

**A case of diffuse fibroma with a tendency to intra-canalicular growth of both breasts : operation on each with an interval of three weeks, recovery / by C.B. Porter.**

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**Publication/Creation**

[Philadelphia?] : [publisher not identified], 1891.

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# A CASE OF DIFFUSE FIBROMA

WITH A TENDENCY TO

## INTRA-CANALICULAR GROWTH OF BOTH BREASTS.

*OPERATION ON EACH WITH AN INTERVAL OF THREE WEEKS;  
RECOVERY.*

BY

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REPRINTED FROM THE  
TRANSACTIONS OF THE AMERICAN SURGICAL ASSOCIATION,  
SEPTEMBER, 1891.



A CASE OF DIFFUSE FIBROMA WITH A TENDENCY  
TO INTRA-CANALICULAR GROWTH OF  
BOTH BREASTS.

OPERATION ON EACH WITH AN INTERVAL OF THREE WEEKS;  
RECOVERY. THE SMALLER WEIGHED AFTER REMOVAL  
SEVENTEEN POUNDS, THE LARGER FORTY-THREE  
POUNDS; COMBINED WEIGHT, SIXTY POUNDS.

By C. B. PORTER, M.D.,

PROFESSOR OF CLINICAL SURGERY IN HARVARD UNIVERSITY; SURGEON TO THE  
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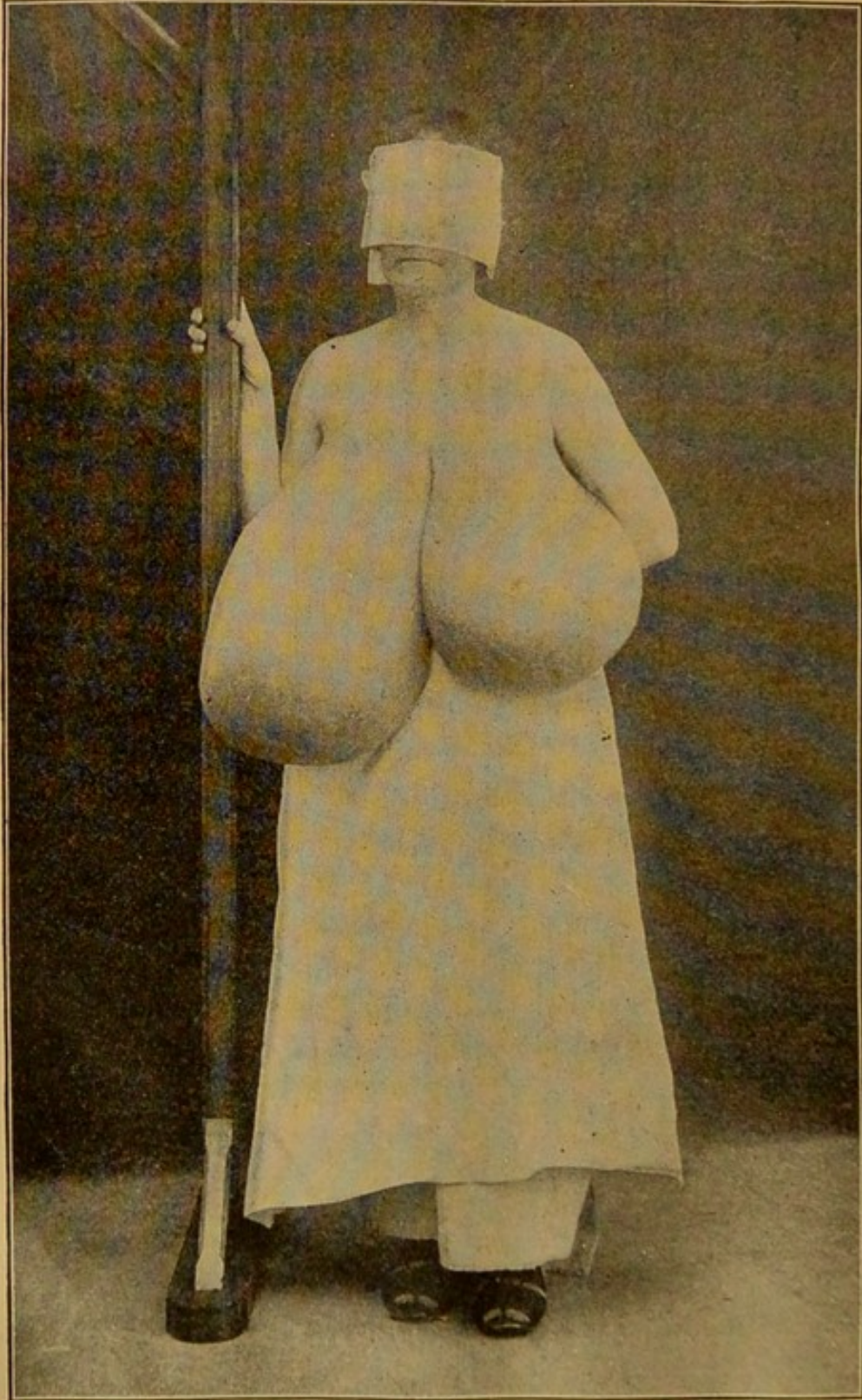
I SHOULD not think of asking the attention of such a distinguished gathering of surgeons to the report of a single case, were it not that it falls to the lot of but few surgeons to see such a case, and still fewer to operate on one.

