

months back, when they became irregular. Two years ago she had an attack of jaundice, which continued for four months, but did not confine her to bed. She states there was no tumour in the hepatic region at that time. After the attack of jaundice her health remained perfectly good again until last November, when she felt shooting pains in the back, under the right scapula, not extending down the arm, and at the same time discovered a swelling in front near the lower end of the sternum. This tumour gradually increased in size, and she soon felt an aching pain in it of a continuous nature. The patient thinks it was about two months after the discovery of the first that she noticed another small swelling beneath this. The swellings gradually enlarged, and became more painful, and at the same time her appetite began to fail. A month ago she was admitted into the hospital under Dr. Murphy's care, and the tumours have been painted over with compound tincture of iodine every day, without, however, diminishing them, or giving much relief. Since her second admission, another small swelling has made its appearance external to the other two. Bowels have always been regular.

March 27th.—Present state: Patient is thin and somewhat emaciated; muscles rather irritable, but in a better condition than on admission a month since. Hepatic dulness extends as high as the level of the right nipple, and below to horizontal line through umbilicus. From about three inches below the right nipple considerable bulging is observed, extending to the left, two or three inches beyond the median line. This bulging seems to be composed of two protuberances, the larger occupying the epigastrium and part of right hypochondriac region, the smaller below and somewhat to the left. No tenderness felt over prominent parts, but much below them. On pressure over the large central protuberance some sensation of elasticity is experienced, and sudden pressure on one side is propagated to the other. Conjunctivæ not turgid. On examining the back, some distinct but slight bulging is seen in hepatic region, and dulness on percussion extends about an inch higher on the right than on the left side. Slight curvature of the spine is noticed, the concavity towards the right side. She was put upon sarsaparilla, three grains of iodide of potassium, and decoction of cinchona, thrice a day.

28th.—A fine trocar was passed into the centre of the larger mass in the epigastrium by Mr. Erichsen, when the suspicion of the hydatid nature of the tumour was confirmed; for a clear fluid (four ounces) was drawn off, which was found to contain minute flakes, each consisting of a collection of well-formed echinococci. After the tapping a compress was applied, and, with the exception of slight vomiting, no bad symptoms appeared.

30th.—Some pain and tenderness in the region of the puncture.

31st.—Much relieved from pain; tumour not much diminished in size, but the note over it is quite tympanitic.

April 1st.—Had an attack last night of rather severe rigors, with the return of pain over the swelling. To-day the pulse is 130, very weak; cheeks flushed; suffering great pain over the region of the liver on the slightest movement, deep inspiration, &c. Slight tympanitis of the abdomen.

3rd.—Has less pain to-day; no return of rigors; still much tenderness over the hepatic region.

10th.—Pain has varied since the 3rd, but she feels much better; the central tumour appears larger and more tense.

19th.—Yesterday about six or eight ounces of thick foetid pus were obtained by tapping the centre of the tumour. The tumour became flaccid for a time, but to-day is again distended. The complexion and the eyes are less yellow than they were.

24th.—On the night of the 22nd the tumour gave way from the old opening, apparently discharging air at first, then watery fluid, and afterwards thin foetid pus. Yesterday the discharge of matter continued; but to-day it has ceased. The patient remains comfortable as before.

May 1st.—Since the last report the tumour has been discharging a mixture of pus and blood. The skin nearly natural in colour.

22nd.—For the last few days the tumour has been again plugged up and very painful; patient much exhausted; pulse 130. Ordered a mixture of quinine.

24th.—The abscess discharged two or three teacupfuls of pus, after which she became better.

June 5th.—The tumour much diminished in size, and discharges pretty freely.

July 5th.—She remains much the same; very weak; unable to get up. Two grains of sulphate of iron to be added to her quinine mixture.

Aug. 2nd.—She suffers less pain; discharge still continues,

and amounts to about four ounces in the twenty-four hours; has not lost more flesh; the tongue is clean; and she is free from pain. She is picking up her strength, and is daily gaining flesh.

## ST. THOMAS'S HOSPITAL.

### SUPPURATING HYDATID TUMOUR OF THE LIVER, SIMULATING AN EMPYEMA; EVACUATION OF MATTER

BY THE TROCAR; RECOVERY.

(Under the care of Dr. GOOLDEN.)

IN the following case, the simulation of a bulging empyema of the right side was remarkably strong, but the true nature of the case soon became apparent, and to give relief paracentesis was performed, the result being a good recovery, although the patient was very low and feeble for some time. Here, also, it is fair to assume the presence of but a single hydatid. We are indebted for the brief account of the case to Mr. Jervis, surgical registrar to the hospital.

