

Tables of cases of primary cancer of the Fallopian tube reported up to present date (April, 1898) / by Alban Doran.

Contributors

Doran, Alban H. G. 1849-1927.
Royal College of Surgeons of England

Publication/Creation

London : Printed by Adlard and Son, 1898.

Persistent URL

<https://wellcomecollection.org/works/qhbv7fcw>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

TABLES OF CASES

9

OF

PRIMARY CANCER OF THE FALLOPIAN
TUBE

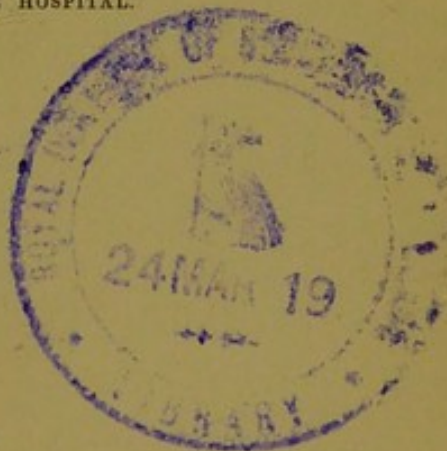
REPORTED UP TO PRESENT DATE (APRIL, 1898).

BY

ALBAN DORAN, F.R.C.S.,

SURGEON TO THE SAMARITAN FREE HOSPITAL.

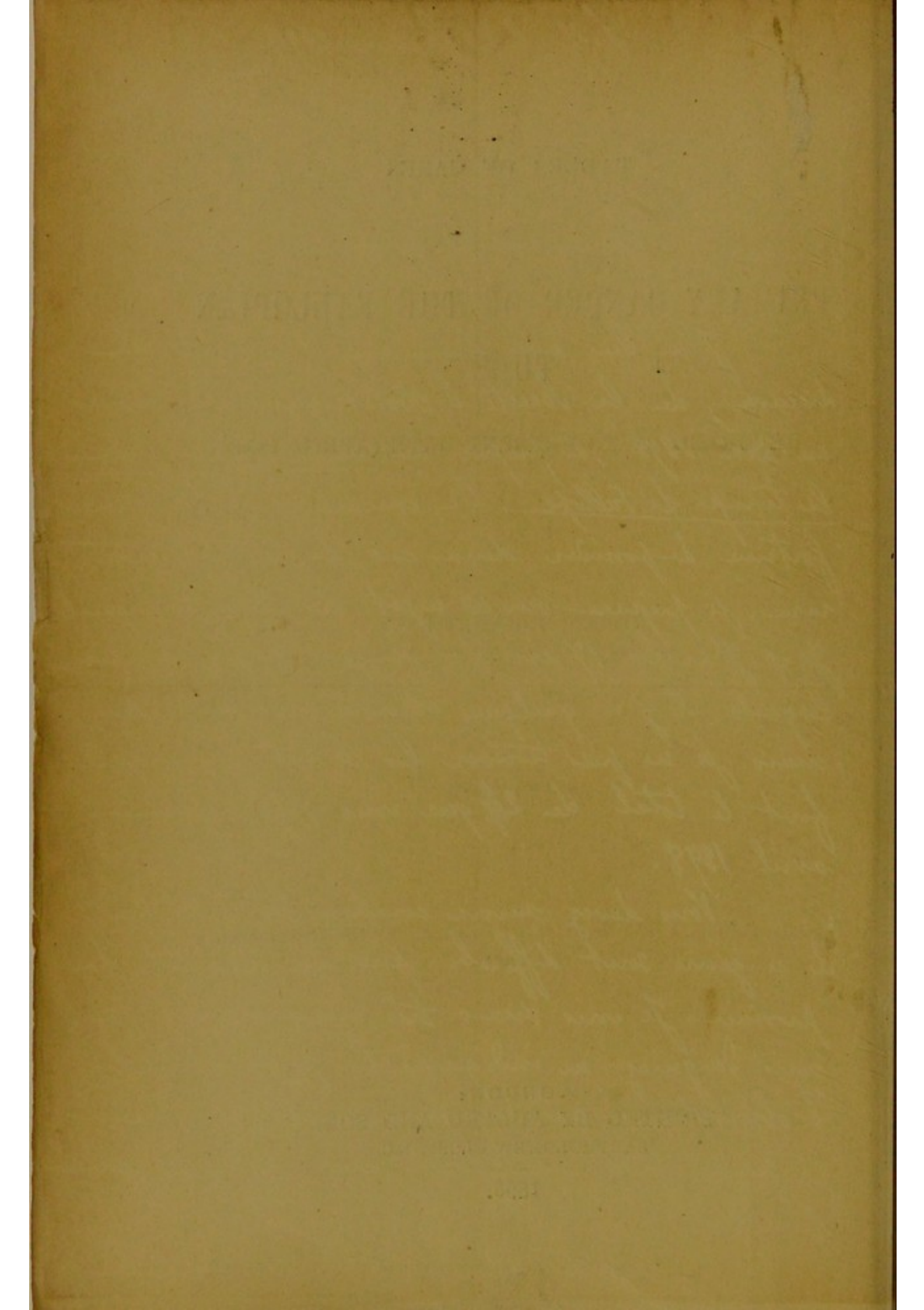
Read May 4th, 1898.



