

the middle of the arm. I recommended secondary amputation at the shoulder-joint, to which he readily consented. Although the textures surrounding the joint were perfectly healthy, yet they had, in consequence of the loss of the remainder of the extremity, and considerable puriform discharge from the stump which had been going on for some time, become less bulky than those of the corresponding shoulder. I performed the operation on the 5th of May, with the kind assistance of Mr. Coulson, and several other professional friends present, by making two flaps, the one from the structures above, the other from those below the joint. The circumflex arteries bled freely, and required to be tied during the amputation; the axillary was small, and readily secured; several other smaller branches had ligatures put upon them, and the stump dressed by means of a few strips of adhesive plaster. Instead of the serious and sometimes fatal constitutional disturbance which generally succeeds so formidable an operation, in this case its amount was very trifling, indeed, much less than in my own experience has frequently followed what are termed minor operations. The boy's appetite scarcely flagged beneath the process of healing; the febrile efforts were scarcely noticeable; the ligatures separated within the third week, and he was discharged on the 8th of June, the stump having perfectly healed.

I cannot but think that in this case the operation would have been followed with more serious disturbance had the quantity of soft parts to be divided been larger.

Returning to the subject of amputating below the knee-joint, I cannot admit the objection to the high operation already referred to; and most fully concur in the opinion of Mr. Liston, that if the patient have a laborious occupation to follow, and cannot supply himself with an artificial leg and foot of the best quality, the shorter the stump the better, and the most serviceable will it be. In April last I had occasion to perform this operation, and chose it under the following circumstances:—

A lad (whose name I cannot now remember) applied to me at the Royal Free Hospital for advice respecting an ankylosed knee-joint which he had had for several years. The joint was so firmly fixed, most probably by ossific deposition, that I did not deem it advisable to attempt to straighten it by mechanical means subsequent to the division of the ham-strings, which would have been necessary. The lad then complained that the leg at a right angle with his thigh was a great incumbrance to him, obliged him to use a crutch, gave an obliquity to the direction of the spinal column, and thus prevented his following any useful occupation. As his health and strength were good, and his impotency that I would do something for him if possible, more than usually earnest,

I suggested his losing the leg, and wearing one of wood. He readily consented, and I amputated the limb immediately below the tuberosity of the tibia. The ligatures were removed, and the stump healed with but a slight amount of febrile action, and the lad left the hospital with a wooden leg at the expiration of five weeks. I have since seen the poor fellow several times, and he has stated on each occasion that his capability of earning his means of subsistence is infinitely better than before the operation.

In the performance of this operation (supposing the flap to be chosen), the following precautions should be observed, in order to secure a ready healing of the stump:—The limb should be pierced, so that the base of each flap should as nearly correspond in size as possible; and the anterior flap should be large and more tongue-shaped than in other flap operations, so as to be adapted exactly to the posterior, which must necessarily assume that form, inasmuch as the most depending portion of it must be cut from the upper part of the calf of the leg. I remain, Sir, your obedient servant,

JOHN GAY,

Surgeon to the Royal Free Hospital, and to the Provident Clerks' Assurance Society, &c.

12, Pavement, Finsbury,

Oct. 13, 1842.

#### CASE OF

### CYSTIC AND PANCREATIC SARCOMA OF THE MAMMA.

By A. J. LIZARS, M.D., Professor of Anatomy in the Marischal College and University of Aberdeen.

THE subject of the present case is a widow, about sixty years of age: she never had any family, and has generally enjoyed good health. While the catamenia may be said to have ceased for nearly four years, she states that it apparently returned in very small quantity at three different times during that period; the last of these being nearly three months since.

About five years ago her attention was directed to the left mamma, in which she perceived a small tumour which gradually enlarged. The nipple began to be depressed nearly two years ago; and the tumour increased rapidly during the last three months, and became considerably harder. The pains, which were intermittent, were sharp, shooting, of short duration, but exceedingly acute, and happened about once a fortnight.

Upon examination, I found the tumour to be hard and nodulated; the nipple much retracted, and on a level with the general surface of the integuments. The skin was healthy, and had no adhesion to the tumour. The axillary glands were unaffected.

