

A case of disseminated sacoma / by W.B. Hadden.

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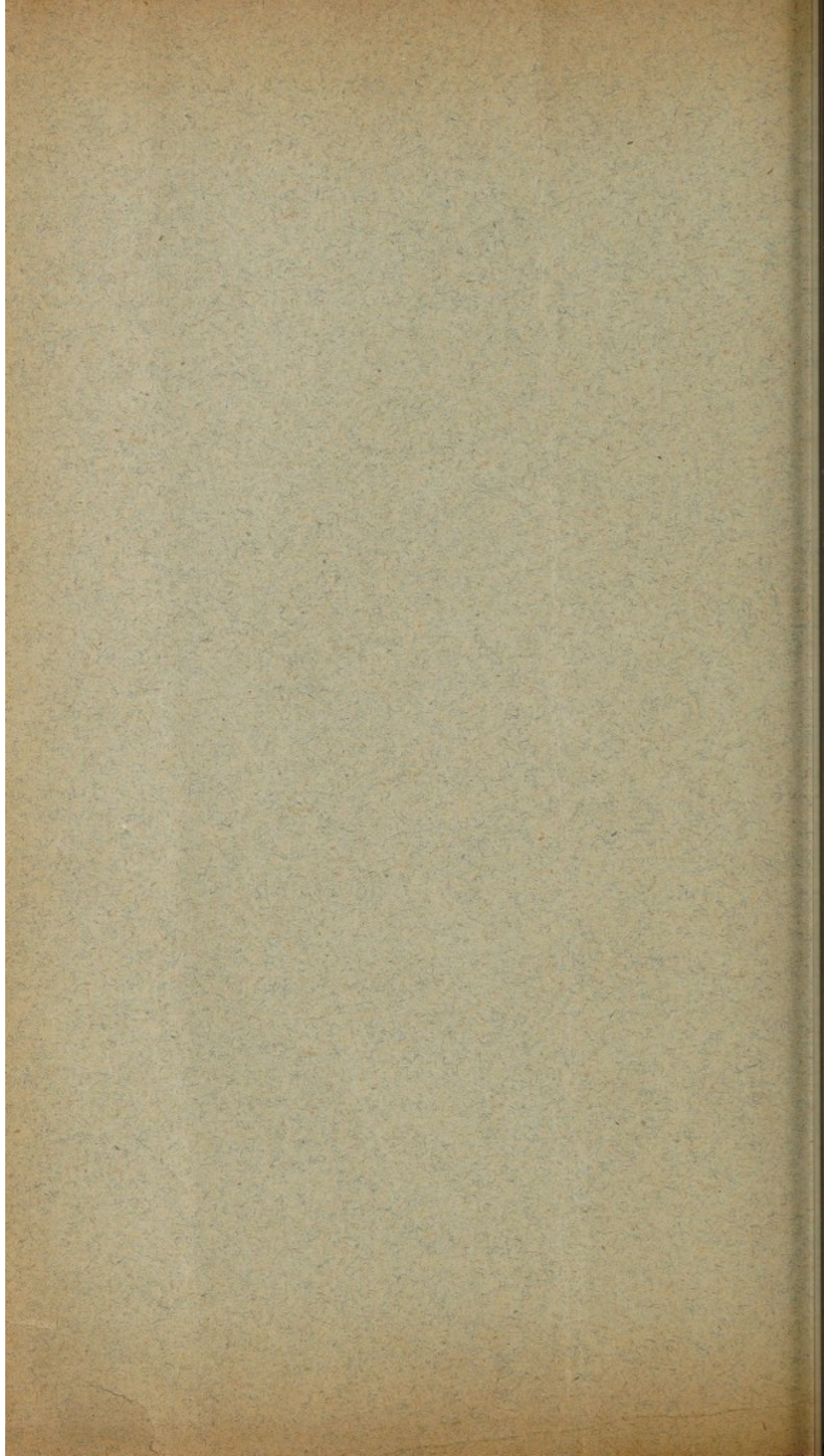
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With kind regards,

W. B. Hadden



A case of disseminated sarcoma.