[*From Volume XL of the 'Transactions of the Obstetrical Society of London.'*]

LONDON:
PRINTED BY ADLARD AND SON,
BARTHOLOMEW CLOSE, E.C.

1898.



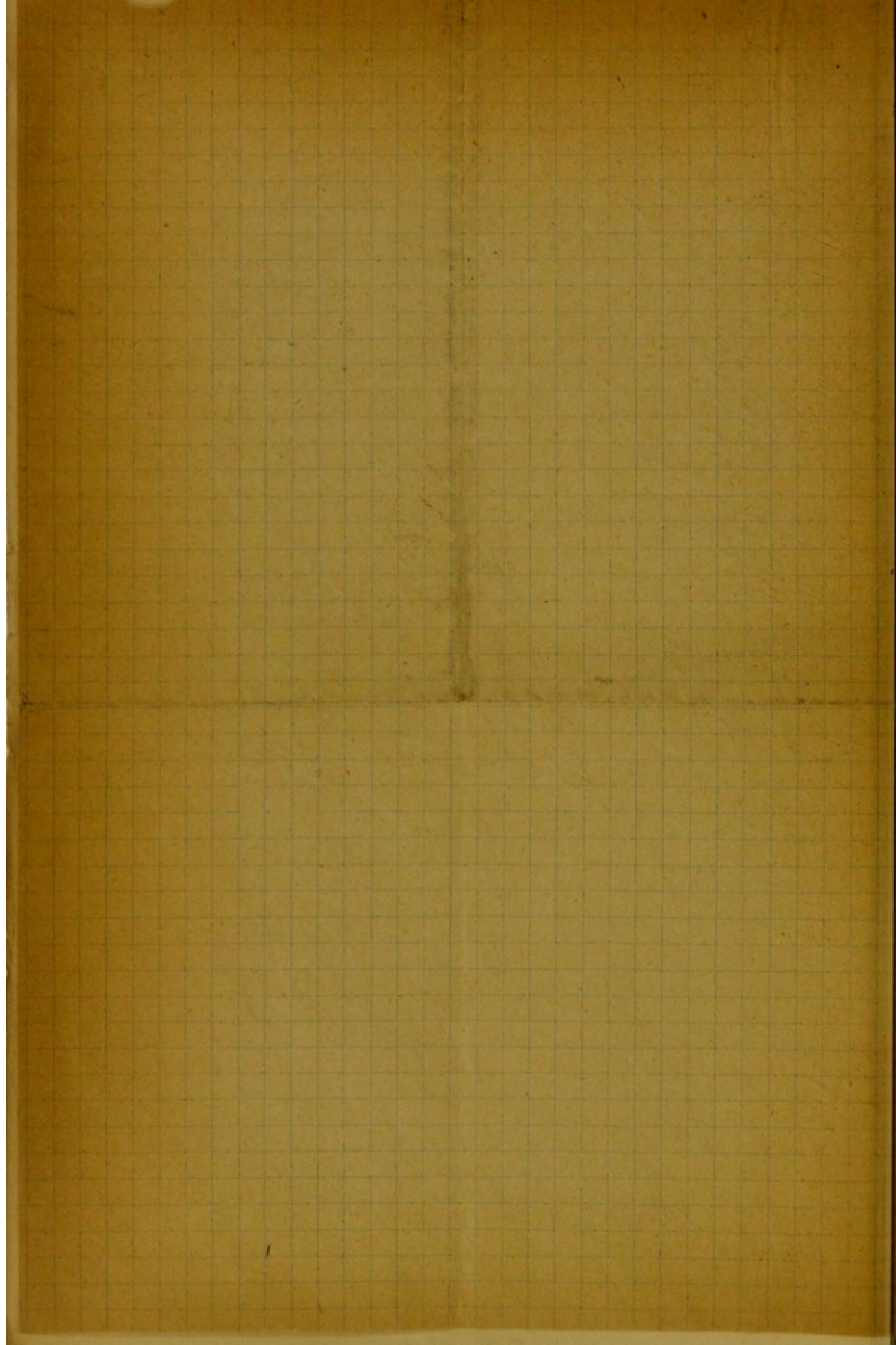
Lille, le 20 février 1899

Monsieur le professeur,

J'ai lu avec beaucoup d'intérêt la discussion de la Société d'obstétrique de Londres en mai 1898, à propos du caner primitif de la trompe de Fallope. Or, comme j'ai la bonne fortune de posséder deux cas de cette affection rare, je prépare sur ce sujet une thèse inaugurale. ~~Il y~~ J'ai les 17 cas de Langer et Barth, parmi lesquels il y a quelques observations françaises, mais je ne puis trouver les 6 autres cas qui font le total de 24 que vous signalez en avril 1898.

Vous devez savoir combien des recherches de ce genre sont difficiles pour un étudiant de province. Je vous serais très reconnaissant si vous daigniez m'indiquer la provenance des 7 observations qui me manquent afin que je puisse faire un travail aussi complet que possible.

