

ARTICLE VII.—*Successful Case of Amputation at the Hip-Joint for Cancerous Tumour of Femur.* By J. P. BRAMWELL, M.D., L.R.C.S.E., Visiting Surgeon, Perth Infirmary.

JAMES SHARP, aged thirteen years, was admitted into the Perth Infirmary on the 10th February 1872. He is a pale ill-nourished looking boy. On examining his left thigh it was found thickened and somewhat bent, but not very painful; when manipulated it was evident that the thigh-bone was broken, and that there was shortening to the extent of about two inches. The history of the case is rather obscure. It is said that after running with violence a week before his admission, he fell down, and has since been unable to leave his bed. It was quite clear that there was disease of the thigh-bone and fracture in consequence, but the true nature of the malady was not then discovered. His leg was extended to its full length, and kept in this position by a pulley and weight; cod oil with syrup of the iodide of iron was administered, along with a good stimulating diet. For six weeks he lay quiet, suffering little or no pain. At the end of this period there was no tendency to bony union; on examination, the thigh was found much swollen over its middle third, skin white, glazed, and marbled abundantly with enlarged veins. A morbid growth could now be tolerably defined, giving when carefully examined a sense of deep fluctuation. The disease was diagnosed to be a medullary sarcoma of the femur, and as the only chance of preventing reproduction in such cases is by removal of the whole bone, it was resolved to amputate at the hip-joint next morning (28th March). This was effected by anterior and posterior flaps. Owing to the want of an abdominal tourniquet, more blood was lost than could have been wished in so feeble a subject. Six arteries were tied with the "carbolyzed catgut," and the flaps united with wire sutures. The boy got into a state of collapse after the operation, and required heavy stimulation to save him from dying on the table; reaction took place so soon after, however, that I am inclined to ascribe much of his extreme prostration to the effects of the chloroform, which certainly all but killed him by cardiac paralysis. He passed a quiet night, and next morning was in a condition quite beyond our most sanguine expectations.

On examining the amputated member, the femur was found entirely absorbed in its lower third, the articular surfaces of the condyles excepted. The middle of the thigh was occupied by a medullary tumour of considerable size, in the centre of which was a false aneurism containing three or four ounces of coagulated blood; portions of bone still unabsorbed were interspersed throughout the tumour. The upper end of the femur was filled with medullary matter of the same character as the tumour, which in all probability originated in the bone itself. Viewed microscopically, the growth

exhibited cancer-cells in great abundance, but no stroma; some of these were round nucleated bodies, others were spindle-shaped; but, in addition to this, it was our good fortune to observe for the first time one of these bodies in the act of fissiparous division, thus propagating itself not unlike the *Desmedia*, and such like low organisms.

30th March.—Morning: Pulse 150; temperature 99·8°; has slept well, and feels pretty comfortable. Evening: Pulse 154; temperature 100°. Has taken during the day two eggs, beef-tea, and some oat-gruel with sweet milk.

31st.—Morning: Pulse 150; temperature 97·8°; wound pale, and without action. To be dressed with a watery solution of carbolic acid (1 to 40). Evening: Pulse 154; temperature 101°. Diet the same as yesterday. To have a pint of porter daily.

1st April.—To-day suppuration is fairly established; general conditions as before.

R̄ Liq. cinchon.

Acidi hydrochlor. dil. āā ṡ lxxx.

Aquæ puræ ad ʒii.

Sig. A teaspoonful three times a day.

2d.—Wound looking well, most of the stitches are removed; there is little gaping of the flaps, a condition indicating some measure of deep union.

3d.—Morning: Pulse 144; temperature 100·2°. Evening: Pulse 152; temperature 104°.

4th.—Morning: Pulse 150; temperature 100·4°. Evening: Pulse 152; temperature 103°. Takes food in quantity and enjoys it; wound looking well.

5th.—Morning: Pulse 150; temperature 100°. Evening: Pulse 150; temperature 102·6°. Full doses of quinine were exhibited, but did not check the evening rise of temperature: to have ten minims of tr. ferri perchlor. three times a day along with his other medicine.

6th.—Morning: Pulse 152; temperature 100°. Evening: Pulse 152; temperature 102·8°; wound healing satisfactorily; gentle pressure was applied by bandage to-day. The constant rise of temperature in the evening made us very apprehensive of coming mischief; but though there was a cause for this, as will be seen (phlebitis), it did not assume a serious character.

11th.—Patient complaining of pain along the course of the saphena vein. The foot and leg are œdematous. Urine, sp. gr. 1025, slightly alkaline. No albumen, but phosphates in great abundance. Morning: Pulse 152; temperature 100·2°. Evening: Pulse 152; temperature 103·4°. Limb to be enveloped in a flannel roller.

