ASPIRATION OF MAMMARY CANCER DURING REMOVAL.

By J. TREGELLES FOX, M.R.C.S.ENG., ETC.

SOME years ago¹ the idea occurred to me of endeavouring to drain the infective juices out of the surrounding tissues by aspiration of malignant tumours of the breast as an accessory to their removal. Through the courteous co-operation of Professor Ogston, of Aberdeen, I have had the opportunity of putting the plan in practice in the following case.

G. McK., 48, unmarried; sarcoma of left breast, fourteen months' growth; recently commenced to fungate and bleed, and grow rapidly. Tumour size of orange; a gland felt in axilla; none to be felt above clavicle. The operation was performed in the Royal Infirmary, Aberdeen, in the ordinary thorough method by Dr. Ogston, who removed the tumour and fat and glands from the axilla in one mass. Whilst being anaesthetised I fitted over the breast a suction apparatus, which was extemporised out of an eight-ounce I. R. enema bottle with the wide end cut off, supported internally by another I. R. cone cut out of the bulb of an ordinary seamless enema syringe, and furnished round the cut edge with

a. 8-ounce I. R. enema bottle, the fundus cut away; b. nozzle connected with vacuum bottle of aspirator by stout rubber tubing; c. thin para rubber band attached to lip by cement; d. portion of bulb of "seamless" syringe cut to fit the tumour and placed inside a.

a lip of thin pure rubber fixed on by bicycle cement. On connection with the vacuum bottle of an ordinary aspirator, this sucker adhered perfectly, the exhaustion being maintained by occasional pumping during the operation, which was completed, under complete antiseptic and aseptic precautions, in the usual way, the patient making an excellent recovery without a bad symptom. About an ounce of sanguineous fluid flowed into the bottle.

Theoretically, the idea of causing a backward current in the lymphatic spaces of a breast affected with malignant disease and its surroundings prior to and during removal, has much to recommend it. If we could produce a minus pressure here it should lessen the risk of "soiling the wound" with cancerous juices,² as Watson Cheyne expresses it, and might still further diminish the proportion of recurrences, already so much reduced by the "thorough" method of operating.

Practically, this case demonstrates that the method can be readily applied without in any way hindering the operation or adding to its gravity. I hope that others will try it till sufficient cases are on record to be able to judge whether it can increase the proportion of permanent cures.

In regard to the technique: in this case there was already a breach of surface, and all that was attempted was to aspirate through the bleeding fungous mass. In another case a number of short hollow trochars with numerous lateral perforations could be thrust into, but not quite through, the mass of the tumour before the rubber sucker was applied, by which means the exhaustion could be made to reach even the deep parts. A larger suction cone, closed near the mouth by a flexible perforated diaphragm, and supported within by sufficient septa to prevent collapse, might enable one to make the area submitted to surface suction coextensive with the portion of integument to be sacrificed.

In conclusion—whether or not this principle can ever be of service for inoperable cases, in conjunction with surrounding subcutaneous injections, for instance, of alcohol—it is now proposed as an adjunct to the thorough removal of these tumours. The histological considerations,³ which suggested it to my mind emphasise equally the paramount duty of early operation.

REFERENCES.

¹ See BRITISH MEDICAL JOURNAL, March, 1894, p. 493. ² *Ibid.*, February, 1896, p. 387. ³ Stiles, *Ibid.*, September 24th, 1892, p. 673, etc.

BERI-BERI-STRICKEN CASES.

By E. C. MONTGOMERY SMITH, M.R.C.S.ENG.,
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In the JOURNAL for December 19th, 1896, p. 1791, under the above heading there is a short account of the ship *Lodestar*, of London, arriving at Falmouth from Rangoon loaded with rice, after a long voyage with the whole crew down with beri-beri, three men having died at sea.

On June 16th, 1898, the German barque *Steinbek* arrived at Bermuda from Probolinggo, Java, with a cargo of raw sugar, all the crew except one man and a boy down with beri-beri. The captain stated that this ship is the *Lodestar* of London, and that after the voyage mentioned above she was sold to her present owners. She took in provisions and a fresh crew at Amsterdam, and sailed to Java. Stores were taken on board to last the whole voyage out and back. None of the crew had been ill with beri-beri before; one man had been in a ship with the crew ill, but was not attacked himself. The ship left Probolinggo on January 27th, 1898, after taking in a supply of water at Sarabaya, which water is brought from Pasaron, higher up the bay. Fresh provisions were used while in port, and some taken to last about a week on the voyage. All the crew were well on leaving Sarabaya.