Je regrette infiniment, Monsieur le

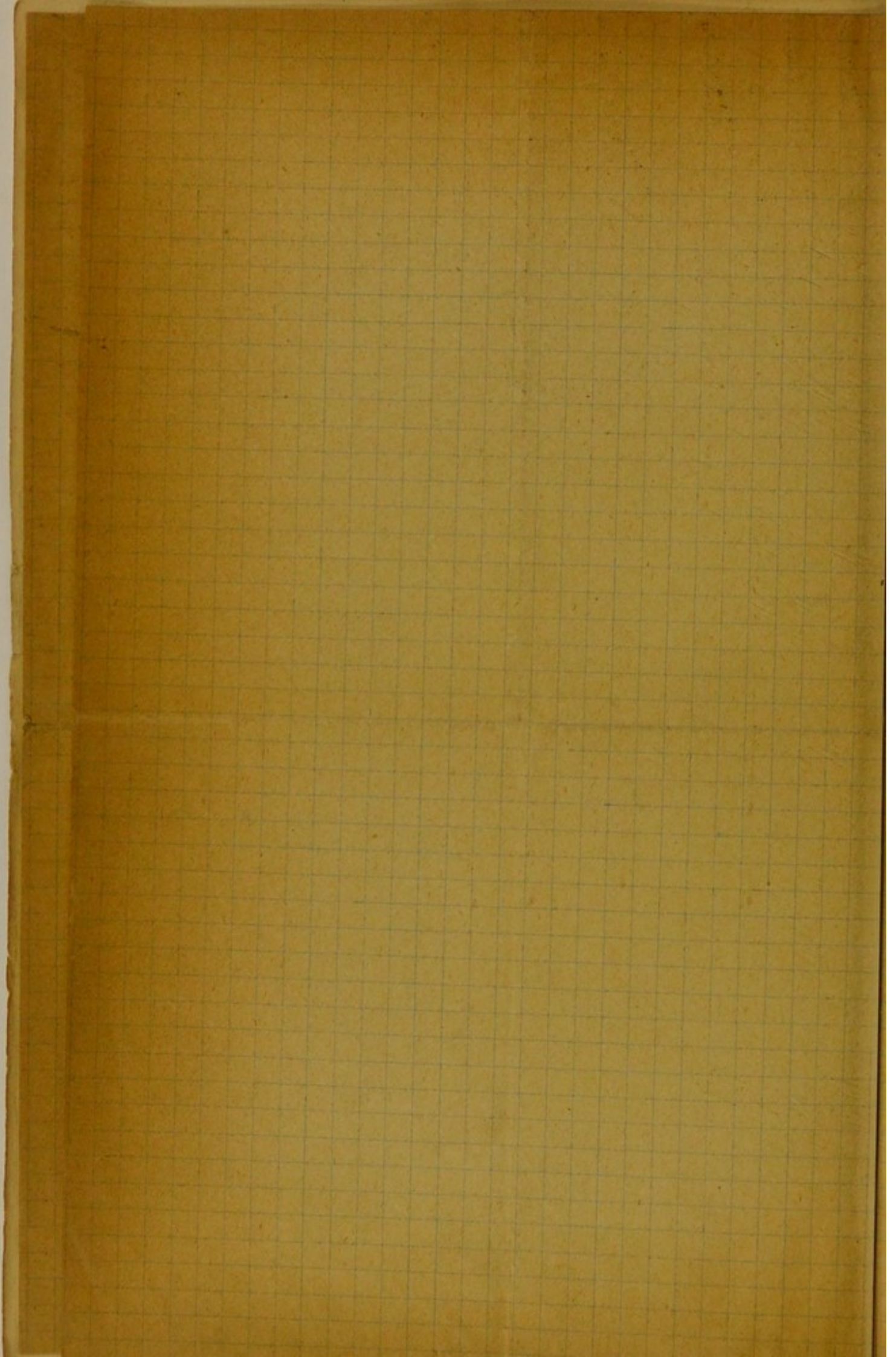


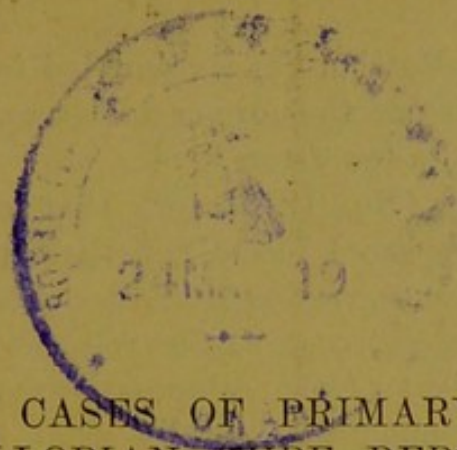
professeur, de vous donner cet ouvrage, mais
votre grande compétence dans ces questions
un peu spéciales, m'a porté à m'adresser à
vous de préférence. Je regrette aussi beaucoup
de ne savoir comment vous remercier de
votre peine.

Recevez, je vous prie, Monsieur le
professeur, avec tous mes remerciements,
l'expression de mes sentiments respectueux et
dévoués.

Louis Davel

interne des hôpitaux
préparateur d'anatomie pathologique
à la Faculté libre de Médecine de Lille
81, rue Saint-Sauveur
Lille (France)





TABLES OF CASES OF PRIMARY CANCER OF
THE FALLOPIAN TUBE REPORTED UP TO
PRESENT DATE (APRIL, 1898).

By ALBAN DORAN, F.R.C.S.,
SURGEON TO THE SAMARITAN FREE HOSPITAL.

(Received April 14th, 1898.)

(*Abstract.*)

As my colleague Dr. Hubert Roberts has brought forward a valuable report of a case of primary cancer of the tube under his own observation, I think that these tables may be of interest to the Fellows of the Society, and may aid them in the study of Dr. Roberts's communication. Orthmann published the first report of a case of the disease in question just ten years since. Shortly afterwards I recorded another case, and a year later was enabled to furnish the after-history. I prepared with that after-history the first tables* of cases of this rare disease ever published. Many more examples of the malady were shortly afterwards reported. Fearn (see No. 9) was able to issue more copious tables. In 1894 Sanger and Barth as well as myself prepared simultaneously tables yet more up to date. The work of the German observers was published first, but I had the advantage of being able to add several important after-histories kindly sent to me by the original reporters or their successors (see "private correspondence" in tables, under heading "Reference"). This second series of tables prepared by myself appeared in Allbutt and Playfair's 'System of Gynecology.' In the present tables four more complete reports are included,

