BYRNE (J)

CONTRIBUTIONS TO GYNÆCOLOGY

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OPERATION—RECOVERY

II.

CANCER OF THE RECTUM

EXCISION—RECOVERY

BY

JOHN BYRNE, M.D., M.R.C.S.E.

Surgeon-in-Chief to St. Mary's Hospital for Diseases of Women, Brooklyn; Late Clinical Professor of Uterine Surgery, Long Island College Hospital; Fellow of the New York Academy of Medicine; Member and Ex-President of the New York Obstetrical Society; Fellow of the American Gynæcological Society; Corresponding Member of the Gynæcological Society of Boston; Permanent Member of the American Medical Association; Member of the Kings County Medical Society; Member of the Brooklyn Anatomical and Surgical Society; and of the Pathological Society.

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No. X.

I.

INTRA-UTERINE FIBRO-SARCOMA.*

JOHN BYRNE, M.D.

Dr. Byrne presented microscopic slides illustrating the histology of a case of intra-uterine tumor, which he had recently removed by operation. As shown by the sections presented, it belonged to the class of fibroids, but in his manipulation upon the growth he had not been able to detect any trace of a capsule enclosing it, and this fact he considered to be remarkable, as it was the first case of the kind in this class of tumors he had personally met with. The following is the history of the case:

On December 13, 1879, I was requested to see Mrs. ——, aged 42, the mother of six children, the youngest 13. Her family physician, Dr. Otto Rotton, informed me that until the winter of 1876–77 she had always enjoyed the best of health; she had had no miscarriages, and no disturbances of menstruation, except during pregnancy or lactation.

Her first illness was a severe attack of bilious colic, accompanied by vomiting, constipation and other symptoms, believed to

* Presented at the meeting of the Anatomical and Surgical Society of Brooklyn, January 19, 1880.

be due to hepatic obstruction. During the succeeding twelve months she had repeated attacks of a similar nature, but always ushered in by spasms of an epileptiform character, and each time, as the paroxysm spent itself, she became deeply jaundiced. Finally, anasarca, ascites and hydropericardium set in, and for a time her recovery seemed impossible, but ultimately these alarming complications disappeared, and her general health improved slightly.

In January, 1879, she was taken with what might be considered the first very severe attack of menorrhagia, though the catamenia had been gradually becoming more profuse for some months previously. From this time the intermenstrual periods began to grow shorter and more irregular, so that for the last six months the flow has been almost continuous, and the slightest muscular exertion is followed by copious hemorrhage and excruciating pelvic pains. It is proper to state that a diagnosis favoring the existence of polypus had been arrived at previous to my seeing her.

I found her condition, as might be expected from such a history, truly deplorable. To the yellow tinge of the skin, which had never wholly disappeared, was now added a suggestive pallor, and an expression of helpless and hopeless anxiety characteristic of long physical suffering and exhausted powers of endurance. Owing to great dyspnœa on lying down. and a tendency to increased pain and hemorrhage when supported in the erect sitting posture, she was compelled, almost constantly, to assume a semi-recumbent position in bed.

Her pulse was feeble and rapid, and on examining the heart, a systolic bruit was detected, while the liver was found to be somewhat enlarged, and quite tender on pressure, particularly over its anterior lobe. On placing the hand over the hypogastrium, a firm and irregularly spheroidal tumor, the size of a uterus at four and a half months gestation, was found occupying a position not quite central, but slightly inclined toward the left.

A vaginal examination was now made, carrying the finger cautiously up to the cervix, the uterus being steadied by the left hand externally, when a hard, smooth tumor was felt immediately within the os, and seemingly occupying the entire cavity. So far as the finger could reach and sweep around the presenting mass, it appeared to be free and detached, and any further investigation as to its character or the extent and nature of its attachment being

deemed unwise, the diagnosis arrived at was *uterine fibroid, probably pedunculated.*

An operation with a view to its removal was advised, and though the employment of any anæsthetic was considered unsafe, she readily consented.

December 18th, the patient having been placed on the left side and the uterus brought into view by a Sims' speculum, a sound was passed into the cavity, in a direction toward the right and somewhat posteriorly, to the extent of six and a half inches. On withdrawing the sound and attempting to carry it into the cavity in any other direction, it was found impossible to do so, as it was arrested to the left and anteriorly at a point about three-fourths of an inch from the entrance. When again introduced as in the first instance, and an effort made to sweep around the tumor, the latter was now found to be sessile, its attachment occupying the entire left half and a portion of the anterior wall of the uterus as far as and including part of the fundus.