The patient, Mrs. M., aged thirty-seven years, was born and has lived in Nova Scotia. She entered the Massachusetts General Hospital just at the close of the service of Dr. A. T. Cabot, who did not think her at that time in a condition to undergo such serious operations, and she became a patient of mine in the service following his. Her family history is of no importance. Her personal history is that of ordinary health up to three years ago. Has borne two children, the youngest ten years old. Her catamenia have been regular and normal up to three months ago, when they ceased.

Three years ago she discovered a hard lump in the outer part of right breast which gradually increased in size, and with it the whole breast. Three months after the right breast commenced to enlarge, the left breast became similarly affected, and at the end of six months the right was the size of a baby's head and the left a little smaller. For some time, then, the growth was very gradual, but three months ago

a rapid increase took place, and they became so burdensome by their size and weight that she could not work and could stand only for a

FIG. 1.



short time. She is most comfortable sitting with the breasts resting on a pillow in her lap. In the recumbent posture the pressure of the

weight and the dragging upon the chest-walls embarrass her respiration. So much so, that after her entrance to the hospital a frame was made

FIG. 2.



upon which the breasts could be suspended. Never has any pain; appetite is good, and she sleeps well. Pulse 96; temperature 97.8°.

Physical examination shows she is pale, emaciated, with ovarian facies. Both breasts enormously enlarged. Right breast: largest circumference, thirty-eight inches; length from chest-wall to nipple, seventeen inches; circumference at base, twenty-three inches. Left breast: largest circumference, twenty-eight inches; length from chest-wall to nipple, fourteen inches; circumference at base, twenty-three inches. Skin œdematous, thickened, and porky. Throughout both are to be felt movable, hardened masses of irregular outline, varying in size from an orange to a closed fist. No tenderness. For two weeks every attention was given to building up her strength for an operation which in size of wound would equal a hip-joint amputation. At the end of that time she was brought to operation. I decided to remove the left and smaller breast first. Feeling that loss of blood was one of the dangers, I had made two large skewers; with these I transfixed the breast vertically and horizontally close to the chest-wall, and behind them placed a tightly drawn rubber tourniquet. An anterior and posterior flap was made and the breast removed. All vessels large enough to be recognized were tied with sterilized silk before the tourniquet was removed, and little blood was lost. The operation so far was done in the sitting position; she was then placed upon a table and a few remaining pieces of the breast tissues removed. Continuous silk suture closed the wound, with bone drainage. Six days after the stitches were removed, and there was a slight oozing at two points. Four days later the wound was closed and was dressed with collodion dressing for support. Three weeks after the first operation I removed the remaining breast in the same manner. This was followed by more marked shock than the first, but six hours after she had reacted well and was in good condition. Temperature  $98^{\circ}$ ; pulse 80.

In ten days the dressings and sutures were removed and there were two small stitch-hole abscesses. Convalescence was rapid; in ten days she was strong enough to desire to leave the hospital and visit some friends. There remained two very small granulating spots, and she was advised to report at the hospital soon, in case all did not go well.