* 'Trans. Path. Soc.,' vol. xl, p. 221.

whilst No. 13 (Von Rosthorn's) is tabulated from a more complete report issued since the former tables appeared in print. I have also corrected a few errors.

The latest report (No. 19) before that prepared by Dr. Roberts was read appeared recently in the 'Archiv für Gynäkologie.' Dr. Hofbauer, the reporter, declares that the patch of epithelioma *in* the cervix (its surface was smooth and healthy) was quite independent of the columnar cancer in the tubes. The original report must be carefully studied; unfortunately there seems to be no after-history.

Several operators removed the uterus with the cancerous appendages, a reasonable practice from many points of view. But the uterine end of the cancerous tube may be free from disease (No. 8, Sänger), whilst too often adjacent viscera are infected. In such cases simple removal of the diseased tube is the best surgery. Abdominal section is preferable to vaginal operations in suspected cases of this disease, as it is important to see if any other parts are involved.

I indicated the fallacies into which the pathologist may fall when examining a cancerous tube in a short note recently published in these 'Transactions.'*

I refrain from presenting tables of sarcoma of the tube to the Society, as no trustworthy cases have recently been reported. For the same reason I will say nothing about papilloma clearly not malignant. †

* "An Unreported Case of Primary Cancer of the Fallopian Tube in 1847," 'Trans. Obstet. Soc.,' vol. xxxviii, 1896, p. 322.

† Watkins (*loc. cit.*, tables, Case 18) describes a case of non-malignant primary papilloma of the Fallopian tubes, comparing it with a malignant case (No. 18). The ovary was involved. The opposite ovary bore papillomatous growths, from which the corresponding tube was free, and it is not clear that the disease was primary in the other tube.

TABLE OF CASES.

Cases of Primary Carcinoma of the Fallopian Tube.