18th.—Œdema of leg diminished, pain all but gone; phosphates in urine persistent. Continue the iron; to have six oz. of claret instead of porter, also a chop or steak daily.

25th.—Wound is quite healed, except at some little points which discharge pus pretty freely; they are the terminations of deep sinuses. *Treatment*—To apply pressure by means of pads over the sinus tracts, which are also to be injected with tincture of iodine and water, 1 part to 16. The general condition of the patient is greatly improved; he has gained much flesh since the operation, eats and sleeps well. Stump free from pain.

7th May.—General health still improving; discharge of pus from sinuses less, but still considerable. The iodine injection to be increased in strength, 1 to 8; urine still phosphatic. Ordered a mixture containing dilute phosphoric acid, and infusion of gentian instead of the iron.

22d.—Quantity of pus lessening; general condition very satisfactory.

29th.—Sinuses closing rapidly after being injected with the iodine, 1 to 4.

6th June.—Still continues to improve; moves about the ward on his crutches, and goes out to the lawn when the weather is fine. Secretion of pus very trifling. He was soon after discharged and sent to the country, where a more rapid improvement took place. He has now returned home in improved health. Stump quite sound and whole.

*Remarks.*—The statistics of hip-joint amputations show what might have been anticipated, that those performed for injury are far more fatal than where the cause is of a non-traumatic character. In the Crimea, Dr M'Leod mentions that there were ten amputations of this kind, each and all of which terminated fatally; and, so far as we are aware, Professor Spence of Edinburgh is the only individual in Scotland who has had a successful case of amputation at the hip-joint of a traumatic character.

Of cases collected by Erickson, the following are the results:—

47 for injuries; deaths, 38.

42 for disease; deaths, 18.

The following is the sequel of the case as supplied by our excellent house-surgeon Dr Sinclair, who attended the patient in his own house during his last illness:—

On the 31st July I was asked to see James Sharp, whose leg was amputated at the hip-joint in the Infirmary some months ago. He complained of pain in the region of the base of the right lung, over which the percussion note was dull, and quasi-crepitant râles were audible. In the cicatrix of the stump there was a bluish semi-fluctuating tumour, of the size of a hazel-nut. He had a sharp attack of hæmoptysis next morning. An attempt was made to destroy the recurrent cancerous mass by chloride of zinc, but the disease could not be controlled. In seven days the whole of the right lung was dull on percussion, and the breath-sounds all but inaudible. *Treatment*—To support the system as much as possible.

He became gradually weaker, and on the 28th of August he died.

*Sectio cadaveris.*—The body was much emaciated. On opening the chest, the right pleural cavity was found partially filled with a bloody serosity. Attempts were made to remove the right lung; but it slipped through the fingers, the pulmonary tissue being reduced to a pulp. The liver was very much enlarged, and in a state of amyloid degeneration; kidneys and spleen healthy. At the inner end of the cicatrix, there was a tumour similar in character to the original growth.

*Remarks.*—The history of this case is but a too common one, amputations for encephaloid growths seldom affording more than a short respite from this terrible malady. This, at least, was obtained; and, so far as the operation was concerned, success was achieved, the stump being entirely healed two months before there were unmistakable signs of the cancer returning. It is highly probable that the pulmonary disease was cancerous, modified by the nature of the tissue attacked, but essentially of the same malignant character as that which first appeared in the cancelli of the femur.

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ARTICLE VIII.—*Hypochondriasis: Its Nature and Treatment.* By F. P. ATKINSON, M.D., etc.; late Surgeon, St Bartholomew's Hospital, Chatham, and Royal South London Dispensary.

THERE can be no question about the fact, that the mind has an immense influence over the body, either for good or bad, in nearly all the diseases which afflict the human race; and it is equally beyond dispute that it exerts a certain effect upon the body, even when in a state of health, and is capable of producing a set of symptoms closely resembling those resulting from real disease. There are some who assert that there is no such thing as mental disease; and that, when pains, aches, and various discomforts are complained of, there must be some part or organ of the body in some degree deranged. But those who really believe in this theory must, in fact, believe that the mind is dependent for all its sensations, both of pain and pleasure, on the condition of the body existing at the time—which, we know perfectly well, is only partially correct; for the body, in truth, is just as much dependent upon the mind as the mind is upon the body.

We often find those who refuse to assign to the mind its proper influence stimulating some unfortunate unoffending organ, and causing derangements where none before existed. Nothing, I believe, is likely to bring about more serious consequences than a mistake in diagnosis between bodily and mental disease; and it behoves us, therefore, steadily to keep in view the fact of there being these two distinct forms. The points we have to consider,