

of it when in health; has been on low diet; pain on the sacrum from lying; no rigors; no cough or cardiac pain; no pain down the arm, but principally about the point of the shoulder; sanious discharge from the wound. Ligatures taken away to-day without any hæmorrhage following. Arm still nearly as much swollen; forearm also swollen; both are less glossy; no fluctuation perceptible; bears handling well. Ordered, to continue the pills, aperient draught, low diet, and same local applications.

30th.—Bowels opened previously to his taking the sulphate of magnesia this morning, since which he has had no evacuation, although he took the laxative. Has had rather severe headach, which is now (evening) somewhat relieved by an attack of epistaxis. Tongue as yesterday; no pain in the arm excepting when handled, and then only about the shoulder; tumefaction still considerable; ichorous discharge from the wound described as abundant. Pills only resumed this morning, and three taken during the day; pulse 120. Ordered, head to be shaved, and a cold lotion applied; sulphate of magnesia, one ounce, to be taken in four doses on the ensuing day.

July 1st.—Bowels opened several times; headach relieved, and no more epistaxis; much pain felt on attempting to move the arm from the side; pain and tenderness about the joint, with general tumefaction of the whole limb; pulse more moderate than yesterday; tongue white, but not much loaded.

24th.—From the date of the last report up to the present time, the general and local amelioration have rendered unnecessary the diurnal report hitherto kept. There is now perfect cessation of the swelling, heat, tenderness, and discoloration previously existing in the limb. The infra-acromial convexity is less marked than in the other side, although the want of fulness is daily becoming less apparent. A good deal of fulness exists in the situation of the coracoid process. The general health is faultless, and the motions of the joint, although not so perfect as in the other arm, nevertheless, exist; in proof of which, the palm of the injured extremity can be raised to the back of the head, without assistance from the other hand, and without the production of pain in the injured joint. The distance between the acromion and olecranon processes on the two sides is exactly alike, and the axillary wound, with the exception of a mere trace of exuberant granulation, is closely united. This has rapidly improved under use of nitrate of silver in solution, (on July 23rd,) and the patient confidently believed that he would still be able to "heave a mallet."

Sunderland, 1847.

### ON MEDULLARY SARCOMA, OR FUNGOUS HÆMATODES OF THE EYE.

A PRACTITIONER in the north of England sends us the following details:—

"M. J—, aged two years and nine months, was brought to me by her mother last February, for the purpose of recommending her to a physician skilled in diseases of the eye, in Edinburgh. At this time, there was scarcely any difference in the appearance of the eyes, except a very dilated state of the pupil; but in one a total loss of vision had occurred, and also a paralytic state of the iris, which had entirely lost its movements. I recommended her to Dr. John Argyll Robertson, who at once detected a small tumour growing from the retina, and deeply seated at the bottom of the eye. The tumour was of a metallic lustre, and on its surface could be seen numerous ramifications of the central artery of the retina. Medullary sarcoma is liable to be mistaken for cataract, but the transparency of the lens, and the total loss of vision (which takes place very soon,) together with the paralytic state of the iris, and very dilated pupil, will point out the difference between the two diseases.

"I should add, that the ramifications of the arteria centralis retinae, as Mr. Green remarks, on the surface of the tumour, form one of the best diagnostic marks of medullary sarcoma. Three weeks after the child returned from Dr. Robertson, I noticed the tumour considerably larger, and the conjunctiva became inflamed and very vascular. A leech and an evaporating lotion were applied to the eye, and had a good effect. The eye from this time has been gradually enlarging, as the fungus filled the cavities of the sclerotic and choroid; the child's rest became very much disturbed, and towards the latter stage I ordered a solution of opium in warm water to be applied to the organ. With a view to procure relief, I also directed the mother to give the child a few drops of the solution of muriate of morphia. Such a practice I am indeed not partial to, as

Dr. Christison relates cases of infants having died after taking so small a dose as three drops of laudanum; but it was to save the mother, whose strength was worn out by constant watching; and Sir Astley Cooper states that he has known mothers attacked with carcinoma in the mamma after long watching over a child. A young practitioner may feel at a loss to know whether an operation of excising the eye should be performed in these cases, for it is stated in Sir Astley Cooper's lectures, that 'the only remedy in this disease is the extirpation of the eye, and this in the early stage.' Mr. Liston also says, 'tumours of the orbit are occasionally encountered with, and unless at a very early period, the majority of them are altogether irremediable by the science or art of surgery.' Dr. Robertson, whose experience in eye cases is ample, says that in all the instances in which he has performed excision, the disease has speedily returned, and that there is not a single well authenticated case of complete success; and in one case, reported as ultimately successful, minute dissection manifested that the disease had been in reality ulceration of the cornea, and a large swelling of protruded iris, the whole posterior chamber being in a healthy state. Mr. Liston remarks that these tumours are at first encephaloid, afterwards hæmatoid, and he seems to be of opinion that they are very rapid in their progress. In a paper by Dr. Robertson, published in the *Northern Journal of Medicine* for November, 1844, it is stated, that 'the disease may remain stationary for months, and even for years.' The poor child whose case I have detailed finally died, with a very large and frightful fungus growing and protruding from the orbit in a remarkable manner; there was not a vestige of cornea, sclerotic, or iris, left anteriorly."

