

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

ON Saturday last among the cases operated on were two of special interest. The first was the removal by Mr. John Wood of the left scapula from a young girl from whom the upper limb had been removed five months previously for sarcoma. This is the third time Mr. Wood has removed the scapula; his first case was recorded in "Mirror of Hospital Practice," Feb. 27th, 1875. The next case was that of an excision of the upper end of the right femur from a man who had suffered from hip disease for many years. After removal of the great trochanter a fragment of dead bone, the size of a filbert, and evidently the remains of the head of the femur, was discovered embedded in the acetabulum, and removed with an elevator. In some of its clinical and pathological features this case bore some resemblance to one under the care of Mr. Smith last year, and recorded in the "Mirror of Hospital Practice" on January 8th last. In that instance a large piece of dead bone was found during excision of an elbow-joint to have been the cause of inflammation and supuration in the joint after fracture of the internal condyle.

SARCOMA OF THE SCAPULA; REMOVAL.

(Under the care of Mr. JOHN WOOD.)

For the early notes of this case we are indebted to Mr. Hugh Smith, surgical registrar.

The patient, Sarah Ann F—, aged seventeen, was originally admitted into King's College Hospital, under the care of Mr. John Wood, on January 9th, 1881. She was then well nourished, but spare, and somewhat pallid. Six months before admission she felt pain in the left shoulder; three months later swelling was noticed in the same place. On admission the outer and anterior aspects of the upper fourth of the left humerus were seen to be the seat of a rounded tumour. The skin over it was tense, the superficial veins were enlarged, and the mass felt hard, but slightly elastic on pressure. On January 15th amputation of the left arm at the shoulder-joint was performed under Listerian antiseptic precautions. Some processes of the tumour extended into the supra-spinatus and infra-spinatus fossæ, but there was no evidence of any new growth springing from the scapula itself. The muscles arising from the scapula and passing to the head of the humerus felt rather harder than normal, and so were cut off as close to the former as possible. Microscopical examination of the tumour: Spindle-celled sarcoma, with a few round cells scattered throughout the growth.

On the 20th the wound in the skin had healed, and on February 26th the patient was discharged, apparently cured. She was advised to attend the hospital from time to time, in order that the parts might be closely watched. She did not, however, return till about the middle of May, when a large tumour was found, apparently involving the whole of the scapula. The patient stated that she first noticed pain about the shoulder six weeks before.

The tumour seemed to involve the whole of the scapula, and was of semi-spheroidal shape. Across its centre the skin was nodulated, discoloured, and adherent, but there were no enlarged glands in the neighbourhood. The tumour, which was very hard and dense, was freely movable on the chest walls. The patient was kept in the hospital a few days, in order to prepare her for the operation, which, as already stated, was performed on Saturday last in the following manner, with strict antiseptic precautions (Listerian).

The patient, having been placed under the influence of an anæsthetic, an incision was made through the skin across the clavicle about its middle. This bone was then divided by means of a small saw and cutting pliers. The subclavian

and the posterior scapular arteries were compressed by Mr. Royes Bell through this incision, while Mr. Wood extended the incision vertically downwards to the level of the lower border of the scapula in front. Two incisions were then made across the tumour, inclining upwards and backwards from the vertical incision, so as to include part of the cicatrix of the previous operation and those portions of the skin that were implicated by the growth. The upper and lower flaps thus formed were then dissected up from the growth, which, with the morbid scapula, was then rapidly removed from its connexions to the chest walls by cutting its attachments from before backwards. The serratus magnus and adjacent muscles did not seem to be implicated. Fifteen vessels were secured with carbolised catgut, and after the insertion of drainage-tubes the skin-flaps were neatly brought together, and fixed by deep and superficial sutures of wire and silk. The wounds were covered by "protective," and then enveloped in eucalyptus gauze. Thanks to Mr. Bell's complete control of vessels, very little blood was lost, and the patient seemed to bear the operation fairly well. Unfortunately, however, she did not rally from the operation, and died the same evening.

EXCISION OF THE UPPER END OF THE FEMUR.

(Under the care of Mr. HENRY SMITH.)

The patient, a man aged twenty-six, had had disease of the right hip since childhood, and when admitted into the hospital some weeks since was suffering from all the symptoms of advanced hip disease to an extreme degree. The limb was shortened, adducted across the other thigh; the buttock was much altered from its natural state, and was riddled with sinuses discharging much matter. The pain was very severe. The general disturbance was great, the patient suffering much from night sweats and cough, and some pain in left side of the chest; indeed, the latter symptoms were such as to lead Mr. Smith to suspect pulmonary tubercle, and an operation was postponed until repeated examinations had failed to detect any serious lung mischief. In the performance of the operation, which was of unusual difficulty, the section of the bone, which was extremely dense, was made through the trochanter, and when this had been removed it was found that the head of the bone had almost entirely disappeared, and on carefully examining the acetabulum a portion of necrosed bone about three-fourths of an inch in extent was found impacted as it were in that cavity. It was readily removed by an elevator, and was ascertained to be the remains of the head of the femur.

Mr. Henry Smith remarked that this case showed how desirable it was to remove the trochanter in this operation. As it facilitates the exploration and removal of dead bone from the acetabulum at the time, and obviates the possibility of any portions of loose bone being retained during the after-treatment. He had no doubt that in this case the necrosed head of the femur had been retained in the acetabulum for years.

GREAT NORTHERN HOSPITAL.

A CASE OF FRACTURE OF THE SKULL; CURIOUS MUSCULAR TWITCHINGS AND SPASM; DEATH.

(Under the care of Mr. ADAMS.)

FOR the following notes we are indebted to Mr. James MacMunn, late resident medical officer.

A collection of cases of traumatic and localised brain lesion followed by definite muscular disturbance may be serviceable in elucidating the physiological anatomy of this organ.

S. J—, aged four years, was admitted in October, 1879, suffering from fracture of the skull, the history being that the child had a fall on its head down an area some twenty feet in height.

On admission one hour after the accident the child was in a state of collapse. The breathing was eight per minute and irregular; the pulse 60, also irregular. The face was pale, the surface cold, whilst complete relaxation of the voluntary muscles was present. Unconsciousness existed, not, however, to irritation; thus when ammonia was held to the nostrils the child turned its head partly around as if to avoid the fumes. The pupils were dilated and reacted imperfectly. There was no stertor. The progress for a time tended towards reaction, the pulse rising in frequency and