A CASE
OF
ABDOMINAL TUMOUR;

WITH THE
APPEARANCES ON DISSECTION.

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READ 14TH JANUARY, 1834.

THE subject of this case, C. D., a coachman, aged 70, came under my care July 3, 1830, with hæmorrhage from the bladder. He said that about a twelvemonth since he first had bleeding from the urethra; and that it would now and then last three or four weeks, but nothing to signify, or to weaken him.

He stated that last June it came on, without any cause that he knew of, to much the same extent as at present, and continued for six weeks. He was then in St. George's Hospital, and was relieved. Within the last three days it had returned, with a desire to pass water, almost every quarter of an hour, night and day; generally only a little blood flowing, of a bright red colour; sometimes urine with it, which he knew by the quantity; and in the latter case he became easy for an hour or two. I found the whole

quantity of fluid voided from the urethra within the last twenty-four hours (about three pints) contained a proportion of blood, apparently arterial, forming a considerable red sediment, but no coagulum. He said he never had stricture, nor had ever suffered from gravel.

On examining per anum, the prostate gland was not very distinctly enlarged, but felt indurated, and under moderate pressure gave a sharp shooting pain. I directed the bals. copaib. m. $\times$ x. ter die.

February 10. The medicine directed, which he recognized as the same he had taken at the Hospital, had again cured his complaint; the irritation had left him, and the bleeding had ceased.

May 29. Still complaining; he was much distressed by constant tenesmus, and prolapsus ani; with very great frequency in passing water; through the day he said that he always was wanting, and frequently could pass none, but in the night he suffered less.

September 13. He said he was less purged than lately, but was often moved twenty times a day, still. On examining, I now found the prostate apparently presenting an even indurated surface, towards the rectum, to some distance up, beyond which, at one point, a tuberculated projection, somewhat sensitive, was felt; and as far as the finger could reach, to the right and left, it gave the impression of the extended

surface either of a tumour, or the indurated parietes of a diseased bladder.

The urine, he observed, passed pretty easy, six or eight times in the day ; it did not always come, when he wanted, but was very easy in passing when it did come.

September 15. All the feelings much improved, by an opiate at night.

September 27. Constant and urgent tenesmus, obliging him, he said, to get out of bed a dozen times a day, frequently without passing any thing; yet the moment he was in bed, his urine, and with it sometimes a loose stool, would come suddenly away, without any power of restraint, or even consciousness of the accident; and this state of bowels continued, in spite of aromatics and opiates.

September 30. I this day examined, for the first time, a large rounded, elastic, and apparently encysted tumour, situated in the left side of the cavity of the abdomen; extending nearly to the cartilages of the ribs above, and to the margin of the pelvis below, and attached evidently to the posterior parietes. I had heard him mention, once or twice, the swelling in his side, but having known he had an inguinal hernia, I concluded it was this to which he alluded.

This tumour in the abdomen had been forming, it

appeared, for the last eight or nine months, and was at first very uneasy, inducing aching and acute pains, in the left leg and thigh. When he lay down in bed, the violence of these pains formerly were alleviated; but latterly not. He said he had never felt the swelling in the abdomen heated, or throbbing. The leg and thigh were now entirely lame and helpless, with continual pain; though less in bed than sitting up.

October 13. The night before last, violent and acute pain came on in the tumour, inducing delirium, with loud moans; and so continued all yesterday. The bowels had previously been excessively relaxed, the involuntary stools flowing from him as often as he moved; but on the accession of aggravated pain in the tumour, the relaxation ceased. He complained of continued and distressing pains in and about the side, where the tumour, much enlarged, now extended itself two-thirds across the abdomen. The pulse was 100, small and weak. On examining by the rectum, Mr. I. C. Turner observed that he distinctly felt the indurated coats of the bladder, beyond the prostate gland, which was somewhat enlarged.

In examining the anterior part of the abdomen, I could now trace the pulsation of two rather large arteries crossing from right to left, over the front of the tumour; and as I had frequently perceived the passage of flatus through a portion of intestine, which appeared to pass down the left side of the swelling, and as I found both vessels were continued from one

trunk on the right, it seemed probable they were branches of the mesenteric artery passing over to the attached portion of the gut.

Oct. 15th. I received a note from his daughter, saying that he was much worse, and had not been expected to have lived through the night; that his senses wavered much, and that the swelling in his side was severely painful. On visiting him, I found him sinking under increasing irritation.