In lat. 18.23 S., 5.37 W., near St. Helena, on April 29th, when about three months at sea, two men complained of swollen legs and weakness, two others complained on May 9th, and one or two others were attacked every four days until the ship's arrival here. The treatment adopted by the captain was for scurvy. Beri-beri was not mentioned in his instruction-book for medicine chest.

After arrival here six of the worst cases were landed at Nonsuch Station Hospital. They were the first that had been attacked. Fresh meat, vegetables, and milk were ordered. A mixture containing tincture of digitalin 15 m given every four hours, and whisky to the three worst cases, magnesium sulphate in doses of one drachm was given to all every evening; it caused a copious evacuation, which relieved the oedema without apparently weakening the patient, so that it was continued for seven days. All seemed to have the same symptoms—some being more pronounced in one than another. Dyspnoea, worse on exertion, sternal pain, pains over the heart area, oedema of legs and body, muscular weakness and wasting, constipation and absence of patellar reflex. All had ravenous appetites, but vomiting came on after food for the first few days. There were no mental symptoms and no rise of temperature above 99° F. About 2 A.M. on June 17th, one man died suddenly while drinking a cup of milk. Four others recovered very quickly and were able to walk about the grounds in five days. The fifth man had marked oedema of legs, arms, and abdomen, and a very loud *bruit* was heard—loudest over the mitral area. He had oedema of the lungs and very bad dyspnoea. The face was anæmic and an occasional flush was succeeded by a pale cyanotic tinge. The pulse was 140. The temperature did not in any case rise above 99° F. This case remained the same for about ten days, when the *bruit* suddenly disappeared and the other symptoms subsided, the patient recovered and was discharged in about one month. Of the men left on the ship all were stronger up to the time of the ship's departure. Those on board were using ship's stores and also provisions from town.

CARBUNCLE TREATED WITH ANTISTREPTOCOCCUS SERUM.

By E. OLIVER ASHE, M.D.LOND., F.R.C.S.ENG.,
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I REPORT the following case partly because I have not seen any published account of the treatment of a carbuncle with antistreptococcus serum, and partly because there may be a doubt whether such treatment is pathologically correct. Carbuncle is supposed to be caused by *staphylococcus pyogenes aureus*, and, therefore, it might be thought that antistreptococcus serum would be without effect.

There is, however, no contention that carbuncle contains the

staphylococcus alone, in fact it is probable that it contains a mixed assortment of micro-organisms, and the good result obtained may be owing to the action of the serum on some of these others, amongst which there were most likely streptococci.

The patient, a stout stongly-built man of 62, with a short thick neck, strong and active for his age, and of very temperate habits, was seen for the first time on July 1st, 1898, but he had been ill for about a week.

Condition When First Seen.—There was a brawny purplish swelling about three inches long by two wide at the back of the neck, and at the most prominent part of this, near the middle of the neck, but a little to the left, was a small irregular opening surrounded by dark-coloured mealy-looking granulations. A small amount of discharge was coming from the opening, but there was no slough to be seen. The swelling was very hard, but only slightly tender; the temperature was 100° F., and there was little constitutional disturbance. The urine contained no sugar or albumen.

Treatment.—The swelling and opening were well cleansed with 1 in 1,000 mercurial lotion and thick boracic fomentations applied. A mixture of quinine and magnesia sulphate with a liberal allowance of port wine was ordered.

On July 3rd the swelling was both larger and more intense. Chloroform was administered and five free incisions were made into the swelling parallel to the long axis of the neck, one passing through the centre of the opening already present; the mealy granulations were thoroughly scraped and rubbed away, and the opening scraped out and swabbed with mercurial lotion. Very little pus escaped from the cuts but they bled freely. There was some deep slough at the bottom of the opening, but as it was small in quantity and firmly adherent it was not disturbed. The fomentations were continued as before. On the following day the swelling was apparently subsiding, though there was little discharge; but on July 5th the swelling was again increasing, and on July 6th it was very much greater. The induration now extended from the occipital protuberance to the vertebra prominens, and at the sides reached forward to the anterior edge of the sterno-mastoid muscle on the left, but about an inch short of this on the right. There was some cedema of both shoulders, and there was a baggy cedematous swelling under the jaw on both sides. The swelling was purplish-blue in colour and very hard; a small amount of pus could be squeezed from numerous pin-point holes round the opening. The patient's general condition was bad, the temperature was 101°, the pulse quick and feeble, the tongue foul, there was no appetite, and he was restless and unable to sleep.