By W. B. HADDEN, M.D.

THE patient from whom these specimens were taken was a gentleman, aged 38, who was admitted into St. Thomas's Home on the 11th of April, 1882.

A few weeks before admission he had been operated on by Mr. Lister for fistula in ano. His recovery was somewhat protracted. According to the statement of his friends he had for a long time complained of occasional pains in the region of the heart.

On admission into the Home he was dull and heavy, but complained of nothing. There were no physical signs of disease, and the wound in the sphincter ani was quite healed.

During the next few days the dulness and drowsiness increased, and low muttering delirium with partial unconsciousness set in. He was seen, in consultation, from time to time by Dr. Bristowe and Dr. Savage.

Two days before death some œdema of the legs was observed, and the pulse became very rapid.

The temperature for the first four days was moderately elevated, and had an intermittent character. For the next three days it was about normal. The day before death there was a slight evening rise. The highest temperature was only 101.2° . Repeated examinations failed to reveal any organic disease, and there was no optic neuritis.

The patient died comatose on the tenth day after admission.

The *post-mortem* examination revealed the following state of affairs:

The visceral and parietal layers of the pericardium were studded with numerous, slightly-raised, round white masses of new growth, varying in size from about one to three lines in diameter. Some of these were distinctly depressed in the centre.

Similar growths were seen in large numbers throughout the whole of the muscular substance of the heart and on the endocardium. The valves were healthy.

The parietal layers of both pleuræ showed similar masses, but

there were none on the visceral layers and none in the lungs, which were quite healthy.

The mediastinal glands were not enlarged.

The new growth was found also on both surfaces of the diaphragm, in the mesentery, omentum, and on the peritoneal surfaces of bladder and rectum.

In the liver and spleen there were several subcapsular growths, resembling miliary tubercles. In the liver a few were seen on section. The right kidney presented a very curious appearance. The capsule was studded with numerous dull white masses, which were depressed in the centre, and surrounded by an elevated ring of gritty material. By treating sections of the kidney with hydrochloric acid this gritty material was found to be of a calcareous nature.

Sections were also examined by polarised light, but nothing more definite was revealed.

The left kidney showed a few small masses resembling miliary tubercles, both beneath the capsule and on section.

In the arachnoid over the upper surface of the brain there were several small bodies like tubercles, but which were apparently only local thickenings, and not new growths.

None of these masses were seen at the base. The vessels, both superficially and within the brain, were injected, but there was no sign of meningitis.

The fistula in ano was practically healed, there being only a little superficial erosion and congestion of the mucous membrane just within the anus.

The intestines were healthy, and there was no enlargement of glands.

Microscopical examination showed that these masses, which were so universally distributed, were really of the nature of round-celled sarcoma. But there were certain peculiarities in the growth, especially as it existed in the right kidney, which call for some remark.

In the *heart* the cells were for the most part round; some were irregular and some fusiform. Most had a single nucleus, but a few had two nuclei. The matrix was amorphous, in some parts very faintly fibrillated. The cells ran up in tracts in the intervals between the muscular fibres. In some places there was a distinct arrangement in alveoli.

In the liver the round-celled growth was interlobular. Some of the hepatic cells at the periphery of the lobules were distinctly fatty.

The capsule of the right kidney was seen to be very irregular.

Immediately subjacent to the capsule was an extensive infiltration of round cells, which passed downwards in tracts between the tubules. In the cortex there were also found rounded cavities with very thick and deeply-stained walls. These cavities were, at any rate in some places, the thickened capsules of the Malpighian bodies and the thickened walls of tubules.

It seems to me probable that the matrix in which the cells are embedded has in some places undergone calcareous degeneration. According to Rindfleisch this is most apt to occur at the periphery of cell districts. Such appears to have been the case in the present instance. The explanation of the fact I do not attempt to give. It is also probable that the right kidney was the original seat of the new growth, and that the changes existed there perhaps weeks or months before the onset of the symptoms.