A. P.—, aged twenty-two, single; needlewoman, admitted into Ann's ward April 24th. States that two years and a half ago she had a similar attack to the present, and was laid up with it for eight months. From that time to the middle of February she had enjoyed tolerable health. The inferior part of the right side of the chest always remained prominent. Since the latter date, cough had been very troublesome, with increasing dyspnoea and general weakness. Appetite bad; appearance of countenance anxious and pallid; nights disturbed by pain in the side—always aching, occasionally lancinating, in character; and cough and profuse perspiration. Has had no appearance of catamenia since illness commenced. This was at first supposed to be a case of pleuritic effusion, and so treated; but finding that neither local nor constitutional symptoms abated under the means used, that the bulging of the side was undiminished, and the general distress continued, Dr. Goolden, on the 14th of June, wished paracentesis to be performed. This was done by Mr. South, and a small quantity of a tenacious glutinous fluid escaped. She got no sleep that night, but expressed herself on the following morning as feeling relieved. A discharge of similar matter continued to escape; and with it a portion of a partially decomposed hydatid.

July 17th.—A large quantity of pus and fragments of hydatidinous membrane continue to come away. She still feels very low; the appetite remains poor, and nights disturbed by cough; but the tongue is clean, and she is free from pain.

21st.—Feels much better and stronger; able to raise herself in bed; quite free from pain; her sleep is much better, and appetite improved; but little discharge now comes from the wound.

Under generous diet and tonic medicines she completely recovered, and was discharged, cured, on the 17th of July.

## CHARING-CROSS HOSPITAL.

### HYDATID TUMOUR OF THE LIVER; PUNCTURE OF THE CYST, FOLLOWED BY SUPPURATION AND DEATH; DISCOVERY OF OTHER PARASITES IN THE HEPATIC STRUCTURE.

(Under the care of Mr. CANTON and Dr. WILLSHIRE.)

THE most curious fact in the history of the annexed case is the very short period during which the swelling formed, presenting itself in the epigastrium immediately behind and below the lower end of the sternum, as in Dr. Garrod's patient. It was tapped, with great relief, on several occasions; but notwithstanding this the general hepatic dulness continued to increase, and death ensued, not so much from suppuration of the tapped cyst as from the general prostration consequent upon the arrest of function of surrounding organs by the enlarged liver. This contained four large cysts, each filled with a pint of clear fluid, and one of these was in the centre of the cyst occupying the epigastrium. They had all taken on simultaneous enlargement. We may observe, that in this patient, as well as in Dr. Garrod's, the puncture was performed with great care, but it is impossible to say that some air may not have found its way into the interior.



By adopting the suction plan recommended by Dr. Budd, the tumour can be emptied of its fluid, or nearly so; and in the event of the abdominal parietes not being adherent, as mentioned by him, the aperture made by the exploring trocar, from its minute size, together with the contraction of the hydatid cyst, will be effectually closed when the canula is withdrawn, and none of the hydatid liquor will escape into the peritoneum. In a recent case related by Dr. Budd, an imperial gallon (short by four ounces) was withdrawn in this way from an hydatid in the liver of a young medical man, which was followed by a perfect cure.

For the notes of the annexed case we are indebted to Mr. William Travers, late house-physician to the hospital.

William C—, aged twenty-six, native of Essex, has lived in London during the last seven years; has always been engaged in the public line; enjoyed good health up to past few weeks; somewhat troubled with cough during the winter; has never drunk to excess, taking chiefly beer, and of that about two pints per diem. About a fortnight prior to admission, he first complained of pain in right side when coughing; never noticed it when quiet; did not confine him to bed. Four mornings since, he says, he first noticed a swelling on the left side immediately below the ribs; this gradually extended to the right; has not altered in size up to this time.

Admitted April 18th, 1860. The patient is somewhat emaciated and of sallow complexion. The tumour feels firm, though with a sense of deep fluctuation, painless (except over one place, where leeches had been applied by his former surgeon); it occupies the epigastric, extending into each hypochondriac region, reaching higher up on the right side, apparently superficial to the ribs and ensiform cartilage, which is also, however, tilted up by a portion of it. There is a little fulness over the region of the liver, but no tenderness. Urine high coloured, and depositing lithates copiously; bowels regular, clay-coloured; tongue natural; appetite good; sleeps well; in no pain. Purgatives were administered, and, as some sickness had supervened, effervescing medicine with hydrocyanic acid. The tumour was blistered, and the sore dressed with mercurial ointment. Occasional diarrhoea was stopped by astringents; and opium given to allay pain, latterly felt. The tumour gradually increased in size, and was tapped on five separate occasions, a clear fluid in one instance, and a thick yellow fluid, of more or less quantity, in others, being the result. A swelling also now commenced and increased in the right side below the lower margin of the liver. The patient gradually became worse, and died on May 29th.

*Post-mortem Appearances.*—Heart and lungs healthy. Kidneys large, and highly congested. The liver of immense size, forcing all the other viscera out of position; its structure showed commencing cirrhosis; it contained four large hydatid cysts, each holding about a pint of perfectly clear fluid, contained in a transparent sac of apparently homogeneous membrane; one of these sacs was in the centre of an immense abscess, this being the swelling noticed on the right side.