Treatment with Antistreptococcus Serum.—On July 6th, at 3 P.M., I injected 1 g. of Burroughs and Wellcome's dry antistreptococcus serum, dissolved in 10 c.cm. of water, into the right flank. On July 7th, at 10 A.M., the general condition was slightly better. There was no apparent increase of swelling, and there was slightly more discharge. The dose of serum was repeated. On July 8th a very decided improvement was noted; the cedema was gone from the shoulders and jaws, and the induration receding from the sterno-mastoids. The dose of serum was repeated. Improvement was again marked on the following day. The induration was much less in area and intensity. The discharge was free both from the cuts and the before-mentioned small openings almost all over the affected skin. The temperature normal, tongue cleaning, the appetite better. I repeated the dose of serum. On July 10th improvement continued. There was no pain, the general condition was quite good, and I did not consider any further injection of serum necessary.

After-history.—From this time uninterrupted progress was made, the discharge became very free, and continued so for some time, and the sloughs, though rather slow in separating, came away after about three weeks, a very large one being removed on July 28th. The sloughs were all deep ones, no destruction of skin taking place except at the place which opened early. After the sloughs came away the discharge lessened, and all the openings closed up very rapidly. The treatment was not changed throughout. The patient was last seen on August 11th, and was then well.

I believe my patient may thank the serum for saving his life, as he got steadily worse up to the time it was used; was then in a very serious condition, and began to improve within twenty-four hours of the first dose.

of a left inguinal hernia. The condition may be very rare, and yet occur twice in a generation.

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FRACTURED PATELLA.

H. L., aged 19 years, a muscular youth, whilst carrying a heavy weight on his back, missed his footing in coming up some steps, and in trying to recover himself something snapped. He was unable to straighten the leg. He was taken to the Altrincham Hospital, where it was found that the patella was fractured transversely, the fragments being $1\frac{1}{2}$ inch apart. The limb was placed on a splint with inclined plane, a half-crescent pad of lint was placed above and another below the fragments, and firmly bound with a bandage figure-of-8. It was on the splint eight weeks, and for four weeks in plaster-of-paris; later Fisher's knee-cap. He now wears a leather knee-cap, is able to run and ride a bicycle well, feels little inconvenience.

Mr. Bushell-Gore kindly applied the Roentgen rays, with the result shown in the skiagraph. It will be seen there is

very little separation of the fragments, the light as well as the dark portion being patella bone. It is now four years since the accident.

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MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

VERMIFORM APPENDIX RESEMBLING SUPERNUMERARY TESTICLE.

In the BRITISH MEDICAL JOURNAL of October 15th Dr. J. K. Tomory relates a case of "apparent" supernumerary testicle. Two years ago I was doing a radical cure for a right hernia in a child aged 6 years, who presented the same signs and symptoms as Dr. Tomory's patient except that the body in the inguinal canal was not reducible. On cutting down on this "testicle" I found that it was the appendix which was coiled up at its free end—like a crozier. It had adhesions to the tissues of the cord, and was therefore irreducible. At the meeting of the Clinical Society of London on October 14th the President stated that he had seen the appendix in the sac

MODE OF DELIVERY IN A CASE OF IMPACTED SHOULDER PRESENTATION.

THE following case I think of interest to those engaged in midwifery practice, as showing a possible way of delivering a foetus, presenting by the shoulder, which has become tightly impacted, and where turning is impossible. If the method to be described had not succeeded, then the only thing left would have been to destroy the foetus; an operation of such severity that one is glad to try simpler means first.

I was called in to see a patient who had been attended by some unqualified person, and from what I could make out the patient had been in labour about three days. The patient showed signs of great pain, and was in a very collapsed condition. Before making an examination I administered stimulants. On examining I found the following: Outside the vagina was a hand and forearm, quite cold, and very dark in colour, and evidently circulation had ceased in this limb for