The following points seem worthy of remark in this case :

In the first place, this gentleman had suffered some weeks previously from anal fistula, and both on that account, and also because of the vagueness of the symptoms, the case was thought likely to be one of acute tuberculosis. To the naked eye, indeed, this seemed not improbable after death. The microscope, however, showed that this was not so.

Secondly, I would call attention to the extremely acute onset of the symptoms, barely a fortnight elapsing between the beginning and the end.

Thirdly, I must notice the tendency to arrangement in more or less rounded cell groups, and the very peculiar condition of the right kidney.

Nov. 7th, 1882.

Report of the Morbid Growths Committee on Dr. W. B. Hadden's specimen of Disseminated Sarcoma.—The heart, a portion of the arachnoid, and a portion of the right kidney, all preserved in spirit, were submitted to us for examination, together with excellent microscopical sections of the substance of the heart, the liver, and both kidneys. With the general description of the appearances in the organs given by Dr. Hadden we quite agree, but we have found

great difficulty in arriving at a satisfactory conclusion with regard to the real nature of the disease. The distribution and general characters suggested one of the infection tumours; but the only one of these which it closely resembled was tubercle, and the cysts with calcareous walls and the minute structure of the tiny tumours were, as the exhibitor has stated, inconsistent with this hypothesis. One of us was strongly of opinion (Dr. Goodhart) that many, if not all the conditions observed, could be explained by the presence of an animal parasite, and as we could not discover any parasite with which we are familiar, we sought permission to supplement our imperfect knowledge of this branch of pathology by referring the specimen to Dr. Spencer Cobbold. He very kindly examined the microscopic sections, especially of the sacs in the kidneys, and replied as follows:

"I am of opinion that the bodies in question are *psorospermial sacs*. They have a close general resemblance to the organisms of this class, hitherto found within the liver and kidneys of man and various animals, but there are some indications which would imply their specific distinctness from the forms hitherto described. At least they differ considerably from any of the very limited number of psorospermial bodies which I have myself examined."

Some camera drawings of the bodies which were found in the kidney were also submitted to Dr. Cobbold, and he thought that they tended to confirm the opinion he had formed.

Although Dr. Cobbold's examination and report throw great light upon the nature of this most interesting case, the disease is not limited to these parasitic bodies and their immediate effects; for the microscopic examination of the heart reveals appearances which are not inconsistent with the view which Dr. Hadden took of the whole disease, that of "disseminated sarcoma." In the connective tissue between the muscular fibres are nucleated cells, for the most part round or oval, and two or three times larger than a colourless blood-corpuscle, but varying in shape and size, disposed in irregular groups and cords, and lying generally in a small quantity of intercellular substance. Very little fibrous tissue is present in these cellular masses. In some parts of the kidneys a somewhat similar structure exists, but the cells are generally smaller, and more like leucocytes. We have not observed these characters in the sections of the other organs. It is, of course, possible that these conditions of the heart and kidneys may be another phase of a

general parasitic disease, but at present we prefer to regard it as sarcomatous, and possibly an altogether independent affection.

Of the seat and origin of the primary disease, if such existed, we can form no just opinion.

Feb. 12th, 1883.

HENRY T. BUTLIN,
JAMES F. GOODHART.

The pathology of canine chorea.

By W. B. HADDEN, M.D.

THE disease known as chorea in the dog is characterised by the occurrence of rapid contractions of individual muscles or groups of muscles. The muscular twitchings, indeed, resemble the contractions caused by the interrupted current.

In canine chorea the same spasm occurs over and over again and at fairly regular intervals; whereas in human chorea there is an endless variety of purposeless spasms, which have little or no tendency to regular sequence. It seems to me that the movements of canine chorea have almost their counterpart in those spasmodic twitchings sometimes observed in man, and which are termed choreiform. Such, for example, is spasmodic torticollis.

I must add, lastly, that chorea in the dog is usually a sequela of distemper, also that loss of sensation and impairment of muscular power are sometimes observed. Its termination is generally fatal.

The microscopical specimens I bring before the Society were taken from a dog, the subject of this disease. I am not able, however, to give the clinical details of the case. I also made a partial examination of the spinal cord in another case, but failed to detect any abnormal changes.