The tumor was now seized by a strong vulsellum, and, in order to afford space for manipulation, the cervix was incised bi-laterally by galvano-cautery to the fullest extent practicable. Surmising that at least some considerable portion of the tumor might have its attachment to the uterine wall by loose cellular tissue, an attempt was next made to break up its connections, first by the index finger, and subsequently by means of a detached half of a flat-bladed polypus forceps. This instrument, being very deeply serrated, so that its edge was rough and saw-like, acted precisely in the same manner as the invaluable device of Dr. Thomas for similar purposes, but beyond the separation of a very small portion at the lower part, its most energetic application produced no effect whatever on the dense fibrous substance with which it came in contact, and further efforts in this direction were abandoned.

It now became a serious question as to the advisability of proceeding further, since a considerable amount of blood had already been lost, and the patient's courage, as well as her strength, seemed fast ebbing; nevertheless, as between abandoning the case at this stage, with no hope whatever of re

covery, and risking her ability to live through a careful dissection of the mass from the uterus, there appeared but little choice, I decided to proceed as follows:

Knowing that it would be impossible to dissect off the tumor entire, with so little space for manipulation, a loop of the galvano-cautery ecraseur was, with much difficulty, adjusted, so as to embrace a large portion, say one-third, as shown by the dotted line in the cut. The excision of this part, which occupied but a few minutes, was thus accomplished without additional loss of blood, and its removal afforded ample space for the next and most critical step in the operation.

The remainder of the tumor was now firmly seized by a strong vulsellum, and by means of curved scissors the process of cutting through its base was cautiously proceeded with from below upward, and the entire mass thus removed piecemeal.

Though this part of the operation occupied more than half an hour, there was but little blood lost, and as stimulants and restoratives had been freely administered from the beginning, her condition was on the whole fair, considering that *she had now been nearly two hours on the table, and without any anæsthetic.**

From the extreme hardness and density of the tissues through which the scissors passed, and the estimated thickness and cartilaginous feel of the remaining uterine wall, coupled with the fact that *there was a total absence of anything resembling a capsule*, it seems quite probable that this large portion of the uterine body had undergone more or less diffuse fibrous degeneration.

The uterine cavity having been carefully sponged out, the entire surface from which the tumor had been excised was now thoroughly cauterized by means of the dome-shaped instrument devised for such purposes, and an anodyne rectal suppository having been administered, the patient was put to bed.

The subsequent history of this case, which was singularly and happily monotonous as regards serious complications and drawbacks, as well as the after management and treatment, may be very briefly stated.

December 19th, twenty-four hours after the operation I found the patient quite cheerful, she had rested tolerably well during the night, and had taken and retained a fair amount of nourishment.

* In addition to the effective coöperation of Dr. Rotton, I feel much indebted for able assistance in this operation to my friends, Dr. Richard Hesse and Dr. Ernest Palmer.

She only complained of an uncomfortable "aching all over," and a feeling "as if she had been pounded."

On the third day she had a slight chill followed by a rise of temperature (102°), but without any local manifestation of pelvic or peritoneal inflammation, and no gastric disturbance. She was ordered full doses of quinine and opium, intra-uterine douches of warm carbolized water were employed twice daily, and in twenty-four hours all threatened complications had passed over.

On the fifth day a copious purulent discharge mixed with particles of eschar and debris of fibrous material commenced and was kept up, but in gradually decreasing quantity for three weeks, when it finally ceased. It is also worthy of mention that no special precautions or topical measures of a hæmostatic nature, beyond the thorough cauterization of the wound as already stated were resorted to, and there was no secondary hemorrhage whatever. Her progressive improvement now became more marked, and nothing worthy of note occurred until the end of January, nearly seven weeks after the operation, when she was alarmed by the appearance of a sanguineous discharge accompanied by some pain, and which having continued for three or four days, I was again requested to see her. I found her much depressed in spirits and nervously apprehensive, lest the disease for the cure of which she had made such heroic sacrifices, had returned. In this anxiety, I fully but tacitly concurred and proceeded to make as careful an examination as circumstances would permit.

I found the uterus quite moveable in all directions, and though still somewhat enlarged, not remarkably sensitive to such manipulation. On introducing a speculum, the most noticeable fact observed was the singularly normal appearance of the cervix, though trachelotomy had been performed but six weeks previously, and that too by galvano-cautery. Indeed, so little deformity was there that the most inveterate stickler for oral or cervical symmetery might have been satisfied, nor could the laceration hunter however exacting, find any excuse for the display of his gynæchirurgical dexterity. The flow which was observed slowly oozing from the uterus did not present the appearance of active hemorrhage, but was in fact menstrual, and the cavity measured but little over three inches in depth, while on carrying the sound cautiously over its walls, especially the left, I could notice no irregularity of surface and no hyperæsthesia, nor was there any increase of the discharge following this examination. As a precautionary measure, however, she was advised to maintain the hori-

zontal position for a few days, and to continue the use of quinine and iron which she had been taking for some weeks previously.