## CLINICAL RECORDS.

### SUSPICIOUS WARTY TUMOUR ON THE END OF THE NOSE OF A BOY, REMOVED BY CAUSTICS.

It is but seldom indeed that the removal of a prominent ulcerated growth by caustic, as was practised in the following case, is followed by absence of deformity on the occurrence of cicatrization. But such was the fact in this instance, notwithstanding the situation of the tumour—the extreme point of the nose. The integrity of the nasal organ is almost perfect, with the exception of a small sulcus, running longitudinally. The naked-eye appearances of the ulcerated mass on admission were those of epithelial cancer, but as no examination into the elements of the disease was made, it is impossible to state its real character. We are indebted to Mr. Rouse, the surgical registrar of St. George's Hospital, for the annexed brief account of the case.

Geo. C—, aged twelve years, admitted June 13th, under Mr. Prescott Hewett. Six months previously he had noticed a small wart on the tip of his nose, about the size of a pea; it grew very fast, and in about a month it had more than doubled in size, and looked black. Some acetic acid was applied by his schoolmaster; this did not do any good. Two months ago the tumour was nearly an inch long, and half an inch wide. He was then seen by a surgeon, who applied chloride of zinc. This reduced it in size. It very shortly afterwards began to grow forwards with great rapidity.

On admission there was a warty growth, of cone-like form, situated on the tip of the nose; it was nearly an inch in height, three-quarters of an inch in length, and half an inch in breadth; it was very painful, and bled if pulled about; it looked very like epithelioma. There was also a small wart situated on the upper lip, just above the angle of the mouth; health was very good. The boy's face is of a peculiar colour from having been exposed in an open boat in consequence of shipwreck; the skin is red, and covered with black blotches; some like large freckles, others like deposits of black pigment. The treatment consisted in the application of nitric acid on five different occasions, and a perfect cure was accomplished.

### AMPUTATION OF THE LEG, SEVENTEEN MONTHS AFTER THE PERFORMANCE OF SYME'S OPERATION, FOR CARIES OF THE TARSUS.

W. L—, aged thirteen years. In the spring of 1858, a lad gave him a severe blow on the foot, which afterwards became swollen, and in about three months' time showed signs of disease in the metatarsus. An abscess was opened, and rough bone felt there.

He was admitted in September into University College Hospital, under the care of Mr. Thompson, who, finding the proximal end of the second metatarsal bone diseased, removed it. The wound nearly healed up, and he left the hospital.

In January, 1859, he went to the St. Marylebone Infirmary. At this time the disease had evidently extended further, and attacked other portions of the foot.

Jan. 17th.—Mr. Thompson amputated the foot by Mr. Syme's method; a good stump resulted; there was no sloughing of the flap nor other unpleasant consequence.

In March, a fresh opening made its appearance in the lower third of the leg, and others came afterwards.

June 18th, 1860.—He came to the hospital again. Diseased bone was found in the tibia and fibula, above the site of the previous operation.

20th.—Mr. Thompson amputated the leg at the junction of the middle with the lower third.

26th.—All the ligatures came away, and the parts are healing rapidly.

On examining the parts removed, the bones were found to be carious about two inches above the site of the original operation. At that spot the parts were solid and healthy, but much ossific deposit had taken place there, presenting an appearance suggestive of the idea that at the previous operation a portion of the os calcis had been retained, but which was not the case.

July 25th.—The stump is perfectly sound, and well united. It is of excellent form, and in good condition for a short artificial limb.

### CARCINOMA OF THE MALE ORGAN.

THE impression amongst surgeons in regard to cancer of the penis is, that it is of somewhat rare occurrence; and this belief has been engendered to some extent by the published statistics of cancer generally. If we take the large field of metropolitan hospital practice to guide us, we shall find that this disease is one pretty commonly to be seen affecting the organ in question. Besides patients presenting themselves for out-door relief,—many of whom refuse to submit to any operation,—we see here and there an example in the wards in which this measure has been resorted to with beneficial results for a time. The more interesting and noteworthy we have briefly recorded in our "Mirror." Sometimes we have seen patients with the disease affecting the glands in the groin, and the surgeon has very properly refused to excise the organ itself. The fact is a curious one in connexion with cancer in this situation, that in a majority of cases the subjects of it have been affected with congenital phymosis, and hence this deformity is correctly considered to be a predisposing cause, from the irritation set up by the confined intra-preputial secretions.

On the 14th of July, Mr. Lawrence amputated the penis of an elderly man, admitted into St. Bartholomew's Hospital for cancer of the glans; and on the 21st of July, Mr. Skey performed the same operation upon an old man, in whom the disease had been present for some months, but commencing primarily as a pimple on the glans three years before. The prepuce had become perforated by the disease eight months ago—that is, the glans penis passed through the ulcerated prepuce. In this case there was also a hernia, which had added much to the poor man's misery. Both of these cases are doing well; and as there is no complication, the operation will be of service