No.	Age, married or single.	Children; menstruation.	Side of tumour.	Chief symptoms.	Duration of symptoms before operation.	Result of operation.
1*	46, M. (3 yrs.)	Abortion (?) 1½ years before operation	R.	Tumour to right of uterus after convalescence from typhoid; then moderate leucorrhœa; encysted serous perimetritis to left	About 1½ years	Died 6th day
2	48, M.	1 (22 years); 6 months' menopause	R.	Sanious, watery discharge; perimetritis after curetting; then tumour to right of uterus	3 years	Lived 10 months 3 weeks
3	50, M.	Sterile; 6 months' menopause	R. and L.	Sanious, watery discharge; club-shaped swelling right fornix, and pain 8 weeks before operation; elastic tumour left fornix; small subperitoneal uterine myoma	4 years	Recurrence within 18 months (von Herff, Dec., 1894)
4	36, M.	Sterile; ?	L.	Hypogastric pains, fever, swelling in left side of pelvis	"For a long time"	Free from recurrence and in good health nearly 7 years after (Veit, Jan., 1895)
5	46, M.	Sterile; regular	R.	Uterus pushed to right by a left hydrosalpinx; a tumour right side of pelvis; hypogastric pain	Hypogastric pain 2 years	Recovery. Recurrence within 10 months. "The patient must have died soon afterwards"
6	46, M.	1 child; still regular	R. and L.	Free watery discharge; abdominal pain; emaciation; two tumours felt through parietes	About 9 months	"Lived for about a year and a half" (Zweifel, Dec., 1894)
7	45, S.	1 child (20 years); still regular	R. and L.	Hypogastric pain; metrorrhagia; tumour in right side pelvis; smaller to left and above uterus	1 year	Recovery. Recurrence 2 months. Death in 5 months.
8	45, M.	1 child (20 years); still regular, scanty	R.	Five months' sanious discharge; symptoms of "pan-salpingitis." Uterus dilated shortly before operation; nothing found in it	5 months	Recovery. No recurrence 7 months later

* Renaud's case (1847) is apparently genuine (as primary cancer), and if so is the earliest ever figured, though no full report accompanied the sketch. See 'Trans. Obstet. Soc.,' vol. xxxviii, p. 322, where the sketch is reproduced.

A. *Cancer in a naturally developed Tube.*

Character of tumour.	Other parts involved.	Operator.	Reporter and reference.
Cancerous papillomatous growths in abdominal end of tube; ostium communicated with a pus cavity	Cancerous nodules in vesico-uterine pouch; enlarged pelvic glands; large abscess of right ovary; suppuration of left tube and ovary	Martin, Berlin	Orthmann, 'Zeitschr. f. Geburtsh.,' vol. xv, p. 212.
Large, soft, cancerous mass growing from tubal walls; ostium closed; sanious serum in tubal canal	Right ovary small, cancerous; old inflammation left appendages; recurrence in stump of left appendix; secondary deposits uterus, bladder, vagina, and lumbar glands	Thornton	Doran, 'Trans. Path. Soc.,' vol. xxxix, p. 208, and vol. xl, p. 221.
Medullary masses in both tubes. Possibly innocent papilloma at date of operation	None at operation. Recurrence on both sides, chiefly left	Kaltenbach	Kaltenbach, 'Centralbl. f. Gynäk.,' 1889, p. 74; id. and Eberth, 'Zeitschr. f. Geburtsh. u. Gynäk.,' vol. xvi, 1889, p. 357; Von Herff, private correspondence, Dec., 1894.
Cancerous papillomatous masses inside pyosalpinx	No other parts involved	J. Veit	Veit, 'Zeitschr. f. Geburtsh. u. Gynäk.,' vol. xvi, 1889, p. 212; private correspondence, Jan., 1895.
Right tube contained mass of true medullary cancer (large alveoli and scanty stroma)	At operation no other parts cancerous; pint of sanious fluid in left tube, which was not removed. Ten months later hard secondary deposits in abdomen; ascites	Landau	Landau and Rheinstein, 'Archiv f. Gynäk.,' vol. xxxix, 1891, p. 273, and private communication.
Soft villous masses in dilated tubes; "carcinoma papillomatosum"	Uterus, ovaries, and adjacent parts healthy (uterus removed at the operation)	Zweife	Zweifel, 'Vorlesungen über klin. Gynäk.,' 1892, p. 139, and private correspondence.
Papillomatous cancer of tubes; cystic degeneration of ovaries and tubes	At operation right ovary involved; at death endometrium, pelvic glands, liver	Westermark	Westermark and Quensel, 'Nordiskt med. Arkiv,' vol. xxiv, 1892,† and private correspondence.
Papillomatous cancerous mass, "as big as a kidney," in outer part of tube; the uterine end of tube free from disease for an inch and a half	None; right ovary "normal except for adhesions"	Sänger	Sänger, Martin's 'Krankheiten der Eileiter,' 1895, p. 253.

