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A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

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**A CASE OF LEFT LUMBAR COLOTOMY
IN A PATIENT SUFFERING FROM
CANCER OF THE UTERUS
AND RECTUM.**

BY GEORGE A. PETERS, M.B.,

Surgeon to the Out-Patient Department, Toronto General Hospital; Surgeon to the Toronto Hospital for Sick Children.

Mrs. G., aged 67 years; came under my care on Oct. 27th, 1887, suffering from malignant disease of the uterus and rectum. There was no trace of cancer in her family so far as known, and her family history was also good in other respects. She had borne one still-born and nine living children, some of her labors being very severe. The menopause occurred at the age of 50 years, and was accompanied by a profuse and offensive discharge from the uterus, which lasted more or less continuously for four years, but afterwards ceased entirely. She first noticed trouble in defæcating about seven years before date. This condition gradually became aggravated, and for 2½ years she had never had a free motion. The fæces collected in the rectum just above the anus, and though she suffered from great and prolonged tenesmus, nothing could be passed by natural efforts, and she was accustomed to remove the mass at intervals of 3 or 4 days by the aid of the fingers. During all this time she had never noticed any blood, but there was at times a great deal of mucus covering the fæces. Progressive emacia-

tion had been observed for about twelve months. Sudden jarring of the body, as in riding over rough streets, caused a deal of pelvic pain.

Oct. 20, 1887. This morning before breakfast she took one ounce of castor oil, which set up most violent colicky pains and extreme tenesmus, but no motion whatever. When I called in the evening I found her suffering great pain, with almost constant tenesmus. On examination, per vaginam, a hard tumor, about the size of an orange, was found attached to the posterior wall of the uterus near the fundus. The cervix uteri was deeply lacerated on the left side, but quite soft and free from ulceration. The finger in the rectum came in contact with the swelling in Douglas' pouch, and also with a hard nodular mass which involved the mucous membrane of the rectum in the whole of its circumference. The finger could be passed for a short distance through the centre of this mass in the axis of the bowel, but the opening then narrowed till it would not admit the finger tip. Slight pressure produced a good deal of pain. The whole mass had been jammed down into the pelvis by the violent straining efforts, and was quite immovable. No part of the tumor could be felt above the pubes, owing to the distension of the abdomen and the pain produced by deep pressure.

An enema of soapsuds brought away a little mucus and a few small masses of fæces, but it was found impossible to pass even a No. 10 gum elastic catheter through the stricture, so that the enema was practically ineffective.