SOME ACCOUNT OF A CASE
IN WHICH
THE LEFT FEMUR
AND
THE FIFTH RIB ON THE RIGHT SIDE
WERE FRACTURED IN CONSEQUENCE OF DISEASE,
THE BLADDER BEING AT THE SAME TIME IN THE STATE
OF CARCINOMATOUS ULCERATION,

WITH OBSERVATIONS,
BY SAMUEL COOPER,
PROFESSOR OF SURGERY IN THE UNIVERSITY OF LONDON; SURGEON
TO THE BLOOMSBURY DISPENSARY, ETC.

READ NOVEMBER 22ND, 1831.

ON the 10th of November, 1831, I was desired by Mr. Blair, a surgeon in Great Russell Street, Bloomsbury, to visit C. Askey, aged 63, a gentleman's coachman in Montague Mews, Russell Square, who had been for several months afflicted with severe pain in the left hip, pelvis, and loins; continual uneasiness in the glans penis; and frequent inclination to make water, which came away with difficulty, and sometimes blended with a considerable quantity of blood.

About half an hour before I saw the patient, a loud snap was suddenly heard by his wife and

daughter in one of his limbs, as he was turning himself in bed, and he was immediately seized with excruciating pain in the left thigh. On taking hold of the limb, I distinctly felt a crepitus not far below the trochanters; the limb was retracted; and it was manifest, that the broken part of the bone was surrounded by a swelling, characterized by a remarkable degree of hardness.

Long sufferings and frequent returns of profuse hemorrhage from the bladder, had already reduced the patient to extreme emaciation and debility. The pulse was 130, irregular, and feeble; and the appetite entirely gone. Under these circumstances, conjoined as they plainly were with some organic disease of the bladder or kidneys, I applied splints to the broken femur, without any expectation of amendment of the health, or cure of the fracture. That the bleeding, and disturbance of the urinary organs, were not produced by a calculus in the bladder, was certain, because the quantity of blood in the urine was too copious to proceed from such a cause; the hemorrhage and pain had never been increased by exercise, nor even by the employment of driving a carriage; and, excepting at periods, when blood came away, the urine was perfectly clear. The sound had also been introduced into the bladder several times, without detecting any calculus in it. After I had attended the patient a few days, the bleeding ceased, and the urine became natural and transparent; but a profuse hemorrhage commenced

again on Sunday, November 20th, and he expired at ten o'clock the same night.

On opening the abdomen, a particularly hard mass presented itself on the fundus of the bladder, directly behind the os pubis—so hard, that the gentleman, who first examined it with his fingers, supposed it to be a calculus. This indurated substance was found to constitute the base of a considerable fungus, situated upon the inner surface of this part of the bladder, and exceeding a crown piece in diameter. It was from this fungus, that the copious bleedings had taken place from time to time during the last five months of the patient's life.

When the chest was examined, the fifth rib on the right side was found to have given way near its central part, the ends of the broken portion being at the same time involved in a scirrhus substance, which had quite as indurated a feel as the hardest kind of cartilage.

The femur was surrounded at its broken part, and also for some extent above and below the fracture, with a mass of the same kind of morbid tissue already specified, which here formed a thick protuberance, increasing very much the deformity, noticed about the hip directly after the occurrence of the fracture. The consistence of this tumour was rather softer towards the bone, than more superficially, and from that part of it, which lay near the fracture, a reddish brown thick fluid oozed out. The greater portion of

it, however, was peculiarly firm, and thickly interspersed with innumerable fragments of osseous matter.

As the patient had never complained of pain in the situation of the diseased and fractured rib, the discovery of such mischief was completely unexpected.

The bladder contained about six ounces of turbid brown urine, and nearly as much coagulated blood.

All the absorbent glands, in the neighbourhood of the abdominal aorta, were enlarged, (some of them to the size of a pigeon's egg,) and converted into the same kind of scirrhus substance, observed around the fractured bones.

I have the honour to lay before the Society the diseased parts; namely, the broken femur with the indurated and partly bony mass by which it was surrounded; the fractured rib with the hard morbid substance around it; the bladder with the ulcerated, scirrhus, and fungous state of a portion of its fundus; and a diseased absorbent gland, taken from the vicinity of the lumbar vertebræ for the purpose of exhibiting the change of structure, which all the others, in front of the spine, had undergone as high as the diaphragm.

The kidneys were healthy, but the ureters were much distended with urine, and their coats thinned, so that, in this condition, they looked exactly like

two very transparent glass tubes, filled with a yellowish fluid, and about half an inch in diameter.

The examination of the body was made by Mr. William Miller, of Great Russell Street, in the presence of Dr. R. Pinckard, Mr. Skey, Mr. G. Cooper, and myself.

Some differences of opinion may exist about what name ought to be given to the tumour connected with the femur: the disease could not be regarded as fungus hæmatodes or medullary sarcoma, the hardness of the morbid tissue being too great, and the general intermixture of osseous matter with it constituting perhaps another difference*. Besides, if it had been of this nature, the disease of the bladder would doubtless have been of a corresponding character;

* In the conversation, which followed the reading of this case to the Society, Mr. Langstaff mentioned his belief, that bony deposits are not uncommon in fungus hæmatodes. This is a point, which may require further inquiry; for, amongst numerous examples of this disease, reported by Hey, Wardrop, Sir C. Bell, and Mr. Langstaff himself, I find only one instance of the occurrence, and that merely in one place and in a trivial degree. I ought to notice, however, that the fungous exostosis of the medullary membrane, described by Sir Astley Cooper, and sometimes considered to be of the same nature as fungus hæmatodes, is often interspersed with bony matter; and we frequently meet with ossific deposits, formed *in the vicinity of*, and *around* various kinds of tumours, which grow near bones. These last are different from the general intermixture of osseous matter with the substance of the diseased mass, as illustrated in the case here related.

but this was not the case, for though the ulcerated, fungous state of the inside of the fundus of that organ was of long standing, it did not form a large projecting mass, as happened in some other well authenticated examples of fungus hæmatodes of the bladder, and especially in that published by my friend Mr. Langstaff in the VIIIth volume of the Transactions of this Society, p. 279. Neither were the fungous granulations connected with any soft, pulpy, medullary mass; but situated upon a particularly hard substance, which constituted their base. According to my views, this affection of the bladder must be deemed cancerous; and if this inference be correct, may we not conclude that the tumour which grew round the femur, and led to its fracture, was of a similar nature; for it can hardly be doubted that the various forms of disease in this patient had a common origin from some peculiarity of constitution with which they were essentially united? The fact of the absorbent glands in front of the spine, from the pelvis to the diaphragm, being all in a completely scirrhus state, seems to corroborate these observations.

The indurated mass, surrounding the broken femur, was not continued from the medullary texture, nor in any way directly connected with it. Yet, this texture, when a longitudinal section was made of the bone, was found altered from its natural appearance, even as high up as the cancelli of the head of the femur, and also to the extent of two inches below the fracture. Throughout all this track, it was much

paler, than the healthy continuation of it lower down, and filled with pus. The boundary line, between the healthy and diseased portions of the medullary texture, is still completely manifest in the preparations now in my possession.

Great Russell Street, Bloomsbury Square,
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