus presenting also an epithelioma of the cervix.

Carcinoma of the tube is a comparatively rare disease, but Mr. Alban Doran last year was able to collect records of one hundred cases. Of these only one, in the practice

of Sir William Smyly and Dr. Earl, had occurred in Dublin. Our specimen was a large, soft, very friable, almost diffuent mass, whose anatomical relations were difficult to make out. Microscopic examination showed in some parts a papillary structure, though in much of the mass the growth of cells was so diffuse that from some of the first sections made one might have been in doubt as between a diagnosis of carcinoma and one of sarcoma.

One of the cases of ectopic pregnancy is of special interest (Plate), in that it is the first recorded case in Ireland of true primary ovarian pregnancy. It has already been shown at the Section of Obstetrics of this Academy, and been reported on by the Committee of Reference, with the help of three expert advisers—Drs. O'Sullivan, Earl, and Jellett.^a The diagnosis has been borne out by a Committee of Reference of the Royal Society of Medicine in London.^b

Of the 21 cases of inflammation of the tubes examined, 6 were tubercular. The proportion in six years has been 53 and 19. This is, if anything, a low estimate of the activity of the tubercle bacillus in the tubes, as it is easy in many cases of chronic fibrotic conditions to overlook the distinctive lesions of tuberculosis. A point of some interest is the frequency with which cysts of the ovary are related to chronic salpingitis. In 4 of the cases this year small cysts of the ovary occurred—*i.e.*, in about 33 per cent. of the cases of chronic salpingitis, non-tubercular in origin.

Twenty-five cystic conditions of the ovary were examined; 15 of these specimens were ordinary multilocular, smooth-walled cysts, 1 was a simple papillary cyst, and

^a Transactions of the Royal Academy of Medicine in Ireland. Vol. XXVIII. Pp. 317–325.

^b Proceedings of the Royal Society of Medicine. Vol. III. No. 5. P. 132.

In a large proportion of the cases the organism failed to grow, and therefore the diagnosis is at best tentative. As this failure generally occurred in the case of patients whose recovery was rapid, it was probably due to a low state of vitality of the organisms themselves. Up to recently the determination of the organism present seemed to be of little more than academic interest. Within the past year, however, it has taken an important place in the treatment of the patient. Encouraged by the reports of many workers elsewhere, we determined to apply vaccine treatment to our morbid cases whenever it was found possible to determine the organism, if the patient's temperature did not come down after one douching. Prior to this I had treated one private patient with a stock pneumococcus vaccine with encouraging results, though she ultimately succumbed to a secondary streptococcal peritonitis.

In one case in the Hospital in the year under review vaccine treatment was applied with most satisfactory results.

M. A. C., aged nineteen, was delivered naturally of a living child on May 15th, 1910. On the fourth evening her temperature reached 102° , and her pulse was 130. Her temperature continued to be irregular for thirteen days, though on the ninth and tenth days it remained normal. It fluctuated greatly, with a variation in the bi-daily takings of anything up to seven degrees. Her pulse also varied very much. On the fourth, fifth, sixth, and tenth evenings the uterus was douched and explored, some decidua and débris being removed on each occasion. In the material removed small diplococci and streptococci were found. On the fourteenth day, with a temperature of 104.4° , and a pulse of 140, the uterus was freely movable, the fundus being at the pelvic brim. No masses could be felt in the pelvis, and there was no pelvic tenderness. On