The sequel of this seems to have been decided by the irony of Fate, for the woman, instead of visiting her friends in the near vicinity of Boston and reporting in two weeks at the hospital, decided in a few days to return home, and took, in the middle of winter, a cold and perilous sea voyage. She arrived home the day before Christmas, and called her physician to dress two small spots where the cicatrix had given way since she

left the hospital. From a letter from her physician, Dr. C. A. Foster, of Bridgewater, Nova Scotia, I obtained the following history :

“At the time he first saw her, temperature and pulse were normal, but she was much exhausted by her sea voyage and the attendant seasickness, which was violent during her whole passage, and she had suffered much from cold. For about a week she seemed to improve, when she developed erysipelas, first in the region of right breast, and then extending over back and abdomen. This, in four days, had faded markedly, when she suddenly aborted a five to six months' foetus, and died three hours afterward in collapse.”

It should now be stated that before she left the hospital my senior house-surgeon called my attention to an enlargement of the uterus, and her history stated that her catamenia had been absent three months before entrance. I told him that as she was not aware of the enlargement of the uterus it would be prudent to refrain from informing her of the fact. She might be pregnant, and that time would determine ; she might have a uterine fibroid, which condition it would be better for her to discover later ; for after two such severe operations I was content that she was well. Her condition was not suspected until her convalescence after the second operation.

The histological report is by Dr. W. F. Whitney, pathologist to the hospital :

“HISTOLOGICAL EXAMINATION.—The section surface of the growth, which was irregularly divided into lobules, was of a slightly translucent, grayish color, and traversed by numerous irregularly branching chinks or fissures, lined with a softer and more grayish opaque substance than the intervening tissue.

“Microscopic examination showed the bulk of the growth to be made up of a fibrous tissue, rich in cells and holding in its interstices considerable thin serous fluid. Imbedded in this were gland-acini and ducts widely separated and into the openings of which the fibrous tissue had forced its way. These could be directly traced into the fissures seen with the eye, the lining of which proved to be flattened epithelial cells. In structure, therefore, the growth is essentially a diffuse intra-canalicular fibroma, and is not to be regarded in the sense of a true hypertrophy of the breast, which is suggested by the bilateral and external, somewhat symmetrical, shape.”

Billroth, in the *Deutsche Chirurgie*, on “Diseases of the Breast,” says that diffuse hypertrophy develops usually at the time of, or



soon after, the first menstruation; most frequently it is noticed from the fourteenth to the sixteenth year. It begins, however, in some cases two or three years after the first menstruation. The development of the hypertrophy then goes on very rapidly for from two to four months, and then, as a rule, maintains about the same size, or increases still more with the first pregnancy, then to remain unchanged. In the cases I have been able to collect—nineteen in all—the time of life at which the disease commences varies much more than Billroth states—one being forty-three and another forty-two years old, and with those who were married, of which there were six, the ages varied from twenty-two to forty-three years. Of the unmarried, of which there were eight, the age varied from fourteen to seventeen years. There were three in which it was not stated whether married or single, and the ages were twenty-two, twenty-six, thirty-five, and there were two in which no age was mentioned, nor whether single or not. In thirteen cases both breasts were affected. Billroth says, in regard to the course of the disease, it is established, only, that through the weight of the tumor the ability to do work is much lessened, and that, as a rule, the nourishment of the subject of such affliction is bad; any further constitutional influence does not seem to exist. He considers no constitutional or local treatment except amputation of any avail, and cites three cases, one each by Manec, Hess, and Glück, where both breasts were removed at separate times with success. Billroth also states that within his knowledge no observations have been made as to whether such hypertrophied glands return to their former shape and size if the person becomes pregnant and nurses her offspring after birth.

In sixteen cases operated upon, nine had both breasts removed, and one, aged only fourteen, had both breasts very large; one was removed and the other diminished in size after her catamenia were established. Six who had only one breast affected had that removed. All the operations were successful, except one in which the patient died on the fourteenth day with fever.

In conclusion, it would seem from this analysis that this disease develops mostly at the age of puberty, that nothing short of removal is of avail, and that only one case in sixteen died.