† Westermark's case is reported in 'Centralbl. f. Gynäk.,' vol. xvii, twice (p. 272 and p. 1197), by different writers.

No.	Age, married or single.	Children; menstruation.	Side of tumour.	Chief symptoms.	Duration of symptoms before operation.	Result of operation.
9	56, M.	Sterile; regular	R.	Sanious serous discharge; dysuria. Large tumour, feeling like a myoma, on right side	1½ years	Recovery. "Alive and free from recurrence 1 year and 7 months after operation"
10	55, ?	?	R.	Hypogastric pains; bloody discharge. Fluctuating tumour right side of pelvis, right iliac fossa, and Douglas's pouch	2 months	Recovery. Free from recurrence a year later; "afterwards lost sight of"
11	60	Sterile; menopause 52	R.	Attacks of pain right iliac fossa; nodulated swelling in hypogastrium; no discharge	4 months	Recovery. Recurrence in 6 months. Death one year after operation
12	43, S.	3 children; menorrhagia 3-weekly	R. and L.	Pain, fever, and dysuria after exertion, 19 days before operation; small hypogastric tumour developed; torsion of an ovarian pedicle suspected	?	Death 3 weeks, a few hours after second abdominal section for intestinal obstruction
13	59	? menopause at 53	R. (and L.?)	Purulent, acrid discharge; escape of pus; tumour to right like a pyosalpinx; inguinal glands enlarged	2 months	Recovery. Death 6 months later, fortnight after excision of enlarged inguinal glands
14	58, M.	1 child; menopause 12 years	R.	18 years swelling of abdomen; recently pain, ill-health, and increase in size of tumour	18 years	Incomplete operation; convalescent when report was published

Character of tumour.	Other parts involved.	Operator.	Reporter and reference.
Large sausage-shaped tube; exuberant papillomatous cancerous masses on inner walls	No other parts involved; right ovary atrophied; no trace of cancer in its substance	Leopold	Fearn, 'Arbeiten aus der königlich. Frauenklinik,' vol. ii, p. 337; Leopold, private correspondence.
Villous epitheliomatous mass springing from tubal mucosa; much clot and serum in dilated canal of tube	No evidence of any extension of cancer; uterus and opposite appendages normal	Anger	Tuffier, 'Annales de Gynéc. et d'Obst.,' vol. xlii, 1894, p. 203, and private correspondence.
Spongy mass cancer inside tube, which was obstructed at abdominal end and connected with a cystic ovarian tumour	"Evidence of infection beyond the limits of parts removable by operation;" cancer on surface of ovarian cyst. No necropsy	Cullingworth	Cullingworth and Shattock, 'Trans. Obst. Soc.,' vol. xxxvi, 1894, p. 307; private communication, and personal inspection of specimen.
Papillomatous cancer of both tubes; right "tubo-ovarian cyst" (see text)	Ovaries and uterus free from cancer. No trace of malignant disease found in abdomen after death	Warneck	Warneck, 'Nouvelles Arch. d'Obstet. et de Gynéc.,' 1895, p. 81.
Papillomatous cancer of right tube removed with entire uterus (left tube and ovary too adherent for removal); pus in tube	Inguinal and retro-peritoneal glands; left tube secondarily (?) affected after operation; it contained pus. See original report	Von Rosthorn, (vaginal extirpation of uterus and right appendages; left tube not removed)	Von Rosthorn, 'Prager Zeitschrift f. Heilkunde,' vol. xvii, 1896, p. 177.
Papillomatous cancerous mass in dilated tube, which communicated with a large ovarian cyst	No sign of cancer in opposite appendages, uterus, and peritoneum	Chrobak (uterus and appendages removed, but a piece of the ovarian cyst could not be removed, and was fixed to stump of uterus in abdominal wound)	Knauer, 'Centralbl. f. Gynäk.,' 1895, p. 574.