From the appearance of the parts, the his-

tory of the case, and the symptoms of the patient, I considered the disease to be carcinoma, and recommended excision. And the patient having been seen by Dr. Moir, Dr. Reid, Mr. Rainy, and Mr. Fowler, all of whom agreed in the propriety of removal, I excised the mamma on Monday, the 26th of September.

The operation was performed in the usual manner, by making two semi-elliptical incisions from axilla to sternum, parallel to the fibres of the great pectoral muscle. The flaps having been elevated, the diseased structure together with the whole mass of the mamma was removed. Very little blood was lost, and the vessels having been secured, both ends of the ligatures were cut away. The flaps were then loosely placed *in situ*, and retained by a single interrupted suture. A large piece of lint wet with cold water was applied, and the patient removed to bed; instructions having been given to the attendant to pour a little cold water on the lint occasionally.

At the expiry of seven hours the lint was removed, and no tendency to bleeding appearing, two other sutures were introduced, and four strips of isinglass plaster applied, by which the edges of the wound were completely approximated. A large piece of lint previously immersed in cold water was again placed on the wound, with instructions to the attendant, as formerly, to wet it now and then.

The day after the operation, the sutures were taken away, and the warm-water dressing substituted for the cold. This treatment has been continued until to-day, and the wound is almost entirely healed.

Upon bisecting the mamma, after its removal, the disease was found to be cystic and pancreatic sarcoma, and not carcinoma as I at first supposed.

The cysts, which are two in number, are in contact. The larger is about the size of the egg of the common fowl, and is of an irregularly nodulated form: it is placed at the base of the nipple, from which it inclines upwards and outwards. The smaller cyst is as large as a walnut, is also nodulated; and is still more external or nearer the axilla than the other. They are separated by a common septum; which, together with their parietes, is formed of strong fibrous tissue, varying from half a line to a line in thickness. The cysts were completely filled with a dark-reddish brown fluid. In the absence of my friend and colleague, Dr. Clark, I gave this to his assistant, Dr. R. White, who found it to be composed almost entirely of albumen, and coloured he thinks with hæmatin.

Attached to the septum, and extending into each cyst, there is a tumour of the size of a large hazel-nut, which appears to be pancreatic. Another about the size of a pea is situate in the large cyst opposite the pre-

ceding. Nearly the whole of the glandular tissue of the mamma is absorbed.

The importance of the present case arises from the symptoms, and the state of the parts bearing such a resemblance to carcinoma. At first sight this might appear more interesting than important, seeing that the highest authorities recommend excision in cystic sarcoma equally with scirrhus. But there are some members of the profession who are of opinion that a carcinomatous mamma should never be excised. Now from the similarity of this case to scirrhus, it is possible for a person to condemn an operation, believing the patient to be affected with the latter, while it may be the former disease. The similarity will be at once apparent by comparing the symptoms of the two.

#### *Carcinoma.*

1. "It generally commences with a small hard tumour.

2. "This may either remain dormant one or two years, or increase rapidly.

3. "The papilla becomes retracted, the mamma is indurated and nodulated, and there are acute lancinating pains."—*Lizars' Pract. Surg.*, Part II., p. 13.

#### *The Present Case.*

1. About five years ago she perceived a small tumour.

2. This gradually enlarged, but increased rapidly during the last three months.

3. The nipple was much retracted, the mamma was hard and nodulated, and the pains, which were intermittent, were sharp, shooting, of short duration, but exceedingly acute.

The hardness was produced by the density and thickness of the parietes of the cysts, and by their being completely distended with fluid. Upon making an incision into them, the fluid was projected to a height of about three feet. The depression of the nipple was caused by the adhesion of its base to the larger cyst.

King-street, Aberdeen,

Oct. 11, 1842.

## TREATMENT OF ERYSIPELAS

AND

## ACUTE ARTICULAR RHEUMATISM

WITH THE

## COMP. IODINE OINTMENT.

By WILLIAM REEVES, Esq.,  
Surgeon to the Carlisle Dispensary.

FOR the last two years I have been in the habit of treating erysipelas, as well as acute articular rheumatism, by the local application of the compound iodine ointment, and with the very best result. General treatment was also had recourse to, such as bleeding, aperients, tonics, &c. &c., where necessary; and iodide of iron mixture was