Addendum. March 5th.—In conformity with the wishes of her attending physician, and in order to satisfy myself as to her present actual condition, I made my last visit to her. Had I entertained misgivings as to how I should find her, the alacrity with which she hastened down stairs, and her happy and cheerful manner would have quickly set at rest all such doubts. She informed me that her appetite was excellent, that she slept well and was amply able to superintend the duties of her household as formerly, but that she could not take much out-door exercise on foot without considerable fatigue. There has been no return of the catamenia up to the present time, and her physician informed her after an examination one week ago, that "the womb had been restored to its natural size."

A CASE OF CARCINOMA OF THE RECTUM—OPERATION BY EXCISION—RECOVERY.

JOHN BYRNE, M.D.

Exsection of more or less of the rectal intestine for the removal of cancerous formation is, admittedly, a most hazardous surgical procedure, and at best one resorted to under certain pressing conditions only, and with the hope of obtaining for the unhappy victims of these maladies some temporary respite from suffering. The statistics of these, as of many other perilous operations, are as valueless as they are incomplete and meagre, and can afford no very reliable basis of estimate as to the dangers to be apprehended from hemorrhage, peritonitis, or septicemia, or how far we may be justified in expecting from such radical measures a degree of relief at all commensurate with the risk.

By many of the highest surgical authorities, operative interference in cancer of the rectum is barely countenanced, while not a few look upon all such operations as useless, if not unjustifiable; hence, in the majority of cases met with, whether in hospital or private practice, palliative measures alone, as by opiates and the like, usually constitute the entire treatment. In advanced stages of the disease only, and when fatal obstruction threatens, is the comparatively simple operation of colotomy, with its disgusting consequences suggested or undertaken as a *dernier ressort.*

For my own part, and from a careful consideration of the subject, I am of the opinion that such operations should not, as a general rule, be resorted to unless when the disease is circumscribed, of limited extent, and situated low down in the intestine, yet above and clear of the sphincter. Moreover in the female subject, should the anterior rectal wall be involved, no possible benefit could be hoped for

from excision, nor would any such interference be justifiable.

It is true if such experience as that of Prof. Nüssbaum, of Munich, were made the sole basis of judging, rectotomy might seem entitled to a wider field than is here conceded, but if the positive risks and difficulties, and an equivalent necessarily problematical be duly considered, and a very moderate allowance made for unheralded disasters, the limit suggested would, in all probability, satisfy every demand of conservative surgery.

Apropos of these reflections, the following may prove of more than ordinary interest:

Mrs. T., aged 35, born in Canada, has been married 14 years and has had four children, the youngest two years. She says she has always enjoyed good health up to the fourth month of her last pregnancy, about which period, her bowels being then and for some time previously in a constipated state, she was taken with hemorrhage from the rectum, accompanied with "bearing down" pains like those of labor. Several attacks of a similar nature occurred during the following months of gestation, yet her confinement, at full term, passed over without any remarkable difficulty. Within a few days, however, she began to suffer much from constant lumbo-sacral pains, rectal tenesmus and obstinate constipation, while hemorrhage and excruciating agony attended every effort to evacuate the bowels.

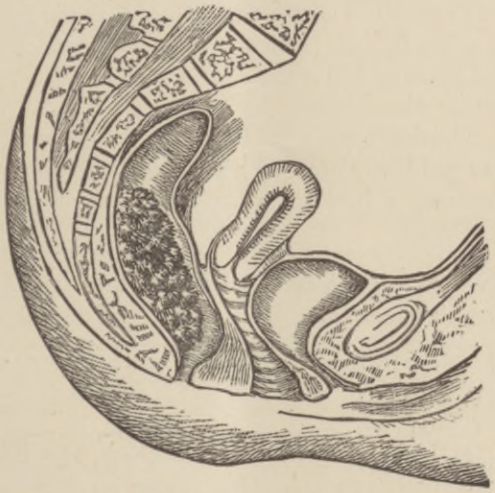
For a year past, but particularly during the last four months, her condition has been getting steadily worse; no fæcal discharges take place except from strong cathartics, and enemata have no other effect than to increase her suffering and provoke hemorrhage. In addition to all this she has had menorrhagia for the past six months. Up to quite recently she says she has been under homœopathic treatment "*for the cure of her symptoms*," but without relief, and in entire ignorance of the true nature of her ailment.

A few weeks ago she consulted Dr. Randolph, of this city, who at once diagnosed her case as one of cancer of the rectum, and advised her to apply for admission to St. Mary's hospital.

On examination a large cancerous mass of epitheliomatous

character was found attached to the posterior wall of the rectum, which it entirely filled up and completely obstructed, commencing at a point about one inch from the verge of the anus and extending up the intestine as far as the finger could reach. Much pain attended this examination, and considerable hemorrhage followed. The uterus was found to be healthy. An operation was proposed, and, being acquiesced in by the members of the Hospital staff, she readily consented.