No.	Age, married or single.	Children; menstruation.	Side of tumour.	Chief symptoms.	Duration of symptoms before operation.	Result of operation.
15	46, M.	3 children; period 3-weekly	R. and L.	2 months amenorrhœa, then uterine hæmorrhage and hypogastric swelling, disappearing after colicky pain; free "serous leucorrhœa;" mass filling both fornices and Douglas's pouch	8 months	Recovery; 8 months after operation a mass the size of a fist in the pelvis
16	40, M.	1 abortion; regular before illness	R. and L.	Yellow discharge 7 mos.; hypogastric pain; period ceased 3 months, then came on again; oval tumour reached above umbilicus	Over 7 months	Recovery; died 7 months after operation; no necropsy
17	45, M. 20 yrs.	Sterile; period irregular; dysmenorrhœa	L.	Dysuria; pain in defæcation; hypogastric swelling; large pelvic tumour, very tender; uterus anteverted and fixed	1 month	Recovered (left appendages removed); well a few months later
18	45, M.	1 child, 23 years; pregnancy normal	R. and L.	Dysuria; pain; fluctuating mass on each side of a fibroid uterus; no discharge; high temperature	14 days	Recovery after removal of uterus and appendages; death 7 months later from recurrence
19	46, M.	3 children, last 23 years; menorrhagia 3 years	R. and L.	Leucorrhœa and pains in left iliac fossa; swellings in each lateral fornix	Over 1 year (hypogastric pains 3 years)	Recovery (?) from removal of uterus and appendages, June 2nd, 1897
20	43, M.	0	R.	Leucorrhœa after rigor(?); 4 months later abdominal pain; watery discharge; similar attack over 3 months afterwards; swelling of both fornices; free watery discharge	Over 10 months	Recovery; no recurrence detected on examination 14 months later.

Character of tumour.	Other parts involved.	Operator.	Reporter and reference.
Papillomatous cancer of tubes, which were dilated and full of sero-sanguineous fluid; chondrification of part of wall of left tube	No sign of cancer in adjacent organs at operation	Lebedeff	Miknoff, Péan, 'Diagnostic et Traitement des Tumeurs de l'Abdomen,' vol. iii, 1895, p. 564.
Papillomatous cancer of tubes; right tube formed a large cyst; left tube could not be removed; it was united by malignant deposit to adjacent structures	Metastatic deposits on visceral peritoneum and omentum; a little ascites	Fischel	Fischel, 'Prager med. Wochenschrift f. Heilkunde,' vol. xvi, 1895, p. 143.
Malignant papilloma of left tube; left ovary, right tube, and right ovary healthy	Adherent small intestine, possibly infected	Eckardt	Eckardt, 'Arch.f. Gynäk.,' vol. liii, 1897, p. 183.
Each tube formed a large convoluted tumour full of malignant papilloma	Intestine probably infected through "numerous firm adhesions" separated at operation	Watkins (Chicago)	Watkins, Amer. Gynec. and Obstet. Journal,' vol. xi, 1897, p. 272.
"Carcinoma villosum cylindrico-epitheliale" of both tubes; left most affected; ovaries healthy	A small area of cancer in canal of cervix, which Hofbauer declared to be independent of the tubal disease. See original	Schauta	Hofbauer, 'Archiv f. Gynäk.,' vol. iv, 1898, p. 316.
Right tube size of a Bologna sausage, full of malignant papilloma	None <i>Well in July 1899</i>	Meredith	Hubert Roberts, see 'Trans. Obstet. Soc.,' present volume, p. 189.

B. *Cancer partly in Cyst*

No.	Age, married or single.	Children; menstruation.	Side of tumour.	Chief symptoms.	Duration of symptoms before operation.	Result of operation.
21	50, S.	0 (?); menopause not established	R.	Discharge of blood for a few months; hypogastric pain for 3 days before death	"Ill" 4 months	No operation
22	60, M.	Sterile; 50	L.	Abdominal swelling; escape of quantities of yellow fluid from vagina; swelling diminishing; phlebitis of left leg	2 years	Recovery from operation (Nov. 22nd, 1892); case lost sight of
23	58	1 child	?	Hypogastric inflammation 30 years before; for 18 years a stationary swelling of abdomen; 1 year hypogastric pain and cystitis; at operation cyst filled pelvis	18 years tumour; acute symptoms 1 year	Well 3 months after operation

N.B.—Incomplete cases of primary cancer of the tube, reported by Smyl

NOTE.—Since the above tables were printed, I have found reports of two more cases. No. 24, patient aged thirty-two years, sterile; menopause at forty-seven; three months' pains in left iliac fossa; recovery; death from recurrence seven months. The left tube was a cyst full of pus (Falk, 'Monatshefte,' June, 1897). No. 25, patient aged 45, catamenia irregular. For many years irregularly menstruated; tumour developed in left fornix. Vaginal hysterectomy, including appendage removed, which was recently performed (Falk, 'Deutsche med. Wochenschr.,' March 31st, 1888).

connected with Ostium.

