

Hospital Reports.

Montreal General Hospital.—Cases in Medicine and Surgery under the care of Dr. D. C. MacCallum.

CASE 1—CARCINOMA MAMMÆ. REMOVAL BY EXCISION.

(Reported by Mr. W. Osler.)

C. S., aged 47, was admitted into Hospital on the 1st of July, under the care of Dr. MacCallum. The tumour was situated in the left mamma, to the inner side of the nipple, where it was felt as a hard circumscribed mass about the size of an egg. The disease appeared limited to the gland structure, the skin and subjacent parts being unaffected. On questioning her as to its origin and progress, she stated: that she noticed it first, about four years ago, as a small round lump, the size of a bean. There was no pain in it and she forgot about it for three months, when her attention was drawn to it again by the pain which it caused. She then perceived that it had increased somewhat in size. From that time until a few months ago its growth has been slow and the pain, especially at night, caused much uneasiness. Lately its growth has been much more rapid and the pain increasing in severity. These circumstances exciting her fears, caused her to consent to its removal.

Having been placed under the influence of chloroform, Dr. MacCallum proceeded to excise the tumour, by means of two elliptical incisions about six inches in length, and inclosing the nipple, the direction of the incisions being downwards and inwards. The whole gland was removed, exposing the fascia of the Pectoralis major. There was but little bleeding, a few small vessels requiring torsion. The edges of the wound were brought together by means of wire sutures, and carbolic acid dressings applied.

GENERAL AND MINUTE STRUCTURE.

On removal it was found to be an irregular, hard mass covered with fat, connective tissue, &c. On section a distinctly creaky feel was communicated to the knife, and a large quantity of dark turbid matter,—cancerpus—exuded. This was contained principally in numerous small cysts, scattered through the structure. The cut surface was of a greyish white colour, intersected with numerous irregular bands of firm connective tissue. The microscopical structure agreed in the main with that of schirrus, the cells were however much broken down, especially those of the cysts, and the arrangement of the stroma and contained cells presented a greater irregularity than is common.

4th.—Complains of slight pain in the part, but feels pretty easy. Pulse 96.

5th.—Slept very well, no pain, but has been troubled with vomiting. Ordered, Spt. Chlorof. ζ ii. Tinct. Cardam Co. ζ vi, Aque ad ξ vi., a tablespoonful to be taken every third hour. Pulse 126, Temp. 102.

6th.—Passed a tolerable night, complains of headache. The bandages were removed for the first time. An erysipelatous redness exists about the part, extending as far as the arm. The edges of the wound have united firmly, preventing the matter (which was discovered by fluctuation) from escaping. To relieve this two stitches were removed, and a considerable amount of pus came away. Ordered P. Quiniæ Sulph. gr. i Tinct. Ferri Mur. gtt. x, every four hours and lead lotion to be applied to the breast. Pulse 112.

7th.—Had an uneasy night. Breast very painful. Erysipelas not diminishing. Discharging freely.

8th.—About the same. Redness appears diminishing.

9th.—Had a good night and feels much better. Appetite pretty good.

10th.—Not as well, bad night, much heat and redness about the wound, and the discharges continue free.

11th.—Slept better than usual. A small slough is forming where the stitches were removed. Redness still present.

12th.—Stitches all taken out. The wound has united completely, with the exception of the spot where the slough has formed.

14th.—Discharge more profuse to-day. Erysipelas disappearing.

16th.—Is improving fast. Heat and redness not nearly as intense.

18th.—Erysipelas altogether gone, but complains of pains shorting down the arms.

19th.—Got up for the first time. Discharges diminishing.

20th.—Not nearly as well, very feverish. As the pus appears to collect in a pocket some distance, from the orifice of exit, a drainage tube was put in to enable it to escape. Ordered the Quinine and Iron mixture again.

22nd.—Better. Fever has disappeared. Discharges very free.

24th.—The discharges still persist, and a good deal of hardness exists about the inner margin of the wound.

28th.—Not much change, discharge still continues, but seems to come entirely from a sac that has formed at the inner extremity of the wound.

1st.—The discharge has sensibly diminished and the spot where the slough came away is granulating nicely.

6th.—The healing process appears very slow, but the discharge has almost ceased.

12th.—Only a small surface remains unhealed. The discharge has ceased entirely, but a slight induration exists.

18th.—Discharged cured.

CASE 2.—LUPUS EXEDENS OF THE NOSE.

(Reported by Mr. Geo. A. Starke.)

A. McD., 29 years of age, was admitted into the Montreal General Hospital, June 25th. 1871, under care of Dr. Reddy, who was succeeded by Dr. MacCallum. He is about 5 feet 9 inches in height, and comparatively speaking, a well built and healthy looking man, of fair complexion. He has a high forehead; light brown eyes, high cheek bones, florid cheeks and light brown hair.

He says about three months ago, while at Ottawa, he experienced a feeling of lightness, &c., about the head, and his nose had an injected or reddish looking appearance. He also thought that it was somewhat swollen at the tip. At the same time he was troubled with a discharge from the nose; which was of a thick consistency; tenacious and somewhat dark coloured. His nose felt itchy.

He did not feel anxious about it in any way as he thought it was merely the result of a cold, and would soon pass away. However, it did not leave him; and about a month ago, he noticed a little spot appear externally—of a somewhat greenish colour, just where the integument covering the ala of the left side of the nose becomes continuous with that covering the face. It did not encroach upon or extend to the skin of the face, but was entirely confined to that of the left ala. He also states that his nose first felt sore internally, and he attributed the spot on the outside to the irritation caused by the habit of picking his nose. The spot felt sore, itchy, and annoyed him a good deal, his nose still presenting the reddish and congested look.

He applied for advice and was given a bottle containing a liquid, which was to be used as an injection three times a day. This not proving efficacious, he next tried, as he says, a pot of the salve known as the "Poor Man's Friend," and applied it to the part, but to no purpose.

He then came to the M. G. H., on the 28th June, 1871.

Present condition :—

The external spot has extended its boundaries, and spread so as to involve nearly the whole of the inferior and terminal part of the