As a matter of fact there is reason to think that the lesions which I am about to describe are not constant.

A valuable paper on the subject was contributed by Dr. Gowers and Mr. Sankey to the 'Medico-Chirurgical Transactions,' vol. lx.

As these two observers have remarked, the most noticeable

alterations are to be found in the existence of groups and tracts of lymphoid cells, scattered irregularly throughout the grey and white matter of the neuro-axis.

In my sections, the groups are almost limited to the grey matter, the white matter merely presenting leucocytal excess here and there.

The changes are most marked in the lumbar and lower dorsal regions of the cord; they are apparently absent in the cervical cord and medulla oblongata. The groups of small cells to which I have alluded are really emigrant leucocytes. Indeed, in the affected area a distended capillary can nearly always be made out. The different stages of capillary distension, the filling of the perivascular sheath with leucocytes, and the collection of these leucocytes into groups can be seen in my sections.

In some spots the cells had become lengthened out. Such an appearance, as Dr. Gowers and Mr. Sankey have remarked, suggests that a condition of insular sclerosis might possibly supervene in long-standing cases of this disease. I must mention that these groups of leucocytes are disposed quite at random, there being no tendency to symmetrical arrangement. In one section the changes are most marked, whilst in another taken from the same part of the cord, both grey and white matter are apparently quite healthy.

The motor cells in the anterior cornua are in some places swollen and granular. Their outlines are often indistinct, and the nucleolus occasionally is seen to be in process of division.

In one spot an accumulation of leucocytes around a multipolar cell has caused some atrophy of the cell. The central canal is not distended, but appears to me quite normal. Dr. Gowers and Mr. Sankey have called attention to the existence of vacuoles around the large nerve-cells, to a curious spongy appearance of the matrix of the grey matter, and to an increase in the nuclei of the neuroglia. I have not been able to detect any of these lesions in my sections.

The question arises are these changes primary or secondary?

It is difficult to answer with certainty, but I am inclined to agree with Dr. Gowers and Mr. Sankey that they are probably secondary.

Dr. Gowers tells me he examined two cases without finding any lesion. It would therefore appear that the above-mentioned changes are not constant.

Again, the appearances suggestive of localised vascular disturbance, and the granular condition of some of the motor cells, might be looked upon as being consecutive to simple over action of the nerve-elements.

November 21st, 1882.

Tubercular disease of the tongue. (Card specimen.)

Exhibited by W. B. HADDEN, M.D.

[With Plate V, fig. 2.]

THE patient, aged 47, was admitted into St. Thomas's Hospital under Mr. Croft on February 23rd, 1883. Ten weeks before admission a small sore spot was noticed on the under surface of tongue near the tip.

On admission there were numerous superficial erosions, from the size of a shilling downwards over the anterior half of left side of tongue. The part was red, swollen, and indurated. There was no glandular enlargement. Two prominent lower incisors were removed, as it was thought they might be a source of irritation. Antisyphilitic medicines were ordered, although no specific history could be obtained. The ulceration gradually extended over the greater part of anterior two-thirds of tongue, and to the under surface on left side. The ulceration was superficial, although there was much thickening on the surface and considerable deep-seated induration. Before death signs of phthisis were discovered. The temperature throughout was of an intermittent character. He died forty days after admission.

In the specimen there is superficial ulceration over anterior third and under surface of tongue on left side. The rest of tongue, in front of circumvallate papillæ, is white and very hard. Under the microscope there are numerous areas of lymphoid cells, with some ill-defined giant cells between the muscular fibres. There was extensive consolidation of both lungs, and three small cavities at the apices.

In the large intestine there were numerous ulcers, on the floor and edges of which many grey tubercles were visible.

There were also miliary tubercles in pia mater at base of brain.

There was also an ulcer on left vocal cord and on mucous membrane of trachea.

May 1st, 1883.



DESCRIPTION OF PLATE V.

To illustrate Dr. Hadden's case of Tubercular Disease of the Tongue.

- a.* Elongated ulcer with large yellow tubercular granulations in its floor.
- b b.* Ulcerated surface covered with a smooth yellowish slough.

