DESCRIPTION

OF A

LARGE FIBRO-AREOLAR TUMOUR OF THE THIGH.

By T. CARR JACKSON, Esq., F.R.C.S.,

SURGEON TO THE GREAT NORTHERN AND NATIONAL ORTHOPÆDIC HOSPITALS.

ELEPHANTIASIS, as developed in the natives of tropical climates, and, according to Delpech, in some of the countries of Europe—viz., Rousillon, Low Provence, and some parts of the east coast of Spain and the Greek Archipelago—is of rare occurrence in this country. The disease most resembling, and which, in fact, is often confounded with it, being an immense hypertrophic growth of the areolar tissue, constituting formidable tumours and enlargements, occurring for the most part in the organs of generation and intermuscular spaces. In the year 1846 I saw Dr. Esdaile, at one of the hospitals in Calcutta, remove a growth of this kind (scrotal), which, if my memory serves me, weighed over 100 lbs.; and in the year 1862 I had the honour of assisting my accomplished friend, Dr. Wiblin, of Southampton, to remove a similar tumour, the particulars of which he has published in the "Medico-Chirurgical Transactions," vol. xlv.

A loose and succulent stroma, infiltrated with serum, and consisting of the meshes of the original areolar tissue, is the essential pathological feature of this morbid structure, producing the appearance of an exaggerated anasarca, of blubber-like consistence. I have not, however, been able to find in the writings of authors any description of the lymphatic complication which is so abundantly manifest in this case, forming a prominent feature in its history, and demonstrating that the œdema of the areolar tissue, and its prodigious serosity, are but effects of obstruction to absorption.

A. P—, aged seventeen, from Flimwell in Sussex. Father and mother alive, both over fifty. Three brothers and one sister living. Twelve children have died, causes not known. This patient, one of the youngest, is tall, flabby, and pallid; has light hair and blue eyes—the "strumous aspect." He declares himself to have been quite well up to the onset of his present ailment, which dates from six years ago; his mode of life up to that time being that of the poorer class, living upon bread, butter, and cheese, meat about twice a week, and a fair share of beer. The first unusual circumstance had its seat at the lower part of the belly. Here a large abscess formed, which laid him up three months in bed, and was attended with much constitutional disturbance, the local symptoms not being very marked as regards pain. The abscess extended right across the bottom of the belly, from one superior spinous process of the ilium to the other; and has left traces of scars, one in the median line, two inches long, about two inches above the level of the pubes, and two minor ones on the left side, about the same level. The abscess discharged abundantly, and left the boy extremely weak. Two or three days after the abscess got well the left thigh began to swell from the knee to the groin. This enlargement has been steadily increasing ever since, not attended by any particular pain, and only on about three occasions for two or three days together has it laid him up, and then owing to pretty severe pain in the region of the groin. For nearly a year it has, to use his own words, "run, and the bunches come then." The sensibility has been, and is now, almost equal to that of the healthy limb. He works on a farm, hop-digging, cattle-tending, &c.; and the enlargement does not at all interfere with his getting about, nor does it otherwise inconvenience him from its weight.

Description of the limb.—The left limb is considerably enlarged in its whole circumference, being much arched in front. From behind, the thigh appears square; it does not taper off towards the knee on the inner side like the healthy thigh; but the tissues just above the internal condyle of the femur are so very much hypertrophied as to widen out this part of the limb greatly. The swelling is well defined by Poupart's ligament above.

Measurements of Healthy Limb.

1. Circumference over the most fleshy part of rectus, 18 inches.
2. Just above patella, 12 inches.
3. From Poupart's ligament to upper border of patella, 14½ inches.
4. Below the knee, 11 inches.
5. Ankle, 7¾ inches.

Measurements of Diseased Limb.

1. Circumference over the most fleshy part of rectus, 25 inches.
2. Just above patella, 18 inches.
3. From Poupart's ligament to upper border of patella, 18 inches.
4. Below the knee, 14 inches.
5. Ankle, 8½ inches.

He is quite certain that the swelling of the leg below the knee is recent, and states that the limb has measured 28 inches in its circumference.

