ANGIOSARCOMA OF THE LIVER IN AN
INFANTJULIUS BONDY, M.D.
NEW YORK

CASE.—Baby N., born April 10, 1910; male, second child.

Family History.—The history of the father and mother, as well as that of the grandparents on either side, showed absolutely no record of malignant growths. The mother's age was 28; that of the father 32.

Past History.—The child was delivered instrumentally, due to *inertia uteri*. It had no deformities and seemed to grow normally until the third week.

Present History.—Three weeks after the birth of the child, while the mother was bathing it, she noticed that the child's abdomen was somewhat protuberant. One week later the child was brought to me for this reason alone. No other symptoms of disease had been noticed; the local condition was evidently as yet causing the child no inconvenience. The stools were normal and digestion good. The child was breast-fed.

Examination.—The child was somewhat pale and languid. The head and neck were normal; there was no glandular enlargement. The apex of the heart was in the fourth intercostal space, in the nipple line; no murmurs were heard. Lungs were normal. No deformities of either extremities.

The abdomen was markedly protuberant, especially in the upper right hand quadrant, and dilated veins were perceptible over the liver region. The circumference of the abdomen was

Enlargement of abdomen from angio-sarcoma of liver in an infant aged 3½ months.

eighteen inches at a point one and a half inches below the costal border. Percussion gave a flat sound over the upper three-quarters of the abdomen. On palpation, an indistinct mass was felt filling both sides of the upper abdomen. The surface of the mass was smooth and the edge was distinctly palpable below the umbilicus. This mass could not be definitely connected with any organ.

Exploratory Operation and Findings.—The case was referred to Dr. Henry Roth, attending surgeon to Lebanon Hospital, and he performed an exploratory laparotomy over the mass in the median line, which showed the tumor to be an enormously enlarged liver, filling three-quarters of the abdominal cavity. The liver was dark brown in color and mottled with small blue areas averaging one centimeter in diameter. Its surface was smooth. The spleen and kidneys were not enlarged, nor was there any apparent invasion of any other abdominal organ.

A small section of the liver was removed from the upper surface for microscopical examination and the abdomen closed. The child made an uneventful recovery from the operation. Following the operation, the child's girth progressively increased, until, just before its death, at the age of 3½ months, it measured twenty-nine inches at the umbilicus.

The extremities became edematous, but at no time was there ascites or jaundice. Diarrhea finally set in and the child died of exhaustion. No autopsy was permitted, although strenuous efforts were made to obtain it.

The section of liver removed at the time of operation was sent to Dr. Eugene P. Bernstein, pathologist to Lebanon Hospital, who reported it to be angiosarcoma.

This case is reported because of its extreme rarity and the difficulty of making an accurate diagnosis. On reviewing the literature, I find that Arnold¹ reports two cases. The first of these was in a boy of 15 years, and the second in a man of 53 years. Both died in a short space of time, and the diagnosis was apparently made at autopsy. Arnold, after reviewing several cases of malignant disease of the liver, comes to the conclusion that several of these cases strongly resemble angiosarcoma of the liver. Dervaux² reports a case of angiosarcoma of the liver, secondary to sarcoma of the testis.

The chief features in my case are, first, the early period of life at which the tumor started (possibly during gestation); second, the rapid increase in abdominal girth; third, the early death of the infant; and last, the paucity of symptoms noticeable until just before death.

1266 Boston Road.

A SIMPLE APPARATUS FOR PROCTOCLYSIS

PERCIVAL NICHOLSON, M.D.

ARDMORE, PA.

Not knowing whether any one has been using a similar apparatus, but not having seen anything like it mentioned in the medical journals, I wish to describe a simple apparatus which I put into use in the Presbyterian Hospital in Philadelphia in 1910, which fulfils all the requirements for carrying out the drop method of proctoclysis.³

It is simplicity itself, the requisites being a glass cylinder of 4 oz. capacity, drawn out at the end to carry rubber tubing; a No. 7 rubber stopper with a hole in the middle to carry a pipette, and another hole in the side for an air vent; a Moore pinch-cock, and a proctoclysis nozzle.

