AMPUTATION AT THE SHOULDER.

BY

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DURING the last eighteen months I have seen three cases of rapidly growing endosteal sarcomas of the upper end of the humerus, growing into the shoulder-joint, and with distinct enlargement of the axillary glands, which required immediate and complete amputation. In the first two cases I followed the old and recognized method of first dividing the clavicle for ligation of the main vessels and exposure of the cervical plexus, before proceeding with the interscapulo thoracic amputation. In the first case, which was one of a very thin and emaciated male, I had some difficulty in getting at the main vessels, although I had taken good care to remove as much of the clavicle as circumstances demanded. It took me nearly thirty-five minutes to do this part of the operation, and I was disappointed at the time lost in this preliminary step. The second patient was a well developed young man weighing 155 lb. The operation was commenced in the usual way, and many difficulties were encountered in satisfactorily exposing the vessels and plexus. It took me nearly two and a half hours to complete the operation, and, possibly owing to the length of time and the shock of the operation itself, the patient died four hours after the operation.

In July, 1922, the third case was admitted to hospital, and, as previous experience of the two former operations was anything but happy, I made up my mind not to divide the clavicle, but to try to ligate the vessels as the first step of the operation. As the growth was much more marked in the front than the back and invading the joint, I made a large flap, commencing from the clavicle near the sterno-mastoid attachment, carried it along the axillary border of the scapula down to its angle, divided the muscular attachments of the scapula, and, as the whole extremity fell forwards of its own weight, there was very little difficulty in getting at the deep vessels, with which I immediately dealt. The whole operation did not last more than fifty minutes and was done with comparative ease.

I must confess that I had never heard nor read of the above method of doing the operation until, soon after my third operation, I received the BRITISH MEDICAL JOURNAL of March 11th, 1922, and I was gratified to find on page 381 an article describing more or less exactly the above procedure by no less an authority than the late Mr. H. Littlewood. With me it was only a case of necessity being the mother of invention, without any previous experience of such dissection either on the cadaver or the living subject.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DERMATITIS FROM DYED FUR.

A CURRENT epidemic of "fur dermatitis" among out-patients is worthy of notice.

Except for degree of reaction, the type of dermatitis has not varied, and the patients mostly entered the department with its etiology on their shoulders. The eruption was limited to the lateral aspects of the neck and to the chin, but in one case the mucous membrane of the lips was dry and cracked, and in another, after three months of facial involvement, the reaction had spread to the forearms. A greater or less degree of oedema of the eyelids was, or had been, present in all the cases. This is a common and well recognized symptom of dermatitis artefacta from the use of hair dyes.

The eruption consisted of a blotchy erythema, limited in the early cases to the lateral aspects of the neck and face, but spreading thence, in cases of over a month's duration, to the whole of these areas, and resulting in considerable oedema and disfigurement. The later cases showed pronounced infiltration, with a tendency to vesiculation and "weeping." Itching and burning were complained of in a degree transcending the clinical manifestations, and in one case had prevented sleep for several nights.

The diagnosis from seborrhoeic dermatitis—the only dermatosis at all resembling it—rested on the localization, the absence of scalp involvement, and the history. In every case the direct association by contact of the fur collar with the neck and chin could be demonstrated, and none of the

patients had ever suffered from "eczema" antecedent to their purchase of the coat. Further support to the diagnosis was obtained in two cases by applying a scrap of the fur under strapping plaster (and against a control) to the anterior aspect of the thigh. Erythema occurred in both subjects of the experiment where the fur was applied within twenty-four hours of the application.

The coats responsible all had fur collars of a dark flat variety, of very poor quality, and known to the trade as "dyed coney." It is probably rabbit fur dyed by one of the paraphenylenediamine group of textile dyes. A sample has been submitted to expert investigation, and an attempt to trace the place of manufacture will be made.

London, W.

HENRY C. SEMON, M.D.

TRAUMA AND APPENDICITIS.

WHILST visiting a patient I was requested to examine a boy belonging to the same household. I was informed that three days previously he was struck in the abdomen by a perambulator, and that since then he had complained of violent pain. The high temperature, rapid pulse, tenderness over McBurney's point, and rigidity of the right rectus muscle gave me the impression that the boy was suffering from appendicitis. I visited him early the following morning and found that the temperature was still high and the pulse very rapid, and in addition he was doubled up with pain. I advised removal to hospital, where he was operated upon that afternoon. Laparotomy revealed a gangrenous condition of the appendix. Recovery was retarded by an attack of bronchopneumonia; but eventually the boy left hospital fit and well.

Derby.

H. W. WILD, M.B.

Reports of Societies.

THE VALUE OF LABORATORY INVESTIGATION IN DISEASES OF LIVER AND PANCREAS.

A DISCUSSION on the value of laboratory investigation in diseases of the liver (including the biliary system) and of the pancreas took place at the meeting of the Medical Society of London on March 12th. Lord DAWSON OF PENN presided, and the discussion was opened by Dr. W. LANGDON BROWN with a paper which is printed in full at page 461.

Dr. F. LANGMEAD, after a reference to Dr. Langdon Brown's excellent and exhaustive treatment of the subject, said that he himself had approached this matter in the endeavour to apply laboratory tests to the elucidation of the cases which came forward in ordinary hospital practice, and to gauge to what extent these tests might form part of the practitioner's armamentarium. At the outset the number of the tests was a disadvantage; in medicine numbers were a weakness, not a strength. If by the "value" of this investigation the immediate practical usefulness of the laboratory test was intended, it must be confessed that, excluding the blood-sugar estimation in suspected or true diabetes, the tests had at the moment little usefulness from the point of view of ordinary diagnosis. With the exception just mentioned, he could not recall any instances within his own experience in which a laboratory test for the efficiency of the liver or the pancreas had provided him with a correct diagnosis which otherwise would have been missed. He did not mean that the test usually failed to correspond with the clinical findings, only that one was never first put upon the right track by means of the test. Discussing the tests individually, he said that the diastase content of the urine was a test which was losing rather than gaining adherents. The fat content of the stools was more helpful, but it could not be relied upon to decide, save in a case of obstructive jaundice, in what organ lay the disease. The levulose test was applicable mainly to acute destruction of the liver cells, and could not be depended on for chronic cases. He would be sorry to appear to speak disparagingly of tests so scientifically worked out, but there was a danger of the efficiency test being accepted as a kind of "ready reckoner," and he held strongly that the investigation was not sufficiently matured to permit of this.

Dr. J. W. McNEE was very much in agreement with Dr. Langmead. The subject was still only at its beginning, and the time was not ripe for a full-dress discussion. It was obvious that no one test could give information in more than one or two directions. The levulose test, for example, had