Oct. 24th. He died.

On opening the abdomen, I found the large tumour occupied more than half the space of the abdominal cavity; principally upon the left side. It appeared to be seated upon, and attached to the spine. The piece of intestine passing down upon its left side, was the sigmoid flexure of the colon; the inferior layer of the mesocolon with its blood-vessels forming the anterior covering of the tumour, the superior lamina with the adjacent peritoneal lining of the abdomen, its superior investment, The tumour, therefore, situated on the lumbar vertebræ, had in its growth progressively separated the two laminæ of the mesocolon, until the surface of the large tumour was eventually brought into contact with the displaced portion of the intestine, which, removed from its original situation in the left loin, was brought before the tumour nearly to the front of the abdomen. This tumour, which proved

to be encysted, measured, from above downwards, as it lay in the abdomen, eight inches; its circumference, subsequent to removal, being nineteen inches.

The interstitial substance of the liver, was in various parts found to be occupied by medullary tubercles; some the size of a cherry, others large as an orange; so as to elevate the peritoneal surface. The texture of the gland, in the intermediate spaces, was, however, apparently sound.

The stomach, bowels, kidneys, pancreas, and spleen, were free from disease; but the bladder and rectum appeared to be greatly embarrassed, by a large mass of morbid structure, which occupied the principal space, and especially the back part, of the cavity of the pelvis. This was the consequence of a very extensive deposit of medullary or fungoid matter, in the cellular tissue, behind the peritoneum lining the sacrum, and cavity of the pelvis, and consequently surrounding and involving all the great vessels and nerves.

Desirous of ascertaining, still further, the state of a disease the precise limits of which were not yet traced, I detached the entire mass of the pelvic and abdominal viscera; and having a person with me on whom I could depend, he, with a dexterity peculiar to himself, succeeded in conveying the whole away, unobserved.

The following day, I carefully injected the viscera

with size and vermilion, and then examined them. The large tumour, moderately vascular, contained several cysts, communicating with each other; it was filled partly with a thick purulent matter, but principally with a grumous bloody fluid. The external parietes of this tumour, strong and compact, were about one-eighth of an inch in thickness.

The medullary mass enveloping the large vessels and nerves within the pelvis, was in most parts moderately vascular; its principal thickness from the concavity of the sacrum forwards, was about three inches, where pressing against the posterior part of the urinary bladder, it had induced disease in its coats, forming a broad cushion, with a highly vascular and hæmorrhagic surface, intruding itself into the cavity of the bladder.

The prostate gland was scarcely enlarged, but in making a section through its substance, I found it to be the only instance I had ever examined, in which that body had undergone a complete conversion into a substance perfectly resembling cartilage, in its colour, consistence, and apparent texture.

The coats of the rectum were free from disease, as its course was from mechanical obstruction. The intestine had been pressed towards the right side, so as to allow the increasing medullary deposit towards the back of the pelvis, to reach the bladder,

without interruption to the passage through the bowel.

The liver exhibited to much advantage the structure of fungoid tumour of that viscus ; as an interstitial albuminous deposit, in its substance ; continuing to increase during the progress of the disease. The capillary vascularity was more remarkable towards the circumference, the central portion of the tumour being more scantily supplied with blood, as demonstrated by the fine arterial branches filled with injection. On the peritoneal surface, the flattened convexity produced by the growth of the larger masses, exhibited many well-injected capillaries passing over the circumference of each tumour, the central portion colourless, and destitute of blood-vessels.

The state of the bladder, just described, proves satisfactorily the source of the repeated hæmorrhage that took place during life, and explains at the same time why, as a bleeding from capillary vessels, the bals. copaib. succeeded in restraining it.

The only remaining point, and the most curious circumstance of any, regards the large tumour ; upon which a question at once suggests itself, as to its original seat. Looking upon so large a cyst as the specimen now before the Society presents, it would scarcely be suspected, that it was only one of the lumbar absorbent glands ; although that it was so, is

a fact proved not only by the particular situation in which it was found, but also by the detection of several other glands of the same cluster in an earlier stage of a similar disease ; two of which, removed with the mass, still remain attached to the large tumour.

A considerable portion of the liver, I presented as a specimen of fungoid disease, to the College, for the Hunterian Museum ; reserving sections of the tumours in the liver, the diseased bladder, and the large encysted tumour, for my own collection, which specimens I have now the honour to submit for the inspection of the Members of the Society.

Saville Row,
December 7th, 1833.