To apply the apparatus simply take an ordinary fountain syringe, found in any household, cut the tubing about three inches below the bag, put the pinch-cock on the short tube thus formed and shut it off tight about 1½ inches from the bag. Now run the short end of the tube over the pipette, securing it with a ligature. To the lower end of the glass cylinder attach the remaining rubber tubing, and in place of the ordinary irrigation nozzle apply a hard rubber proctoclysis nozzle. Then fill the bag with normal salt solution and run the lower end of the tubing between two hot water bags. The illustration shows the entire apparatus assembled and the bag filled with salt solution (which is well to have warm, though that is not of great importance). A short distance from the nozzle the rubber tubing is carried between two hot water bags partially filled with water at about 150 to 175 F. Clinically it has been found that the salt solution, passing, as it does, a drop at a time between the two hot water bags, is thus heated to the proper temperature before entering the rectum. The temperature of the solution in the douche bag is not of much importance, as it will be cooled in dropping into the cylinder. Both hot water bags are surrounded by a blanket which acts both in retaining the heat and in protecting the patient's skin from burning.

1. Beitr. z. path. anat., 1890, viii, 123.

2. Journal de sc. méd. de Lille, 1902, xxv, 131.

3. Since the above was written there has appeared in Surgery, Gynecology and Obstetrics an article by Dr. W. A. Dewitt of Philadelphia describing the same apparatus, with a slight modification, leaving it to be inferred that it was original with him. Dr. W. A. Dewitt was a resident in the Presbyterian Hospital in Philadelphia at the time I introduced and first put in operation the apparatus described above, with the origination of which he had nothing whatever to do.

Having set up the apparatus, loosen the pinch-cock until the solution drops from the pipette at the rate desired; then introduce the nozzle just within the sphincter. It will be noticed that an important feature of this apparatus is that its operation is always capable of inspection.

Should the nozzle become blocked, a rise of fluid in the cylinder will be noticed, and by shutting the pinch-cock and removing the rubber tube from the lower end of the glass cylinder a small quantity of salt solution can be forced by means of any syringe through the lower tube and thus clear the opening in the nozzle without removing it from the rectum; then by reattaching the tube to the glass cylinder and opening pinch-cock the flow is reestablished.

Illustrating parts of proctoclysis apparatus assembled ready for use.

As only the contents of the small glass cylinder and the small column of water in the tube press on the bowel, the bag can be raised to almost any height desired without causing expulsion of fluid alongside the nozzle; but the best results are attained when a moderate elevation of from two to three feet is maintained.

This apparatus has been in use for over one year with marked success, and its simplicity admits of its use in general practice as well as in hospitals, as it is inexpensive, efficient and cleanly, all parts being capable of sterilization.

Attractive Diet in Neurasthenia.—In order that a diet may be available, it must be palatable, and especially is this the case in dealing with neurasthenics.—D. N. Paton in the *Practitioner*.

A NEW METHOD FOR APPLYING PLASTER JACKETS IN HYPEREXTENSION *

PERCY WILLARD ROBERTS, M.D.

Assistant Orthopedic Surgeon, City Children's Hospital; Clinical Assistant, Hospital for Ruptured and Crippled; Instructor in Orthopedic Surgery, Post-Graduate Hospital; Instructor in Orthopedic Surgery, Cornell University Medical College

NEW YORK

There seems to be little diversity of opinion as to the theoretically simple mechanical problem involved in treatment of Pott's disease. The object is to support an upright column which has become weakened at one point and either bends or threatens to bend, and at the same time to abolish or minimize friction on the articular surfaces of the diseased vertebral body, thereby lessening the likelihood of deformity and giving Nature opportunity to limit the lesion and to effect a cure. In dealing with the flexible spine there is but one way to accomplish this, and that is by throwing the burden of weight-bearing on the articular processes—in other words, to put the spine in a position of hyperextension. This

Fig. 1.—Roberts' jacket and sling.

would seem simple enough, and yet the study of a large number of hospital cases forces the conviction that it is seldom achieved by present methods. There are various roads to the end sought. One may choose the spinal brace, the gas-pipe frame or the plaster jacket, but it is the last of the three that will here be considered, for the jacket has many advantages in hospital and dispensary practice.

Except in certain localities, notably Boston and Baltimore, it is the custom to apply plaster by the Sayre suspension apparatus or some modification of it, and this of itself is eloquent testimony of the value of a method which has undergone so little change in nearly forty years. But no one ever asserted that the Sayre method produced hyperextension. It does not. It is, nevertheless, a simple and effective way of securing immobilization, and the results obtained by it have warranted its continued use over a long period of time. Realizing its one shortcoming, a number of men have produced devices for applying plaster-of-Paris jackets in hyperextension. These have been effective, but fail

* Read before the Orthopedic Section of the New York Academy of Medicine, Nov. 18, 1910.