A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

GUY'S HOSPITAL.

HYDATID. TUMOUR IN THE FEMUR.

(Under the care of Mr. HILTON.)

On Tuesday, the 9th instant, Mr. Hilton operated in a case of some interest, more particularly perhaps with reference to its previous treatment and history. It was an instance of old hydatid tumour in the shaft of the femur, engaging the upper part of this bone. Such cysts do not, fortunately, occur often in this situation, or in the bones generally. Cases, however, are given where they have been met with in the frontal bone, with almost as bad results as the instance of malignant growth we lately detailed at St. Bartholomew's. The only remedy seems apparently to cut out the cells or cyst from which the hydatids are continually protruded. The development of such growths in osseous tissue induces a gradual painless expansion of the bone, as was first noticed in this case; the woman could not connect it with any assignable cause, except that two years ago she remembered she knocked her foot against a stone, and injured herself. She was subsequently brought into Guy's Hospital, with the upper and lower end of the femur apparently separated from constitutional or malignant disease. Small doses of bichloride of mercury were prescribed by Mr. Hilton; she got apparently quite well, and left the hospital. Severe pain, however, soon set in again, with the present enlargement of the bone, which it was now deemed advisable to remove entirely from the shaft or shell of the femur, otherwise perforation might take place. On examination of the cyst after removal, we found it to be very large, thick, and apparently of old standing; this, doubtless, had recently excited inflammation in the bone, which was the cause of the severe pain complained of by the patient. Mr. Birkett and Mr. Hilton pronounced it of the nature we have described. Though echinococi were not found, it is still feared the entire bone must be removed.

HYDATID-LIKE TUMOUR; OPERATION.

Elizabeth P.—aged thirty-six, a healthy-looking woman, of dark complexion, living at Sudbury, was admitted into Guy's Hospital, May 24th, 1854.

History.—She says that about fourteen months ago, whilst walking rather hurriedly along, she accidentally struck her left foot against a stone door-step, and severely shook her leg. Almost immediately afterwards, she noticed a marked change in the strength of the leg. She could not walk without experiencing a darting pain in the thigh. She applied a simple liniment to the leg at the time; but last August it assumed a more serious aspect. The leg became much inflamed from the knee to about the middle of the thigh, and was excessively painful. She was obliged to keep her bed, and medical aid was sought; blisters were applied, but not having found any relief, she was advised to come to the hospital.

On examination of the middle of the left thigh, it presented an enlarged and swollen appearance, looked much inflamed, and was greatly increased in temperature. She complained of severe darting sensation of the outer side of the thigh to about its middle, and extending no further. If the examiner grasp the thigh over the seat of injury, and an assistant move the leg from right to left, the bone beneath can be distinctly felt to yield, giving a sensation of fracture. She also complains of a weakness in her left arm, which has continued for four months.

May 25th.—Mr. Hilton, seeing her to-day, ordered solution of bichloride of mercury, one drachm; extract of sarsaparilla, half a drachm; compound infusion of orange, one ounce, three

times a day; opium, one grain at night, if necessary. On this treatment she remained for some time. A straight splint was applied up the whole length of the leg. Full diet.

29th.—The leg feels better to-day, and she is not in so much pain; her nights are rather restless; she is feverish and hot.

June 1st.—Feels better generally; inflammation of the thigh has greatly decreased; she is, in fact, evidently mending.

12th.—Progressing favourably. Takes her medicines.

22nd.—Complains of a dull, aching pain in her leg over the injury, and the temperature of the part is somewhat increased. Ordered cantharides plaster.

25th.—The leg is much less painful, and she seems to be going on well. It is unnecessary to state all the minor changes since last report.

30th.—Has continued improving.

July 3rd.—The swelling is reduced in size, and her general health is very good.

29th.—Still improving.

Sept. 8th.—The splint has been removed, and the limb feels stronger; the swelling is reduced.

28th.—The patient is much the same. She seemed, in fact, at this period much improved, and left the hospital, but returned last month, as we have indicated. The tumour, on removal from the bone last week, appeared to be of the hydatid character; but since then, on microscopic examination, it appears rather a case of cystic disease of a bad kind, from which the prognosis may not be so favourable. The microscope may not help us much at operations, but it will be found very valuable in confirming a previous diagnosis or prognosis; the latter may not be always agreeable, but to the surgeon it is a necessary duty to arrive at the truth.

ST. BARTHOLOMEW'S HOSPITAL.

HYDATID TUMOUR IN THE THIGH.

(Under the care of Mr. STANLEY.)

THESE cases of hydatid tumours, as we have already said, are particularly of interest as regards diagnosis, relieving us of the error of pronouncing a tumour of this kind malignant; such acephalo-cysts, or so-called parasitic productions, being found in various situations usually the site of malignant growths, and putting on many of the appearances and symptoms of the latter, though not in themselves attended with fatal results.

Cases such as the following are not rare in practice, and to many older surgeons may not be so full of interest as diseases of more special pathological importance; yet in connexion with the previous operation of Mr. Hilton's, at Guy's, and as a second case of hydatid disease of the thigh, we place them together. A very interesting case of large hydatid in the liver we have also been able to see, through the kindness of Mr. Fergusson. In all these forms of disease it is satisfactory, if suspected, to find on puncture the marks of echinococi, as we may then with confidence assure our patient the disease is not malignant; indeed, in all such cases we may hold out very fair chances of ultimate recovery. It need scarcely be said that in every-day practice this will be thought more of by our patients than settling the long-vexed question of microscopic cells alone as a test of malignancy. The comparative frequency of such growths may also lead to a more careful study of their characters, so that we may detect them early, thus relieving the patient's mind of much apprehension and needless alarm. We are indebted to the industry and kindness of Mr. J. Allen for the following outline of the case:—

Jemima T.—aged twenty-three, a married woman, was admitted into Sitwell Ward, under the care of Mr. Stanley, on account of a tumour occupying the posterior and upper part of the thigh. The tumour was about the size of a large fist, of an oblong form, very movable, and rather soft, and, according to the patient's own statement, of only three months' duration. No fluctuation was detected in it, and it wanted the lobulated form characteristic of the adipose tumour. The patient had suffered little or no pain from the time she first observed it to the time of her admission. She wished for its removal merely on account of the inconvenience resulting from its size and situation. Much doubt was expressed as to its nature, which, it was said, might be adipose, fibrous, or fibro-cellular, or even malignant; its real nature was never well established—indeed, was not possible.

On Jan. 13th, a week after her admission, the patient submitted to the operation for its removal. On being opened, the tumour was found to be a large cyst, containing one large and several small hydatids. It was completely removed. The patient was carefully placed under the effects of chloroform,