TABLE OF CASES.

| No. | Reference.  | Social condition.                    | Age.    | Breasts.   | Duration. | Result.  |
|-----|---|--------------------------------------|---------|--|-----------|--|
| 1   | Billroth, Deutsche Chirurgie, Lieferung 41, 2 43, p. 29, 1880.  | Domestic, single, virgin.            | 16 yrs. | Both. Left 23 in. circumference; right 19½ in. circum.       | 2½ mo.    | Unoperated.  |
| 2   | Billroth, 1880, refer abv.  | Domestic, pregnant                   | 22 "    | Both. Left 65 cm.; right 68 cm.                              | 5 mo.     | Unoperated.  |
| 3   | Velpeau, 1857, Traité des Maladies du Sein, Paris, 1859.  | Married, two sons.                   | 43 "    | One. Left.   | 1 year    | Removed; microscope.   |
| 4   | Demarquay, Gaz. Méd., Paris, 1859, p. 818.  | Married.                             | 40 "    | One. Left 66 cm., 4 kilogrammes; began during pregnancy.     | 7 years   | Removed.   |
| 5   | Manec, Gaz. du Hôpit., 1859, p. 45.   | Single.                              | 17 "    | Both. Left 7.5 kilog.; right 8 kilog.                        | 1½ "      | Removed at 1 month interval.                                 |
| 6   | Lotzbeck, Schmidt's Jahrbücher, cvi. p. 51, 1860.   | .....                                | 26 "    | One. Left; after two pregnancies, 16½ lbs. 2 litres of milk. | 8 "       | Removed.   |
| 7   | Marjolin, Bulletin de la Société de Chir. Paris, vol. ix. p. 342.   | Single.                              | 15 "    | Both. Right 1510 grammes.                                    | .....     | Removed right; microscope.                                   |
| 8   | Richet, Labarraque, Etude sur l'Hyp. gia. Paris, 1875.  | Single.                              | 15 "    | Both. 1985 grammes. One weighed.                             | 1 year    | Removed; microscope.   |
| 9   | Rosati and F. Calzi, Archivio della Scuola d'Anat. pat., vol. ii.   | Virgin.                              | 14½ "   | Both. Right 109 cm. 7.2 kilog.; left 84 cm. 3.3 kilog.       | 2 years   | Removed.   |
| 10  | Humbert, 1885, Lancette Francaise, Gaz. des Hôpitaux, Paris.  | .....                                | 22 "    | Both.  | 1 year    | Unoperated.  |
| 11  | T. J. Crofford, The Tri-State Medical Society, Little Rock, Arkansas, vol. i., No. 12, June, 1891.                                    | Virgin.                              | 15 "    | Both. Right 27½ in. circum.; left 31 in. circum.             | 1 "       | Removed.   |
| 12  | Dr. Roy, Indian Med. Gazette, vol. xvi., Calcutta, 1881.  | Married, children, 8½ mos. pregnant. | 30 "    | Right only. 14 in. long, 12 in pedicle, 12 lbs.              | .....     | Removed.   |
| 13  | Dr. Desenne, Le Progrès Médical, 1886, 14th yr. 2d series.  | Virgin.                              | 15 "    | Both. Left 3 kilog.; Right 3825 gram.                        | 1 year    | Left operated; right operated later.                         |
| 14  | Prof. Baldassar, Gazetta Medica, Torino, 1884, xxxv.  | .....                                | 35 "    | Left. 53 cm. circum.   | .....     | Operated; died on 14th day with fever.                       |
| 15  | Hey, Practical Observations in Surgery, 1834, London.   | .....                                | 14 "    | Both very large.   | .....     | Left operated; right then diminished and catamenia appeared. |
| 16  | Hess, Correspondenzbl. des Vereins Nassauischer Aerzte, 1859, vol. xlix. p. 17.   | .....                                | .....   | Both.  | .....     | Operated at an interval.                                     |
| 17  | Glück, Amtlicher Bericht über die 39. Versammlung Deutscher Naturforscher und Aerzte in Giessen im Sept. 1864, Giessen, 1865, p. 219. | .....                                | .....   | Both.  | .....     | Operated at an interval; microscope; "cysto-sarcoma."        |
| 18  | Nelson, Texas State Medical Association.  | Married, one child.                  | 26 yrs. | One. 8¾ lbs.   | .....     | Operated.  |
| 19  | Dr. Owen, Western Med. Reporter, 1884, Chicago.   | Married.                             | 42 "    | Both. Right 22 lbs. left 23¾ lbs.                            | .....     | Operated.  |