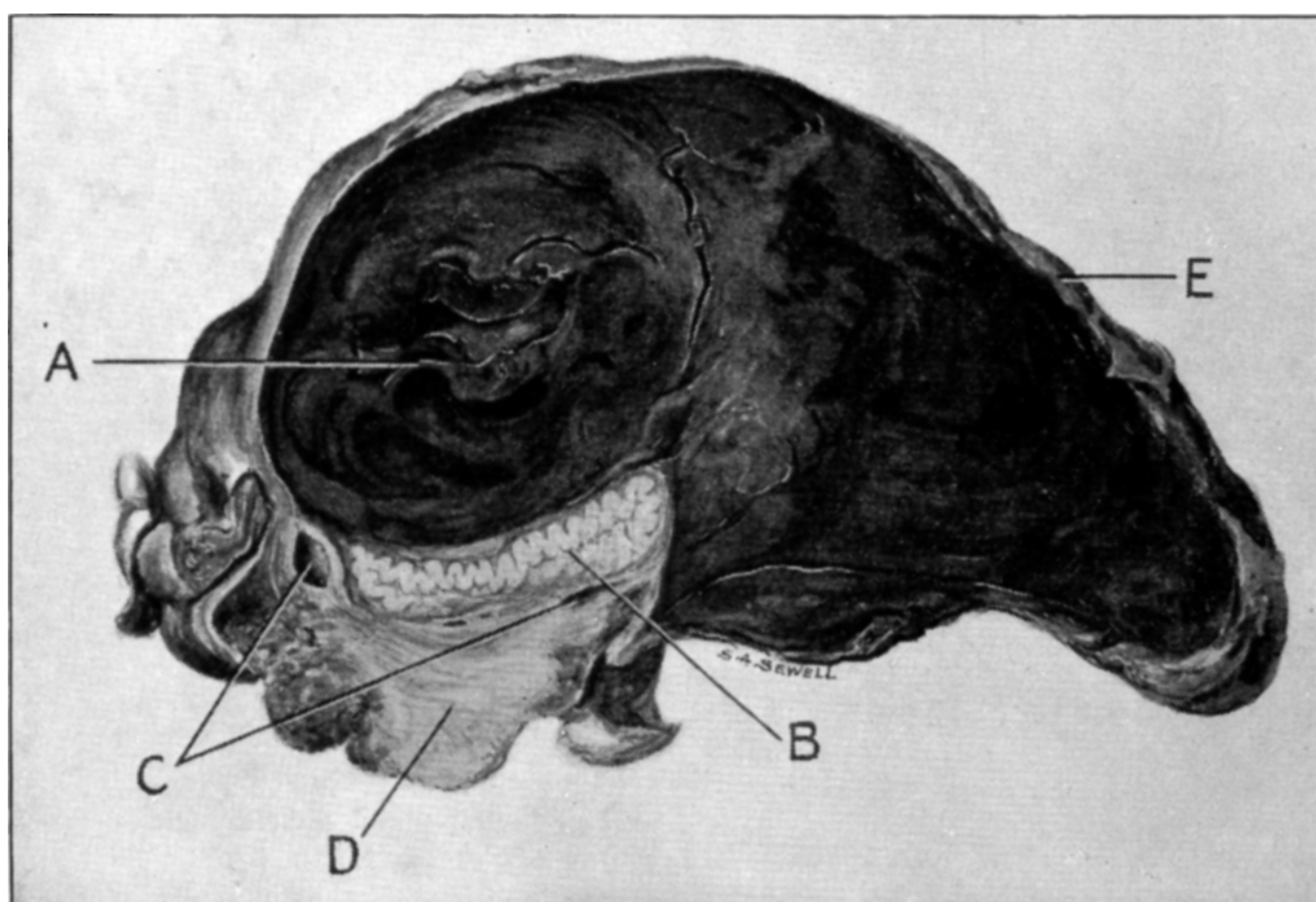
douching, the uterus was found to be empty. The Calmette test gave no reaction. On the fifteenth day the temperature was normal, and the pulse below 90. On the sixteenth the temperature rose to 104.4° , and the pulse to 120. On the following day the patient received five million of a stock preparation of streptococci. Pulse and temperature thereafter became and remained normal. On the twenty-first day the dose was repeated. The patient left hospital quite well on the twenty-fourth day.

This case has been so encouraging that we have within the past six months applied similar treatment much more widely. The results will be published in full at a later date. Suffice it to say here that in no case have we had any occasion to regret using the vaccine, and in no case where a definite bacteriological diagnosis was made has the patient died.

I desire, in conclusion, as this is the last Report to appear under the authority of the late Master, Dr. Tweedy, to express to him my very grateful sense of the consideration he has always shown for the Pathological Department, the important place he has given it in the work of the Hospital, as well as for his uniform patience with our failures to give assistance, and his courtesy to myself personally.

DR. KIRKPATRICK congratulated Dr. Rowlette on his report. The reports of the Rotunda Hospital had, he thought, done more for the reputation of the Dublin school than almost any other work. He thought it a pity that other hospitals besides the Rotunda and St. Vincent's Hospital did not follow the good example.

DR. ROWLETTE—"Remarks on Primary Ovarian
Pregnancy."



A, blood-clot containing chorionic villi; B, corpus luteum; C, blood-vessels; D, ovarian tissue; E, fibrin on surface of clot.