SECTION OF PATHOLOGY.

LARGE CARTILAGINOUS TUMOUR OF THIGH REMOVED BY MORCELLEMENT.

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MR. LENTAIGNE exhibited portion of a cartilaginous tumour which he had removed by morcellement from the upper portion of the front of the thigh of a patient, on 30th Sept., 1898. The portion of the tumour exhibited weighed over three pounds, and represented only part of what had actually been removed, the remainder having unfortunately been lost. It consisted of nodular masses of cartilage, varying in size from a walnut to a bean. In structure these masses somewhat resembled pieces of the head of a cauliflower. There were also masses of spongy bone more or less mixed with cartilage, and some few composed of bone only.

History.—The patient, a man aged about forty-five years, came to the Mater Misericordiæ Hospital in September, 1898, complaining of chronic swelling of the upper end of the right thigh. He said that this swelling had been coming on him for more than 12 years, but that lately it had greatly increased in size. He was somewhat alarmed at it, but his chief reason for coming to hospital for treatment was the interference with locomotion which the tumour caused. Its bulk was so great that he found it difficult, he said, to walk, much less to carry on his ordinary work. The tumour itself felt extremely hard, it was somewhat nodular and apparently was quite fixed, and intimately connected with the femur.

The skin was movable over it, and was quite healthy. It occupied the upper two-thirds of the right thigh, and the swelling was mainly on the front and outside of the limb, which seemed to be more than double the size of the sound limb.

A skiagram showed the femur apparently normal in outline, except at and immediately below the trochanters, where some dense tissue-like bone, but not so dense as the shaft of the femur, seemed to extend outwards and forwards into the tumour.

Unfortunately, neither photograph nor measurements of the tumour were taken.

Mr. Lentaigue removed the tumour by morcellement on September 30, first making a long vertical incision on the anterior and outer aspect of the limb. The soft parts were dissected off a large portion of the tumour, and the substance of the tumour was dug out in pieces with sharp gouges. The only difficulty lay in the removal of that part which lay under the femoral artery, which ran through a deep groove in the front of the mass. The outer portion of the tumour was pure cartilage, the inner portions were partially composed of bone, and near the shaft of the femur it was altogether composed of bone, which had to be cut away with chisel and mallet. The tumour was almost bloodless, very little blood being lost during the operation. The result was excellent. The wound healed at once, and the patient had been able to leave his bed on the 12th day. The tumour seemed to belong to the class described as spongy or cancellous exostoses. In it, however, the cartilaginous tissue greatly predominated; this growth was however found to be springing from the femur by a broad and diffuse origin involving the front and outer side of the upper portion of the shaft, and was not pedunculated as these spongy exostoses usually were. Mr. Lentaigue had never seen any case like it before.