There is a notable difference in colour, and some redness, in part due to staining, in part to actual congestion, and a much larger amount of hair on this as compared with the healthy limb. The inner and front aspects of the thigh are dotted over closely with what appears to be a pustular eruption in the stage of crusting. Over a space which would be covered by the palm of the hand are the little bunches before spoken of. They are groups or clusters of white points, about the size of a millet-seed, containing opaque fluid. On closer examination, minuter ones may be traced scattered all over the thigh, suggesting to the mind varicose lymphatics filled with lymph; and on puncturing them, a milky fluid exudes, which coagulates, and under the microscope exhibits all the characters of true lymph. Little raised, tortuous lines can also be detected, superficial, and produced by some distended vessel running in a serpentine direction, due to hypertrophied lymphatics. It is evident that the pustular eruption is due to inflammation of the distended lymphatics developed at the prominent points, for the pus is mixed with lymph.

The limb feels elastic and firm, and the irregularities are more apparent than real; still there is rather more hardness in some places than others. The surface is cool. The swelling is very freely movable over the femur, and if any one part be handled, the whole moves. This also is apparent when the muscles are made to contract. There is no tenderness or enlargement of the glands in the groin, and not a vestige or trace of varicose veins or œdema of the limb. The tortuous lymphatics occasionally burst naturally, and discharge freely. The boy states that he has collected pints of it. The limb has evidently decreased in size since the lymphatics came to the surface and have disgorged their contents from time to time.

The boy declined all treatment. Numerous suggestions were offered when he was exhibited at the Pathological Society, some advising the ligature of the external iliac artery, others

that it should be attacked in detail with caustics after Fell's method. My own opinion is, that the disease is irremediable; that it will doubtless increase until it represents one of those enormous growths alluded to at the commencement of this article, producing inability to move from its bulk and weight, and that the only remedy will then be (should any be sought) amputation of the limb at the joint.

Weymouth-street, April, 1866.

ON A CASE
OF
PECULIAR LESION OF THE BRAIN,
ACCOMPANIED BY
MORE OR LESS COMPLETE LOSS OF THE POWER
OF SPEECH.

BY H. DODGSON, M.D. EDIN.

As I have not seen much allusion made in THE LANCET to the above affection, which has of late attracted much attention in France, I send the following well-marked case for publication:—

Mary S—, aged sixty-four years, was suddenly seized on Sept. 28th, 1864, with what appeared to be a severe attack of apoplexy. When first seen she was perfectly comatose, with more or less stertorous breathing. In this state she remained three days, taking no food, and passing her evacuations involuntarily. When she came a little to herself it was found that the *right* half of the body was completely paralysed, and that she could not speak, or at least could only articulate one word—"far." This word (or syllable) she afterwards—up to the time of her death—made use of on all occasions and in answer to all kinds of questions. She apparently understood well what was said to her, but on attempting to reply could only articulate the word "far," which she usually repeated three or four times in rapid succession. I have made inquiries of her attendants, and cannot find, at all events during the last eight months of her life, that she ever articulated any other word. Her sister, indeed, with whom she lived for the first few months of her illness, stated to me that she had occasionally said "yes" and "no;" but I do not place much reliance on this statement, for I have myself intentionally asked her questions requiring a simple affirmative or negative answer, but in place of that she invariably replied, "far, far, far."

She remained much in the same condition for many months, except that during the latter portion of her illness the right arm became flexed and rigid, and she recovered some little power over the leg, but not so much as to enable her to walk, or even stand. The immediate cause of death, which occurred on the 25th of November, 1865, was chronic bronchitis.

The following were the appearances observed in the brain at the autopsy, fifty-six hours after death:—The arachnoid covering the upper surface of the hemispheres was somewhat opaque in several places, with a little serum between it and the convolutions. There was no fluid at the base of the brain, or in the ventricles. On slicing the *left* hemisphere horizontally, from above downwards, the white substance at one place was found stained of a dirty yellowish-brown colour. This was a little above the level of the corpus callosum, and external to the lateral ventricle. On removing another thin slice of cerebral substance, a cavity was disclosed, about an inch and a quarter in length. With the exception of about a drachm of dirty-brown serum, the cavity was empty, with its sides nearly approximated. When opened up it was about the size and shape of a walnut, its long axis corresponding with that of the brain. The cavity was lined throughout with a tough and strong membrane, or cyst, of a reddish-brown colour. On microscopic examination it was seen to be composed of white fibrous tissue, bloodvessels, compound granule-cells, blood-crystals, mineral and granular matter. The brain-substance for a very few lines all around the cavity was of a dirty yellowish or reddish-brown colour. *There was no softening appreciable to the touch*, but the stained part, and that alone, contained numerous compound granule-cells when examined under the microscope. The cavity did not at all involve the left lateral ventricle; it was external to it. To define its position more accurately: it was placed partly in the anterior and partly in the middle lobe of the brain, between the island of Reil on the one side, and the body and anterior horn of the

