

## Clinical Notes :

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### SARCOMA OF UNDESCENDED TESTICLE REMOVED BY ABDOMINAL SECTION.

By J. B. PIKE, M.R.C.S. ENG.,

HONORARY SURGEON TO THE LOUGHBOROUGH HOSPITAL AND DISPENSARY.

THE patient was under my care for about ten days before his admission to the Loughborough Hospital. He was suffering from a feverish attack, probably due to chill, and had also some oedema of the right leg. On looking for a cause of the latter symptom I found an abdominal tumour filling the right iliac region and extending beyond the middle line. It was hard, smooth, and freely moveable. The patient was admitted to the Loughborough Hospital on April 8th, 1897, the temperature having fallen to normal, with a view to operation. He was in several respects an abnormal individual, the palate was cleft, both feet were clubbed, and the scrotum contained no testicles. A diagnosis of sarcoma of the retained testicle was made. On April 28th, with the assistance of my colleagues and in the presence of Mr. C. J. Bond, of Leicester, who kindly gave me the benefit of his large experience of abdominal surgery, I opened the abdomen by a median incision. Having ligatured and divided an anterior omental adhesion I attempted to deliver the tumour. The pedicle however being short and the tumour lying with its long axis across that of the abdomen it was necessary to extend the incision for two inches above the umbilicus and as far as possible toward the pubes. The tumour was then brought out by twisting the pedicle in such a way as to bring the long axes of the tumour and the incision into line. The pedicle was ligatured and divided close to the tumour and grasped with vulsellum forceps. It was then again transfixed and tied as low down as possible and divided between the two ligatures. The left testicle was felt, small and apparently healthy, near the inguinal ring. The wound was closed with silkworm gut sutures passed through the whole abdominal wall and no drainage-tube was used. At the end of a week half the sutures were removed and about the tenth day the remainder, the edges of the somewhat large incision being firmly united.

The tumour, which weighed 3lb. 6oz., was forwarded the Pathological Museum of the Royal College of Surgeons of England, and for the following description and for a microscopical section which showed typical round-celled sarcoma I am indebted to Mr. Targett, the curator: "It is a very good example of an intra-abdominal retention of a right testis which has become converted into a sarcoma. The growth is round celled in type and is extremely degenerated in the centre. The mesorchium in undescended testicle is usually slender and round. In this specimen it becomes the pedicle of the tumour, which is short, round, and thick. The pedicle appears to be invaded by growth, hence it is probable that the lymphatic glands are already affected. The digital fossa of the testis is distinct, but the globus major and minor are involved in the tumour."

I could find no special directions as to the removal of such tumours in the text-books to which I had access. The operation, of course, resembled the ordinary ovariectomy for solid tumour. The only difference and the chief difficulty lay in the nature of the pedicle. The patient has called upon me since the operation and is at present in good health.

Loughborough.

#### A CASE OF CONGENITAL ABSENCE OF BOTH PATELLÆ.

By GERALD S. SAMUELSON, M.D. EDIN.,

[HONORARY SURGEON TO THE ARMIDALE AND NEW ENGLAND HOSPITAL, NEW SOUTH WALES.

THIS case I examined in the waiting-room of a railway station some twelve months ago; it was that of a girl aged five years. She was unable to walk without assistance, but

save for a total absence of both patellæ was a well-grown child. The extensor tendon was thin and narrow and lay free over the anterior aspect of the joint towards its insertion upon the tibial tuberosity; the fingers could be approximated under it as under the tendo Achillis and that of the biceps. Winslow's ligament was weak and slack and was readily distended over the posterior aspect upon hyper-extension of the joint. Keeping the thighs horizontal the legs could be hyper-extended through an angle of some 45° whilst flexion was limited to one of about 25°. There was very little lateral movement or rotation of the legs on their long axes. I know the mother's family, who are vigorous farm-folk; there was no morbid history on the father's side. The mother's pregnancy was uneventful; there was no accoucheur at her confinement; she ascribed her daughter's condition to a "maternal impression" but I forget its nature.

Armidaire, New South Wales.

#### NOTE ON A CASE OF PHTHISIS ENGRAFTED ON MITRAL DISEASE.

By E. CECIL WILLIAMS, M.B. CANTAB.,

PHYSICIAN IN CHARGE OF OUT-PATIENTS, ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN, BRISTOL.

IT is held by many that phthisis and mitral disease do not go together, but it is highly probable that cases are not so rare as is generally supposed. Harris and Beale out of 133 post-mortem examinations found that mitral stenosis was present in three cases. The reason for any such antagonism, if it really exists, does not appear obvious unless it can be explained by the pulmonary oedema due to the mitral stenosis acting in the same way as the passive hyperæmia in cases of tuberculous disease of joints. The following are the notes of the case.

A young woman, aged thirty-two years, had rheumatic fever twelve years ago. The patient was fairly well up till six months ago, when her legs began to swell and she had a cough. She was losing her voice and had night sweats and was losing flesh. On examination of the chest there was found to be a slight falling in of both supra-clavicular fossæ and dulness of both apices on percussion. There was a bad entry of air into both apices and there were rhonchi heard both in front and behind. At both bases there were crepitations due to oedema. The heart apex beat in the sixth intercostal space outside the nipple line; the area of cardiac dulness was not increased. There was a low-pitched pre-systolic murmur heard at the apex and a systolic murmur conducted into the axilla.

It is probable in this case that the heart would have done its work in a satisfactory way for some years if it had not been complicated by the lung disease; it was only during the last six months that it had exhibited any tendency to fail. As the patient has only recently come under observation it is impossible to state exactly when the phthisis first began; she says, however, that she has been failing for the last eighteen months, and it is just possible that the slow progress of the disease may depend on the presence of the mitral disease. The oedema of the legs has disappeared under treatment and there is no albumin in the urine.

Clifton, Bristol.

STARVATION IN CUBA.—Recent reports received by Surgeon-General Weyman, of the Marine Hospital Service, from Sanitary Inspector Brunner note seven deaths in Havana during one week and also an increase in intestinal diseases due to diminished food supplies; he estimates that two-fifths of the total deaths of the city are due to this cause. The place called Los Fosos set aside for the country people sent to Havana is described as a pest-hole. This is a large wooden building sixty feet by fifty feet standing in an enclosure used for storing the carts of the municipality. Of the 500 persons in this building which is not a hospital 200 were found lying on the floor sick and dying; all the children under ten years of age were suffering from enteritis or dysentery and their emaciation was appalling; there is an average of ten deaths daily. The civil hospitals are full to overflowing and are refusing patients. One, the Mercedes Hospital which is capable of caring for 200 patients has now 500 within its walls.