SOME SURGICAL CASES.

BY ALEXANDER PATTERSON, M.D.,
Surgeon to the Western Infirmary, Glasgow.

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I.—INJURY OF SPINE.

W. B., aged 19, about the middle of last April (1887) whilst playing at football, fell on his head, two of the other players falling on top of him. States that when he fell he felt something crack in his neck, and cried out that his neck was broken. He then became unconscious but only for about a minute. He could not rise from the ground on account of the pain in his neck, and had to be raised up. He could not turn his head to either side, nor could he bear the slightest pressure on his head, as it caused great pain in the neck. The accident happened on Thursday night, and he was confined to bed until Saturday night, when he was able to go out for a walk, although his neck was still stiff and painful. On Monday morning he went back to his work as a bricklayer, but his neck still troubled him, as he was unable to bend down nor could he move about quickly. He continued at work, though sometimes with difficulty, till the beginning of July, when he had to give up, owing to pain in the right shoulder, which prevented him lifting weights. For some time before this he had noticed that he could not raise his right arm so easily as before, and this had gradually got worse until he could scarcely raise it from his side. He was admitted to the Western Infirmary on the 28th July, 1887, and a few days before admission he dragged his right foot behind him, and could not walk easily; at the same time his left arm became weaker, and immediately after coming into the Infirmary his left leg was observed to be paralysed. At times his legs are suddenly drawn up unconsciously, and he cannot bring them into the straight position. Shortly before admission his bowels became very constipated, not acting without a purgative. About four weeks ago retention of urine set in, and it had to be drawn off; this continued for about three weeks, although, occasionally, his urine passed off unconsciously. At present he knows when he is passing water, but is unable to restrain.

1st August.—Ankle clonus—complete paralysis of arms and legs.

14th August.—Lost control of bowels and bladder—sensation incomplete. Breathing somewhat difficult.

1st September.—Left arm less distinctly paralysed. Biceps and extensors of hand first recover. Deltoid of left arm recovers; deltoid of right next. Right leg slightly; then fingers.

25th September.—Left leg moved. Bowels and bladder regaining power. Back gets stronger; can sit up in bed with assistance.

26th November.—Right arm improving; can move fingers fairly well. Legs can be pushed down a little; heel very painful.

7th December.—More power in right arm and fingers; pain felt in triceps and deltoid on raising the arm; circular movements better in left than right. Legs very often straight as a poker; cannot move toes.

14th December.—Only new feature is that movement has been restored to the big toe.

17th January, 1888.—Since last report patient's condition has improved daily. Pain in the neck is still complained of, but all his movements are better and easier. He can get out of bed now, and makes an attempt at walking. Great pain in biceps and deltoid on movement. Right arm not so strong as left.

12th February.—Progress continues. Has commenced to walk along the ward floor with a chair in front of him.

2nd March.—At the meeting to-night he walks fairly well, without any support whatever. The cause of paralysis in this case was probably effusion, the result of inflammation.

II.—DISEASE OF TESTICLE.

T. L., aged 43, bricklayer, about 5 ft. 8 in. in height—a strong, muscular, healthy looking man, pulse 72, regularly following his occupation—was admitted to Ward 14 of the Western Infirmary on the 19th January, 1888. Patient states that three years ago he noticed that the left testicle was larger than the right. Its growth since that time has been regular, constant, progressive, and uncomfortable only from its size. There has been no pain, the glands are not enlarged, nor is the cord involved. No veins enlarged on surface of scrotum, no redness, no œdema. Tapped for first time twelve months ago, when twelve ounces of fluid were drawn off, clear, like ordinary hydrocele fluid. Tapped twice since then with same result. No history of venereal disease obtainable, nor are there any suspicious cicatrices. No tuberculosis or history of cancer in the family, so far as known to patient.

Treatment.—21st January—As there was evidently fluid in the tunica vaginalis, this was tapped, and 12 ounces of fluid—rather of a deeper shade and of greater density than the contents of an ordinary hydrocele—were taken away. The testicle was removed, and the wound dressed with blue gauze and sublimated gamgee. The wound apparently healed by the first intention, and he was discharged on the twelfth day.

On a section being made through the centre of the tunica, the testicle proper was seen to be very much enlarged and of a dark greyish colour, whilst outside of the testicular wall was a mass of, to the naked eye, a different character. It was bright red in colour, and looked much softer in texture. It appeared to have burst through the tunica albuginea, and represented what was formerly known as a fungus hæmatodes of the testicle. On the incision being made, both surfaces became at once strongly convex towards one another. Scirrhus, as you know, when divided, becomes concave.

Report from Pathological Department.—Tumour consists of testicle in thickened tunica vaginalis, the parietal and visceral layers of which are somewhat adherent near line of deflexion. Tumour has been laid open by median incision, and surface of section measures about 3½ inches in all directions. The mass is divided by tough fibrous septa into about six compartments, full of soft, friable tissue, which is in parts quite pultaceous, and the seat of numerous hæmorrhages. The cord is free. The alterations seem confined to the testicle proper, the epididymis being found much atrophied, its head being the only part open to suspicion.

Microscopic examination shows masses of epithelial cells with delicate stroma, with, round about these masses, a condensation of what seems to be remains of normal testicular tissue. Normal tissue elements much obscured. The softening in patches seems to be due to the abundant epithelial proliferation at expense of stroma, and without any round cell proliferation or new formation of stroma to any extent. Pronounced to be soft cancer of testicle.

Now, gentlemen, this is no ordinary case of soft cancer of the testicle. We do not often meet with the disease in men at the age of 43; it is more frequently met with in early adult life. How rarely do we see it in a man in perfect health, with a pulse of 72? Then, who amongst us has known of a case of soft cancer of the testicle tapped three or four times as a hydrocele? Ten years ago we had, in the Western Infirmary,

a case of sarcoma of the testicle which had been twice tapped by an army surgeon for hydrocele, but, as the poor fellow said, only "bloody water came away." I have taken a linseed meal poultice off an ordinary hydrocele, which had been faithfully poulticed for six weeks, in the belief that it was a case of orchitis! Then again, it is certainly not the ordinary clinical history of a case of this kind that we should have a case of three years' duration without the cord being implicated. Its slow growth is also unusual, as well as the absence of the enlarged superficial veins meandering over the surface of the scrotum. Clinically, in all its bearings, the case is one of slowly growing sarcoma; but in this, as in many other instances, the microscopical appearances and the clinical history do not correspond.

III.—PAROTID TUMOUR.

L. M., aged 60 years, was admitted to the Western Infirmary, 2nd July, 1887, complaining of a tumour on the left side of his face. Upwards of twenty years ago the swelling first made its appearance, in the form of a kernel or nut, below the lobe of the left ear. There has never been any pain or inconvenience, except from its size and weight. For many years it grew very slowly; of late years its growth has increased in a marked manner. The tumour is moveable on the tissues beneath, and it does not implicate the skin or surrounding tissues. There are no enlarged veins over its surface, and there is no facial paralysis, and his general health has always been good. The tumour I removed on the 7th July, 1887. Mr. Maylard examined the structure microscopically, and pronounced it to be myxo-sarcoma. It weighed 1 lb. 5 oz.

The parotid tumour appears to me to be always in its earlier stages a simple adenoid tumour; then as patient and tumour advance in years, the minute structure alters, and it becomes an adeno-myxoma; and ultimately, when the stage of noticeably rapid growth has arrived, and possibly when the blood supply to the central portion of the tumour is diminished, the sarcomatous element makes its appearance, and we have, as in the present case, myxo-sarcoma under the microscope. The tumour and microscopical sections and photographs were exhibited at the meeting.