lateral ventricle on the other. Its inner margin corresponded to, and was opposite the left corpus striatum. The original lesion being, in fact, in the outer or extra-ventricular margin of that body, or between it and the convolutions of the island of Reil and of the Sylvian fissure. Superiorly it was about on a level with the corpus callosum, and was unconnected with the descending cornu of the lateral ventricle below or beneath it. No lesion was found in any other part of this or the opposite hemisphere of the brain, which was carefully examined throughout.

Remarks.—The faculty of speech was first placed by Gall in the anterior lobes of the brain. M. Bouillaud in 1825 stated, and has since constantly maintained, that the anterior lobes of the brain are the seat of the faculty of co-ordinating speech. M. Marc Dax, in 1836, placed it in the *left* hemisphere, and published numerous cases in support of his theory. M. Broca localises the faculty still further, and places it in the third convolution of the left anterior lobe of the cerebrum. (This third convolution of the French corresponds, I believe, to what we call the convolution of the fissure of Sylvius, or rather to that portion of the convolution which borders the anterior lip of the fissure.)

This loss of power of articulate speech is called by the French *aphasie*, or *aphémie*. A discussion as to its nature took place in the Académie de Médecine of Paris during the early part of last year, extending from April to June, in the course of which many of the most eminent physicians of the French capital related their experience and expressed their views upon it. M. Bouillaud was so confident of the correctness of his theory that he offered a prize of 500 francs to anyone who could produce an instance of entire destruction of both anterior lobes of the brain, or even of one of them, without aphasia. As to the nature of the lesion, M. Trousseau, who has paid much attention to the subject, and whose clinical lectures on it have been published in a separate form, stated before the Academy that it is nearly always softening when the loss of speech is permanent. He added that he only knew of one case (published by M. Broca) in which there was a cyst in the brain, the sides of which being covered with hæmatin led to the conclusion that it had been the seat of an ancient hæmorrhagic clot; and he summed-up his opinion in the following words:—"Lorsqu'on observe une apoplexie avec aphasie, on est autorisé à conclure à un ramollissement du cerveau, et à rattacher ce ramollissement à une oblitération artérielle, s'il existe une affection du cœur ou des vaisseaux."* This opinion is important as showing that the case cited above is an exceptional one as regards the nature of the lesion, which there can be no doubt was hæmorrhagic, with little if any true softening. Indeed, I was surprised that there was not a considerable amount of it, the flexed and rigid state of the right arm causing me to diagnose softening during life. I may add that the discussion at the French Academy of Medicine came to a close without any definite conclusion being arrived at; for whilst it was admitted that in the great majority of cases a lesion of the left anterior lobe of the brain coexisted, yet there were other cases, either of aphasia without such a lesion, or of lesion of this portion of the brain without aphasia, that would seem to negative any theory hitherto formed. The case cited above would certainly seem to confirm M. Broca's views.

Cockermouth, April, 1866.

* Gaz. Hebdom. de Méd. et de Chir., April 28th, 1865, p. 268.

CARIES AND FISTULOUS TRACTS.—Every surgeon knows how troublesome is the treatment of this affection of bone. Slitting open the tracts and gouging the bone is not always feasible or effectual, and injections must often be resorted to. Solutions of nitrate of silver of various strengths and tincture of iodine are often used, and with good results; but we are bound to notice a series of cases published in *L'Union Médicale* by M. Notta, an hospital surgeon of Lisieux, in France. The lotion used for injecting the tracts is called the liquor Villati, and belongs to the Veterinary Pharmacopœia. Its composition is as follows:—Solution of subacetate of lead, one ounce; crystallized sulphate of copper, crystallized sulphate of zinc, of each half an ounce; white vinegar, about seven ounces. The cases quoted are certainly striking, and about a dozen injections a month (which are, however, somewhat painful) sufficed, on an average, to bring on the healing of the fistulous openings. Professor Nélaton has fully sanctioned the practice, and among the cases cited there are several which were under his care.