

land and the buildings, and, in fact, to place the institution in a position to accommodate all nurses who might desire to use it. This noble hall in which we are met to-day has witnessed the commencement of many great enterprises of benevolence; and surely it has never witnessed the inception of one more worthy than that which seeks to extend a helping hand in times of sickness and trouble to those who minister to our wants in our hour of need. I do trust this meeting will not separate to-day until some commencement has been made in the direction I have indicated.

### UTERINE ADENO-SARCOMA WITH PYOMETRA.

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The co-existence of adeno-sarcoma and pyometra in the same uterus is so rare that I am induced to bring the following case to your notice.

Pyometra, of itself, is not common, as may be seen from the small space devoted to it in books on gynecology. Out of some sixteen consulted, I find it mentioned in only two, viz.: Billroth and Fritsch.

It usually occurs in old people where atresia of the os exists and is due to a retention of the secretions. In this case it was due to closure of the internal os by the suppurating growth.

Adenomata of the cervix are quite common in the form of small polypi composed of retention cysts with hypertrophied walls. In this form they also exist in the uterine cavity, where a much rarer form is sometimes found. This has a broad base, and is not composed simply of hypertrophied glands, but contains new glandular formations. These growths are diffuse, rich in blood-vessels, and, according to Winckel (*Lehrbuch der Frauenkrankheiten*, p. 385), infiltrated with round sarcomatous cells. Cases of this kind have been reported by Duncan, Gusserow, Schroder, Thomas and others.

The growth in the following case probably began as this, and afterwards became sarcomatous. May tells us (*Diseases of women*, p. 221), that uterine adenoma is frequently admixed with sarcoma, in

the form of adeno-sarcoma. Billroth remarks that "pure adenomata (which are very rare), may be difficult to distinguish from sarcomata which have developed in glands (adeno-sarcomata)."—*Surgical Pathology*, p. 223. Thomas (*Diseases of Women*, p. 571), reports a case which seems to have been the same kind of growth as in the following. It was examined by Dr. W. H. Welch and pronounced to be a mixture of sarcoma and adenoma.

*Case*.—Lateefy, a multipara, 52 years of age, was sent to me by Dr. Yusuf Abu-Suleiman, of Zahley, to enter the Johanner Hospital, of Beyrout, Syria. She complained of an offensive discharge at times, from the vagina, accompanied by colicky pains. The menstrual flow ceased ten years before, and since that time she had suffered, more or less, from leucorrhœa. The offensive discharge was of eight months' duration, and the pain had lasted nearly as long. Emaciation was great and cachexia was marked.

Bimanual examination showed the uterus much enlarged and extending well up into the abdominal cavity. The external os would admit the end of the finger with difficulty, and a soft, friable mass could be felt in cervical canal. The uterine probe was introduced with difficulty in front of this and gave a depth of eight inches.

Assisted by Dr. J. Mutter, the woman was put in the left lateral position, a speculum introduced, and the anterior lip seized with vulsellum forceps and well drawn down.

The cervical canal was then rapidly dilated with steel urethral sounds until the index finger could be introduced. While this was being done, a constant flow of most offensive pus took place until some eighteen to twenty ounces of pus had been evacuated.

On introducing the index finger, the growth was found to cover much of the posterior wall and it was attached nearly down to the internal os. Its base was broad and its surface irregular, soft and sloughing.

A large part of this was removed by the blunt curette, the uterine cavity washed out with bichloride solution, and the woman put to bed. Antiseptic injections