CONGENITAL DEFORMITY OF FEMUR.

BY

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The following is a case of congenital deformity of the femur which I trust you will consider sufficiently interesting for publication in the *BRITISH MEDICAL JOURNAL*:

A full-grown girl, who walks with the aid of a crutch and stick, consulted me about having an extension made for a short leg.

I found that the right leg is shortened in a very peculiar and unusual way. The knee-joint is placed quite close up to the hip, as if there were no femur intervening between the upper end of the tibia and the acetabulum. The leg and foot of the short limb, although thin and small from

Reproduced from a tracing made on the original skiagram.

want of use, are otherwise normal; the sole of the foot reaches to about the level of the knee of the full-grown limb, so that when the patient stands beside an ordinary chair she can support herself firmly by placing the short limb on the seat of the chair. The limb is about 17 or 18 in. shorter than the other; she has fairly good muscular power in it, and can move it about in any direction.

I sent her to Fannin, of Dublin, who took considerable trouble and fitted a very good extension. While she was in Dublin, Dr. R. Lane Joynt x-rayed the limb, and kindly sent me the skiagram, which shows very clearly the condition of the bones. The upper end of the tibia forms a joint close up to the hip with a femur which has no shaft, and apparently consists of upper and lower epiphyses joined together.

As I am not within reach of a large library, I am unable to speak as to the rarity of the condition, but have not been able to trace any similar cases reported.

The question as to what precisely happened during the development of the femur shaft in this case I must leave to some one better versed in embryology than I. The fundamental cartilage for the femur is laid down as early

as the sixth or seventh week, and a centre of ossification appears in the shaft as early as the second month, according to some authorities. What seems difficult to explain in the above case is the complete absence of the shaft of the femur, which is the first part to be formed; while the extremities of the bone—said to be formed as enlargements of the ends of the shaft—are present. We might also inquire how it was that the lower end of the femur was pulled up and joined on to the upper end.

I must acknowledge with thanks Dr. Lane Joynt's kindness in taking the skiagram and sending it to me.

A CASE OF CHIMNEY-SWEEP'S CANCER,
AND A SUGGESTION AS TO THE
PATHOLOGY OF CANCER.

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The following case presents interesting features which make it worthy of record:

J. O., aged 57, by occupation a chimney-sweep, was admitted to the Royal Buckinghamshire Hospital on October 19th, 1911, suffering from a growth on the scrotum; duration five years.

History.

In 1906 he noticed a hard lump, about the size of a pea, underneath the skin on the front of the scrotum; about eighteen months afterwards it reached the size of a small marble, and ulcerated. It never gave pain, but steadily increased in size.

Previous Health.

He was for several years employed as a sweep's boy to climb chimneys; since then he has been regularly employed in sweeping in the ordinary way. He admits that he has never been very careful to keep clean, and only had a bath about once in three weeks. His brothers used to sleep in the same bed. In 1904 the patient developed a warty growth on the dorsum of the right hand, over the middle of the fourth metacarpal; it developed painlessly, and apparently presented the usual aspect of an epithelioma. In 1906 it had reached the size of a crown piece, and was removed at Guy's Hospital by a J-shaped incision passing 3 in. up the ulnar border of the forearm; the epitrochlear gland was also removed. The result of this operation seems to have been perfect.

Family History.

The patient's father was a sweep for fifty-five years, and died when 64. He developed a scrotal cancer, which was removed about seven years before his death; the cause of death is not known.

One brother died at the age of 45, having had a cancer of the cheek for six years; it started over the right malar bone and spread in all directions until at death it measured about 3 or 4 in. across. He had been a sweep ever since he was a boy.

Another brother died at the age of about 40, having suffered also from cancer of the right cheek; this growth had been noticed for about five years; at the time of death the tumour was about 3 in. across. He also had been a sweep since he was a boy.

The patient's sister died aged about 60; she had suffered for eight years from a cancer of the right cheek in the same situation as her brother's.

The father's sister died, aged 70, from, as was stated, cancer of the liver. A son of this woman died, aged 40, from cancer of the stomach. Another of the father's sisters died of cancer; situation not known.

On Examination.

The skin presented many of the characteristic appearances which Sir James Paget described in the skin of those exposed to soot and paraffin irritation. Thus the skin of the forehead was thin and slightly rough, and there were six or seven separate circular hyperaemic and slightly scaly patches; the nose had similar patches; on the left eyelid was a small pedunculated white wart. The margins of the ears showed small nodules where more than usual cornification had occurred. On the back were about forty small irregular hyperaemic areas, not raised and not very scaly. In the right axilla there was a remarkable group of about twenty-five white pedunculated warts, the largest being about $\frac{1}{4}$ in. long and the smallest almost invisible to the naked eye. In addition there were three or four raised flattened red lumps about $\frac{1}{4}$ or $\frac{1}{2}$ in. in diameter. In the left axilla the only abnormality visible was one of these latter. The skin over the dorsum of both hands, but especially of the left, showed marked thinning, redness and scalliness, with here and there local cornifications, causing in two or three cases well-defined large warts, one specially prominent being observed over the head of the third metacarpal of the left hand. On the skin of the scrotum, chiefly where it came into contact with the thighs, were five or six small white pedunculated warts.