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ART. LXXX—CASE OF CYSTO-SARCOMATOUS TUMOUR IN THE ABDOMEN.

Read at the Medico-Chirurgical Society of Montreal, Jan. 1849.

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William Roberts, æt. 35, a labourer, an Englishman, of sober habits, twelve years resident in Canada, was admitted into the Montreal General Hospital on the 4th Nov. 1848, for a swelling of the abdomen, of a dropsical character. He stated that about the end of July last, he was seized with a pain, of not a severe character, in the left renal region, for which he could not assign any cause. About this time he also observed that he made urine in small quantity; his bowels were regular, and appetite pretty good.

About the middle of August, he observed that the left side of his abdomen was slightly enlarged, the swelling extending from the situation of the pain towards the umbilicus; and in a short time he could trace a distinct tumour of an oblong shape. The pain increased, and he became affected with diarrhœa. He supposed that he could observe his evacuations to be somewhat puriform.

He continued pretty much in this state, till he applied for admission into hospital.

At that period, his abdomen was considerably swelled, particularly to the left side, where it was very prominent. There was a very palpable fluctuation discernable on percussion generally over the abdomen, but several parts of the swelling indicated considerable solidity, particularly to the right of the umbilicus, where a distinct tumour (about the size of a large fist) could be easily traced. The right iliac region gave a tympanitic sound, as also did a curved line from the epigastrium to the pubis, which on some occasions was more distended than at others, and could easily be traced. It appeared evidently connected with the large intestines. His general health did not seem much affected; his countenance calm, and color natural and ruddy, breathing easy, pulse and appetite good; he made urine freely, and his bowels were regular; his sleep was in some degree interfered with by the pain, and general discomfort from the size of tumor.

The abdomen was rubbed with mercurial ointment till his mouth became sore, without any effect being produced on the tumor; and as soon as the mouth became sufficiently well, the ointment, in combination with iodine, was again repeated, but with no more advantage, the tumor apparently increasing. In the beginning of December, an exploring trochar was passed into three places in the swelling, and about six ounces of a limpid straw-colored fluid evacuated from

two of the punctures—only a drop of blood issuing from the third, which was made into the more solid tumour to the right of the umbilicus. The diagnosis I formed was hydated tumors. On the 11th, a hydrocele trochar was passed into three different parts of the swelling, two of the openings being made close together, to determine if any fluid could be removed after it had ceased to flow from the first, which had yielded about three ounces of limpid straw-colored serum; about the same quantity also was evacuated from the second puncture, and five or six ounces of bloody serum discharged from the third, evidently showing that three different cysts had been opened at a short distance from each other. The bloody colored serum spontaneously coagulated, speedily and firmly in the containing vessel, producing as large a mass of fibrine as would have been separated from a similar quantity of blood. Some degree of abdominal tenderness followed the puncturing, which, however, yielded to fomentations. The pulse remained soft, small, and about ninety; and there was no further indication of inflammatory action. The swelling did not appear to have been at all reduced; the abdomen measured in circumference thirty-nine and a half inches; but as the memorandum of the previous measurement was lost, an accurate comparison could not be made.

On the 28th he was tapped to the left and below the umbilicus, in a line towards the spine of the ilium. The trochar on being passed the usual depth, did not give exit to any fluid, but on being passed deeper, and piercing a more distant sac (the sensation of which was very evident,) sixteen ounces of bloody serum were drawn off, which coagulated firmly, and exhibited a buffy coatlike inflammatory blood; during the operation the pulse was small, intermitting, and 100; it became regular afterwards. For some days before the operation he had felt more pain, and his countenance indicated distress; there was a slight hectic flush and some cough, which much aggravated the abdominal pain, but in other respects he did not think himself worse. His cough, however, became more frequent and distressing; from the pain it caused, strength and appetite failing, pulse 100, weak, by degrees his rest became broken by dyspnœa, which prevented his lying down; his symptoms all became worse, and he died on the 3rd January, 1849.

The Autopsy.—On opening the abdominal cavity, the parietes of which were very thin—a large tumor presented itself, of very varied color, purplish and red, like an inflamed serous membrane, while the peritoneum throughout was in a perfectly healthy condition;

* No pathological changes could at any time be detected in the lungs or heart by means of the stethoscope.