PRIMARY SARCOMA OF BOTH BICEPS MUSCLES.

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THE condition found in the following case seems sufficiently rare to justify its publication; I have not been able to find in the literature a record of this pathological condition affecting the biceps muscle.

The interest of the case lies in the nature of the tumour, the fact that it was bilateral, and situated in identical positions in the biceps muscles.

A working man, aged 56, was sent to hospital on July 27th 1912, complaining of a swelling in the right upper arm, with a smaller and similar swelling on the left upper arm. He first noticed the swelling on the right side in April, that on the left side being noticed about a week before he came to hospital. They caused him no pain or inconvenience, but he thought his

Fig. 1.

biceps muscle was more prominent than it ought to be, and therefore came for advice.

Condition on Examination.

The patient had symmetrical swellings in the lower part of both biceps muscles. They were painless, rather firm and elastic, and of the consistence of muscle in contraction. The swelling in the right muscle was about the size of a large hen's egg, that in the left of a small marble. There was no discoloration of the skin over them, and the swelling was limited to the biceps muscle, except that on the right side there was a small pea-like nodule in the brachialis anticus muscle. The patient denied any syphilitic history, and there was no history of an injury.

The general appearance and characters of the swelling in spite of the history led one to make a provisional diagnosis of gummata in both biceps muscles, and the patient was put upon antispecific treatment for a fortnight.

Operations.

It was thought advisable, however, to explore the smaller swelling on the left side under a local anaesthetic. This was done, and a semisolid tumour was shelled out of a fairly well-defined capsule. The tumour had a yellowish-grey appearance, but showed dark areas, obviously haemorrhages, throughout its substance. The pathological report was that the tumour was of a sarcomatous nature, consisting of mixed round cells.

The patient was therefore admitted for operation for the tumour in the right biceps muscle, which was performed on August 5th.

The tumour was removed along with a large portion of the lower half of the biceps muscle, a small slip being preserved posteriorly behind the musculo-cutaneous nerve. The nodule in the brachialis anticus was also removed.

PATHOLOGICAL REPORT BY DR. JAMES MILLER, PATHOLOGIST, ROYAL INFIRMARY.

The tumour in the biceps measured 3 by 1½ in. It was grey in colour, with numerous small haemorrhages, especially at the margins and some opaque white areas of necrosis in the centre.

The tumour in the brachialis anticus measured 1½ by ¾ in. It was more haemorrhagic and less well defined.

Microscopic Report.—The tumour was uniformly cellular except for bands of well-developed tissue running through it. The cells were rounded or polygonal, moderately large, but varying considerably in size. The nuclei were large, rather pale, staining with a wide-meshed chromatin network. Mitotic figures were fairly frequent. Occasionally larger cells were met with containing six, eight or more nuclei. There was very little stroma between the cells. Many of the vessels were fairly well developed, but some were thin walled. No haemorrhage or necrosis was found in the portion examined. Summing up the histological characters of the tumour, it may be called a medium-sized round-cell sarcoma.

After-History.

The patient since the operation has been under treatment with Coley's fluid. He reported himself on November 2nd,

Naked-eye Appearance of Tumours.

Right biceps muscle with tumour.

Right brachialis anticus muscle with tumour.

Fig. 2.—Drawings to show sarcomatous growth in right biceps and brachialis anticus muscles.

when the actions of the biceps at the elbow and superior radio-ulnar joints were normal, except that they were slightly weaker than the left; he expressed himself highly satisfied with the power and use of his arm.

There was no sign of any recurrence of the growths.

DR. WALTER HUNTER, M.O.H. for the West Bridgford Urban District, has been appointed to the Commission of the Peace for Nottingham.

THE annual report of the Surgeon-General of the United States Navy, published on December 11th, states that while contagious diseases have markedly diminished among the men in the navy, mental affections have increased. About 28 per cent. of men enlisted from the Southern States are infected with hookworm; 50 per cent. of these come from South Carolina and Alabama.

ON December 17th a circular was sent to the medical practitioners of New York informing them that in future they would be expected to report promptly all cases of venereal disease coming under their notice. The name and address of the patient are not to be given, but the sex, age, and the character and stage of infection, with any other relevant information, must be stated. A supply of cards to be used for the reports will be furnished by the Health Department on application. The Wassermann test is made free of charge by the Department, which also provides facilities for gratuitous bacteriological examinations in cases of suspected gonorrhoea.