#### ON AN INSTANCE OF

### EXTENSIVE MALIGNANT DISEASE OF THE LUNGS AND HEART, WITH CARIES OF THE RIBS, CLAVICLE, AND VERTEBRÆ.

By W. D. EMMETT, Esq., Surgeon, Darlington.

T. B—, aged sixty-four, a weaver, came under medical treatment about the middle of April, 1846, complaining of considerable pain, generally referrible to the cardiac region, accompanied by some degree of dyspnoea. His general appearance betokened ill health, his skin having a dirty, sallow appearance, and countenance being haggard and careworn. He had been gradually failing for some months—at times troubled with slight cough, unaccompanied by expectoration. On stripping him, and examining the chest, the upper part on each side was found flat. Over the cardiac region a little fulness was perceptible. On percussion, a marked difference in resonance was perceived, the whole of the left side emitting a peculiar dull sound. The right side was normal. On applying the stethoscope, a little crepitation existed under the right clavicle; otherwise the right lung appeared healthy. On applying it over the left lung, the respiratory murmur was completely inaudible, posteriorly, as well as in front and laterally. On the patient's coughing forcibly, and heaving a deep sigh, an indistinct noise was heard in one or two situations, corresponding with the division of the bronchi. On more minutely percussing the cardiac region, great dullness was observed. Sounds of the heart normal, but indicated great weakness. A simple course of treatment was adopted, with an opiate at bedtime. He experienced a slight amendment in his general health, but the "pain from the heart shoots down his left arm." Ordered, a stimulating liniment, with tincture of opium, to be rubbed into the chest night and morning, and the opiate to be repeated night and morning.

May 28th.—There was marked disturbance in the heart's action; breathing short, accompanied by intense pain; could not bear examination. Calomel and opium gave considerable relief; and as this appeared due to the opium, he was put entirely under the influence of that drug, and of morphia and hyoscyamus. Sounds of the heart remained normal; but attacks of syncope occurred, and this symptom soon became alarming, from its frequent occurrence and long duration. It would be tedious to report his progress minutely; he continued in a state of great suffering, in spite of opiates. The pain in the cardiac, subclavian, and scapular regions, became more intense; and when percussed, he experienced, apparently, electric shocks, his whole frame starting with agony. The cellular tissue over these regions became œdematous, though giving more the idea of emphysema than œdema. On the right side moist and indistinct râles were heard, the re-

spiration was slow, and but a small portion of lung seemed to be acting. Towards the last, the manual examinations were omitted, as the slightest tap distressed him. The faintings became more frequent, the pain more agonizing, the difficulty in swallowing greater, until death relieved him from his sufferings, on the 30th of July.

*Post-mortem examination, twelve hours afterwards.*—The examination was made by C. Boromar, Esq., of Leicester, and myself. The body was considerably emaciated, and decomposition already commenced. On raising the sternum, the left side of the chest was found densely filled with a hard, unyielding substance; the right lung very much collapsed. The heart was firmly pressed against the thoracic parietes, and the pericardium was adherent. On endeavouring to remove the contents of the thorax, we found the whole of the left lung was converted into a mass of cretaceous tubercular matter, firmly adherent, in the whole extent, to the costa. The right lung presented a remarkable difference, breaking up like so much moist tissue paper, and covering the hands with a black fluid, having every appearance of being a melanotic production; but a very small portion of the inferior part of this lung was capable of carrying on respiration. On opening the pericardium, the heart was found about the natural size, though rather atrophied. The valves were quite healthy; lining membrane of heart dark, as if saturated with black, putrid blood; substance of heart very soft. In the wall of the left ventricle, Mr. Boromar discovered a large scirrhous tubercle, or rather tumour, about the size of a walnut, of a cartilaginous hardness, the centre not so firm as the exterior. On further removing lumps of the strangely metamorphosed left lung, we found the first, second, third, and fourth ribs quite carious and brittle; the under surface of the left clavicle was sharp, rough, and in the same condition. We found the vertebræ diseased to a much greater extent than I should have thought likely to exist, without having caused more characteristic symptoms to exist. The first and second dorsal vertebræ were so perfectly carious, that the finger could be readily placed upon the theca of the spinal cord. None of the other viscera showed any marked disease. The brain was not examined. The œsophagus, as expected, was found flattened, and partially obstructed, by the pressure of the diseased mass, fully accounting for the difficulty experienced in swallowing.

I was much puzzled, at first, with this case. Everything showed that great structural change had occurred, but of what nature could not be so easily detected. The stethoscope was of use, though negatively, assisting considerably in deciding *what* the disease was *not*. Hydrothorax, hepatization, aneurism, &c., were all dismissed, and the case considered to be one of some rare organic alteration; and judging from concomitant symptoms, very probably malignant. The prognosis and treatment, after this decision, became readily determined. He was consequently placed as much as justifiable under the influence of opiates, morphia, and compound spirit of sulphuric ether. It is gratifying to reflect that the old veteran (he had fought at Waterloo) was not tortured by a meddlesome and experimental mode of treatment, as the result proved that all such must have been attended with disappointment. We were obliged to discontinue the examination, Mr. Boromar having an engagement elsewhere, and my attention being directed to a wound in the finger, caused by a spicula of carious bone.