Character of tumour.	Other parts involved.	Operator.	Reporter and reference.
Mass of medullary cancer in ostium of tube, communicating with a cyst (external to the tube and ovary) as large as an ostrich's egg; cyst seemed to communicate with cavity of tube, which was full of blood	No extension to neighbouring or distant parts	None	W. Essex Wynter, 'Trans. Path. Soc.,' vol. xlii, p. 222; and Doran, in Allbutt and Playfair's 'System of Gynæcology,' p. 821.
Cancerous papilloma in walls of tube; ostium opening into a cyst as large as an adult head; ovary not found (see text)	No other parts were found involved	Routier	Routier, 'Bulletins et mémoires de la Soc. de Chirurg. de Paris,' vol. xviii, 1892, p. 73; 'Annales de Gynéc. et d'Obstet.,' vol. xxxix, 1893, p. 39, and private correspondence.
Tubo-ovarian cyst with a primary cancer adjacent to it	Firm adhesion of cyst to adjacent parts; a portion was left behind	Savor	Savor, "Cystitis crouposa bei sauerem Harn," 'Wiener klin. Wochenschrift,' vol. viii, 1895, p. 775.

Zweifel, Westermarck, Jacobson, and others, are not included in the above tables.

both by Falk of Berlin, and both come under Class A. No. 24, patient aged 53, married, serous discharge, big swelling in left fornix. Vaginal hysterectomy, including appendectomy; left ovary and uterus healthy. Cæcum involved in recurrence (Falk, 'Therapeut. Monatshefte,' p. 43). Months serous discharge, cyst in right fornix aspirated, bloody serum escaped, cancer then discovered. The patient recovered from the operation, (Falk, 'Therapeut. Monatshefte,' p. 43).

See back for additional cases

Additional Cases of Tubal Cancer.

Duret of Lille. Revue de Gyn. et de Chir. Abd. Mars-
Avril (1898) 21. In drawings.

CASES OF PRIMARY CANCER OF THE FALLOPIAN TUBE.

Muller Roberts. Trans. Obst. Soc. March 99 (Since
Report published, Roberts wrote July 21/99

"was 4 (Op. May 5. '98) death June 15, '99" reported
appings since beginning of year (99), whole
peritoneal cavity full of growth; vomiting. Death
rather sudden, syncope, no pain or obstruction
to M.M. Thus patient lived over 13 m. or so.

2 new cases in Sauer's "Essai sur les Tumeurs
malignes primitives de la Trompe uterine"

2 new cases in Weier Klin. Wochenschr. N. 49

Dr. Fabricius, Maria Theresia Frauenhospital.

Pawlik's case, Ann. 1899, to be reported by Dr
Novy. p. 70. (Ann. 1899, p. 5 on 1)

Mrs Reed. Hospital 2/1/1900. See C. K. S. G. 1900

ectasis (in any position) - papilloma beginning

Wittthauer of Halle. Primäres Tuberculum

von Matzsch. J. Geb. u. Gynäk. Nov 1900
He claims that this did not arise from previous salpingitis
- no evidence that the tubes (bilateral cancer) were not old by per-
salpinges - There were numerous intestinal adhesions around the
left tube

Arendes (Danzig) Disert. Würzburg - Central-
bl. f. Gynäk. N. 9, 1901

Boursier & Venot. Sur un cas de cancer primitif
de la trompe uterine. Rev. de Gyn. et de Chir. Abd.

Vol V, 1901, p 221. (Mars. Avril)

Hawlik. Trans. Obstet. Soc. Vol 1900 &

Novy. Wochenschr. (Novy)

Le Count. "Plus Hoptiens Hallat" March 1901

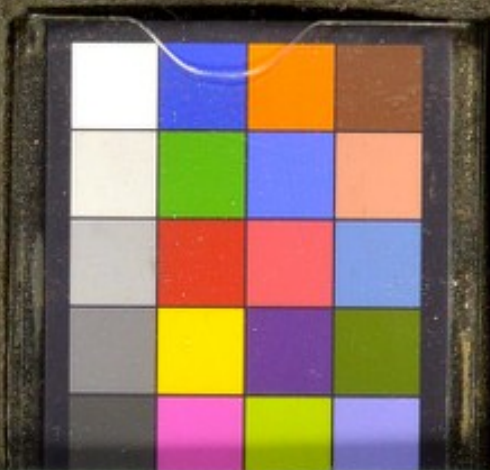
Nurden. Elij. Ibid Oct. 1901 (1145)

Stolz and J. Gyn. Vol 66 1897. p 365 (p. 25)

Zangemeister. Annals of Gyn. and Obs. 1902

Cont'd in 2d copy of copy of this reprint in "Primary Tubal Cancer" by Muller Roberts





TABLE(S)
RUN INTO
GUTTER