January 31, 1880.—The patient having been anæsthetized by ether, the perineum and recto-vaginal septum, as far as Douglass' cul-de-sac, were slit up by means of a blunt-pointed scissors, guided by two fingers of the left hand. Hemorrhage to an alarm-



CARCINOMA OF THE RECTUM.

ing and almost fatal extent followed this first step in the operation, but hypodermic injections of brandy served to restore the feeble heart's action. The diseased part being now fully exposed was grasped by a vulsellum, and dissection by scissors commenced from below upward, but avoiding the sphincter, which was not involved. The lower third of the mass was movable, so that no great difficulty was found in drawing it forward and separating the intestine from its loose connections, but the upper and larger portion of the tumor involved the subjacent tissues, and, being firmly adherent to the sacrum, much difficulty was experienced in dissecting it out piecemeal. On examining the cavity a small

glandular but not indurated body, the size of a hazel nut, was noticed in the upper left side of the pelvis, but as it was very deeply imbedded, and in dangerous proximity to large branches of the internal iliac artery, it was not deemed wise to attempt its exsection. Besides, the operation thus far was one of the bloodiest I had ever witnessed, and the patient seemed to be already *in articulo mortis*. The cavity was sponged out with a mixture of equal parts of acetic acid and glycerine, to which ten per cent. of carbolic acid had been added. The recto-vaginal wall and perineum were now stitched by interrupted sutures of carbolized silk, a vulcanite drainage-tube, of hour-glass shape at its rectal end so as to insure its retention, was inserted before tightening the last two perineal stitches, and the patient put to bed, but in an apparently moribund condition. Finally, to the free extremity of the tube a few feet of ½ inch rubber hose was attached, and its distal end immersed in a vessel of water for the reception of fœcal and other discharges.

By the application of warmth to the extremities and stimulants, reaction was gradually brought about, and at the expiration of an hour, one and a half grs. of opium was administered by the mouth.

The following is an abstract of the record by Dr. Lubey, the resident physician :—

February 1st, 9 A.M.—The patient has spent a comfortable night, having slept several hours, and is free from pain. Pulse, 116 ; temperature, 100.

7 P.M.—Has had a slight chill. Complains of pain in rectum. Pulse, 120 ; temperature 100. Ordered gr. iss of opium, and the rectum to be washed out with tepid carbolized water (two per cent).

10 P.M.—Much more comfortable, and free from pain. Pulse, 110 ; temperature, 101.

February 2d, 10 A.M.—Pulse, 112 ; temperature, 101. No pain.

February 2d, 8 P.M.—Pulse, 120 ; temperature, 101½. Repeat injection by first washing out the cavity with carbolized water, and subsequently allowing one pint of the fluid to remain in contact with the parts for several minutes before draining off. Five grs. of quinine, and repeat the same night and morning.

February 3d, 10 A.M.—Pulse, 110 ; temperature, 100½. No pain.

February 3d, 8 P.M.—Pulse, 116; temperature, 101. Repeat carbolized douche.

February 4, 10 A.M.—Pulse, 112, and fuller, temperature, 100. Quite comfortable.

February 6th.—The vagina and perineum examined by Dr. Byrne, and union found to be apparently perfect all along the line of incision. Sutures to remain in for twenty-four hours longer, and in the meantime to have a dose of castor oil, no fæcal discharge having passed since day before operation.

February 7th.—Castor oil, followed by copious discharges of fæcal matter mixed with pus, but the vulcanite plug was forced out by the first movement, and the ano-perineal stitch torn away. Removed the sutures, and found union complete except at the outer sphincter. She says she had control over the last two evacuations, and but little pain.

February 11th.—No fæcal discharges from bowels for two days past. No pain, but thinks she would feel more comfortable if the bowels were moved. Ordered ol. ricini ℥ ss.

10 P.M.—Bowels freely moved without much pain.

13th and 14th.—Bowels moved without medicine, and little or no pain; fæces of large calibre, and fair control over the sphincter. She expresses herself as feeling quite well; takes plenty of nourishment, and sleeps each entire night through. A digital exploration of the rectum was made by Dr. Byrne and other members of the Hospital staff, and nothing very abnormal observed.

February 21st.—Has been up and exercising every day for the past week, and has fair control over the sphincter except when the contents of the bowels are in a liquid state; laceration at anus granulating. She gains strength rapidly; her expression and general appearance remarkably changed for the better. Having a great desire to return to her family, she was discharged.

March 14th.—She returned, in accordance with instructions, for examination. Looks to be in excellent condition, and says she feels perfectly well, but would like to have a little more control over the contents of the rectum. Exploration by finger reveals nothing abnormal, and causes little or no pain or hemorrhage.

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