An Unusual Case of "Recurrent" Lympho-Sarcoma.

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In respect of the site elected for reappearance the following case is probably unique. The great prolongation of life gained by operative removal of the primary lesion, and the peculiarly insidious clinical course of the secondary also render it worthy of note.

Michael V., aged sixty-four, brass finisher, appeared at the Cancer Hospital on Sept. 21st, 1888, with a large tumour occupying the lower part of the right axilla. No family history of malignant disease; about two years previously the patient had strained his arm when at work, and two days afterwards found a small "lump" in the locality which had since steadily increased in bulk. The growth was of the size of a cocoa-nut, of irregular shape, somewhat flattened; the skin was livid, and an enlarged gland could be felt above it; there was frequent lancinating pain. The whole was freely movable. On Oct. 2nd, 1888, the mass was removed; the neighbouring tissues proved to be extremely vaselar, and free hemorrhage took place. Microscopic examination showed the usual structure of a lympho-sarcoma; the cells were scanty, but abundant small lymphoid cells with relatively large nuclei. The patient was discharged well on Jan. 22nd, 1889, and till his recent death came up afterwards from time to time as an out-patient. No response to the axilla ever took place; and, excepting the tonsil growth now to be referred to, no tumour formation in any part became evident. In 1887 the man for the first time spoke of a "lump" in his throat. It was then found that a rather pedunculated tumour, of about the size of a walnut, was sitting from the left tonsil. It could not be positively ascertained when this had commenced; the patient thought there had been something there when he was operated on, but had told no one about it. He was admitted a second time; but as the new tumour appeared to have deep attachments, as it caused not the least inconvenience, and as any relation to the malignant growth excised seemed highly improbable, it was eventually decided not to interfere with it. At the end of 1887 suppuration took place in the middle, seemingly dividing the mass into two halves, which cicatrised over and remained, to all appearance, stationary in size until July, 1889. A sudden and marked increase in bulk then ensued, and an ulcerated mass, two inches and a half in diameter, was found (on one of the patient's visits) filling up the fauces. Most of the ulcerated surface, however, again cicatrised over. On Sept. 16th, 1889, the following note was made: "General health good; tumour apparently stationary, of three inches in diameter, flattened, slightly concave on surface, pushing uvula to right side." On Jan. 13th, 1890, the health was evidently failing, and the deep cervical lymph glands became enlarged. The patient died suddenly in the night (a few days after visiting the hospital) on April 17th, 1890. A complete examination was not permitted, but portions of the parathyroid growth were removed, and identity of structure with the primary neoplasm was proved by the microscope.

The following interesting case came under my care lately, and, not having seen alopecia mentioned anywhere as a sequela of influenza, I thought the following account would be of some interest.

Mrs. R., a widow, aged thirty-five, had an attack of influenza during the last week of January this year. All her children (seven in number) were affected at the same time. She complained of great pain over both the eyes and at the back of the head, the former pain being most acute over the course of the supra-orbital nerves, and the latter over that of the occipital. At the end of a week she was able to resume her household duties, although the headache continued. In the middle of March she had another attack of influenza, complaining of the occipital. This attack lasted only a week. I lost sight of her then till the beginning of May, when she came suffering from headache and gradual loss of hair. The headache had continued from the first attack in the same situations, and been most acute, but the loss of hair had only commenced after the last attack. On examination, there was baldness in patches over the courses of the supra-orbital and occipital nerves, and the skin was very tender to the touch. Each patch showed the usual characteristic signs of alopecia areata. There were no grey hairs, nor had the hair turned grey before it perished. She had no loss of hair on any other part of the body, nor were the children affected in a similar way. For the headache an ounce of the following mixture was ordered to be taken every four hours: Chloride of ammonium, three drachms; water to six ounces. For external application: Tincture of calendarias, two drachms; strong solution of ammonium, four drachms; water to six ounces; to be rubbed in every night and morning. In a few days she had entirely lost all pain in the head, and now, after the lapse of two weeks the hair has begun to grow.

Horsley, Surrey.

Reduction of a Dislocation of the Hip-Joint after Four Months' Duration.

BY W. ALEX. MACKAY, M.D., F.R.C.S. EDIN.

Ramon D., aged thirty-three, while working in a mine on May 13th, 1889, had his right thigh dislocated. A large quantity of earth and a mass of rock slid down and nearly buried him. The rock had to be broken up before it could be removed from his leg. I saw the patient for the first time on Sept. 22nd, four months and nine days after his accident. He told me that several ineffectual attempts at reduction had been made in the same situation. As no every respect characteristic of dislocation on the dorum ili. The head of the bone could be distinctly felt through the atrophied muscles. There was slight oedema of the leg below the knee. Placing the patient under an anaesthetic, I attempted reduction by the usual manipulation, but failed in the first attempt. I then flexed the leg again, abducting very forcibly till it seemed as if the head of the bone was almost about to pass on to the pubis. Rotation outward and steady extension now produced a crunching sensation and the head of the femur passed into the acetabulum. He was kept in bed for a fortnight with a long splint applied. I saw him several months later, and he was walking well and gaining strength in his atrophied muscles.

Huelva, Spain.

Spontaneous Version in Arm Presentation.

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As cases of "spontaneous version" in "arm presentations" are of rare occurrence, I submit a brief account of the following.

On April 1st, 1890, I attended a Coolie woman, aged twenty-six, a primipara, in whom eight hours after the first indications of commencing labour an arm came down. On examination the left arm was found protruding through the vagina, together with the umbilical cord, in the first attempt. I then flexed the leg again, abducting the arm and gaining strength in his atrophied muscles.

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