Darlington, June, 1848.

## REMARKS ON THE OPERATIONS FOR EXCISING PARTS OF THE HIP-JOINT IN SCROFULOUS CARIES OF THE ARTICULATION.

By H. BURFORD NORMAN, F.R.C.S.,

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THE attention of the readers of THE LANCET has been drawn of late, by Mr. Henry Smith, to the revival of operations for removing parts of the upper end and head of the femur in certain cases of disease of the hip-joint. There is no great difficulty in the performance of these operations to any one accustomed to surgical manipulations, nor danger of injuring important vessels or nerves; and I would not be considered as opposed to their fair trial in well-selected cases. At this moment indeed I am watching, with much interest, a case, in which I contemplate operating. But there are circumstances in the present day, and in the existing state of our profession, which make great caution needful, lest we be hurried away

too rapidly after novelties or revived antiquities, and be led to act, as seeking our own interest and renown, with more zeal than for the welfare of our patients. In surgery such caution is much needed, and before we undertake any proposed operative procedures, we are bound to consider seriously all reasonable objections to them, and to weigh well such known circumstances as militate against them. If we think, further, that these circumstances are likely to be overlooked, we are bound to bring them forward.

In respect of the operations now considered, the "constitutional character" of the disease proposed to be benefited demands especial notice. In general, if not always, caries of the hip-joint is to be regarded as a local manifestation of scrofulous cachexia, excited, it may be, by local injury, but still only a symptom of a general disease. And the connexion between this lesion, as well as the other local manifestations of scrofula, and tubercular deposits in the various internal organs, is well understood. The frequent coincidence of such visceral disease with that of the hip-joint I regard as the most serious objection to the proposed operations. They have been performed, it appears, with some success of late in London; and in the high respectability and reputation of the operators, Messrs. Fergusson, French, my friend Mr. Walton, &c., we have the best guarantee that due precaution was taken in the selection of the cases. My single object in these observations is to lead others to the same care, for all the objections which may exist to these or any other procedures may not occur to the minds of some sanguine of success and fame in being among the first to practise a novel, or rare and important operation. The diagnosis is all important and just, as it would afford but poor satisfaction to have amputated a thigh with the view of prolonging the life of a patient, who dies shortly after of an unsuspected aneurism; or to have extracted a cataract from an amaurotic eye; so would it be disappointing and not to our credit, after having excised the head of the femur, and scooped away at a carious acetabulum, to see our patient dying of phthisis, overlooked or not suspected in deciding on the operation. Now as such misfortunes have happened, to the great dismay of surgeon, patient, and friends, possibly the greatest care and discrimination may not always suffice to protect us from them; but they must not be neglected nor forgotten.

Another serious consideration is, the difficulty, nay, frequently the impossibility, of forming even a rational opinion of the extent of the disease with which we have to cope. We may find, for instance, the disease limited to a superficial portion of the head of the femur, and of the surface of the acetabulum; or we may find the latter extensively diseased, even perforated, and communicating with large pelvic and lumbar abscess, or collections of curdy, scrofulous matter, analogous to softened tubercle. Not long since, I inspected, with my friend Dr. Hare, the body of a female who had died of Bright's disease, and who had a large fibrinous deposit in the liver, and had suffered also from disease of the hip. In this case the acetabulum was almost destroyed; a large hole existed in it, communicating with an immense collection of curdy matter, which filled the iliac fossa and lumbar region of one side; the iliacus and psoas muscle were degenerated, and completely infiltrated with the morbid product; the sacro-iliac articulation was diseased also.

The following case, recently under my care, may serve to illustrate some of the remarks already made; its facts are not liable to be misinterpreted, as might be my comments. The diseased parts were recently exhibited at a meeting of the Harveian Society.

*CASE.*—C. R.—, a slightly-formed girl, just three years of age, one of a large family, two children of which had died, under one year old, of some disease of the heart, but the others were healthy, was brought to me for advice on the 3rd of February last. She had been always delicate, but remarkably lively and active, and in intelligence precocious; not subject to any actual illnesses. She had frequently met with hard blows and falls in following a strong propensity to clamber on the tables, drawers, &c., in her parents' room. For about two months she had complained of pain in the inside of the right knee, increased apparently by any movement of the limb, and manifested further by a reluctance to walking. Her temper had been restless and irritable. She lay always on the left side, and kept the right thigh semiflexed.

On examining her, I found every attempt to move the hip-joint, whether in flexion, extension, abduction, or rotation of the thigh, resisted immediately by the muscles, though I was suffered to move the leg or the thigh, and to move the opposite thigh, in any direction. She did not cry, and could not be got to speak; and as her expression was previously sulky enough,