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1838







TO

VALENTINE MOTT, M. D.,

ALIKE DISTINGUISHED FOR

URBANEITY AND SCIENCE,

THIS CASE OF

OSTEO SARCOMA,

• IS PRESENTED BY HIS OBLIGED PUPIL,

DR. E. H. DIXON.

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OSTEO SABCOMA

• IS PRESERVED BY HIS ORIGINATOR

DR. W. H. WYOM

NEW-YORK

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1838

## A CASE OF OSTEO SARCOMA.



*October 16th, 1838.*

A Gentleman aged thirty, a marked example of the nervo-sanguineous temperament, three years ago fell through a trap door and alighted astride of a beam, six or eight feet below; severe pain ensued for an hour or so, but soon decreasing, excited no further notice, till some few months afterwards, when its re-appearance at irregular intervals, with the progressive development of an incompressible tumor, under the superior attachment of the gracilis muscles of the right side, induced the patient to apply for advice. Although consulted professionally, I was not the regular attendant; the patient having unfortunately become a convert to the Homœopathic Doctrine, had been subjected for some months to that absurd, and to him most deplorable system of treatment. After hearing the history of the case and finding the tumor of bony hardness, I came to the immediate conclusion that it was a rapidly increasing organic change of structure, in the ramus of the Ischium and Pubis, whether Osteo Sarcoma, Spina Ventosa, Exostosis, or a combination of the two latter, the diagnosis was neither possible nor important; the peculiar position of the tumor, with the Urethra on one side, the immediate proximity of the rectum and important vascular structure, together with the inevitable destruction of the attachment of all the adductor muscles, and the certainty of hectic should it prove an Osteo Sarcoma or Spina Ventosa, induced me to urge the immediate removal of the entire ramus of the Ischium, the tumor being about the size of a large turkey's egg. I believed at the time that it involved the whole of this bone and that the removal of the Ramus Ischii though to my knowledge never attempted, had found a successful parallel in that of the Clavicle by Dr. Mott. If any difference existed, the difficulty of Dr. Mott's case predominated, in consequence

of the proximity of the subclavian vein, and Thoracic duct: in either case I conceived the bone involved, of equal importance to movement, and the certainty of that peculiar ligamentous deposit, in its place, as great in my friend's case as in that of Dr. Mott's, where it occurred to a sufficient extent, to enable the patient to dispense with mechanical support; I pointed out the nature as well as danger of the operation, on an Innominatum of the right side, which I left with the patient. On consulting his physician, he was emphatically assured that my views were chimerical, the proposed operation impossible, and that he would undoubtedly be cured by his medicine in a short time. Finding my friend's confidence rapidly decreasing and his entire reliance on Homœopathy, I avoided all allusion to the subject for five or six months, at which period I was again consulted; the tumor had then attained a long diameter of five inches, extending diagonally over the course of the Ramus Ischii; the tuberosity of the Pubis and Ischium of this side could both be felt, by the fingers pressed sideways towards the neck, the tumour assuming to the view, the shape of half an oblong spheroid, but the attachment, to the feel, being evidently circumscribed to the ramus: the patient would not permit an examination per Anum. I renewed my assurance of the still more urgent necessity of an operation, assuring the patient, that the functions of the Urethra, if not the Rectum, as well as progression, would shortly be impaired, if ulceration and death itself did not intervene. To my astonishment I found his confidence in Homœopathy undiminished, notwithstanding the rapid increase of the tumour.\* The patient had experienced little or no pain, the tumour was still immovable, incompressible and dull on percussion; integument perfectly natural, Pubis and Tuber Ischii still apparent. He objected to an examination per anum. Being urgently and

\*A Drawing of the tumour made at this time at my request, showed about one eighth of the bulk of the tumour from a posterior view.

painfully questioned by the father of the patient with whom I had been acquainted fourteen years, I gave my unqualified assurance that an operation was still practicable, though more difficult than on my first examination, and afforded his only hope of life; the late Dr. Bush, my former preceptor, at my suggestion, was now consulted, and coincided with me in opinion; he was willing to operate. This second opinion being very unsatisfactory to the patient, I was not again questioned on the subject for several months, during all of which time he was under Homœopathic treatment. As near as my recollection serves, about a year since I was again desired to examine the tumour. It had now attained a fearful magnitude, being from its upper verge, which did not extend above Poupart's ligament, at least twelve inches in its long diameter, which still advanced over and in a line with the ramus Ischii, one-third of the way down the thigh, and backwards as far as the Tuber Ischii; indeed when sitting erect, the patient sat partially on the tumour, the legs could not be approximated, the thigh rotating over the tumour; the urine was now occasionally passed with slowness, though defecation was unimpeded, progression shuffling and painful, pain down the thigh from pressure on the obturator nerve, femoral artery slightly displaced and labouring in its pulsations, occasional vertigo, (from this cause as I conceived,) especially after excess in eating or exercise, *hollow sound on percussion*, this I had long expected as its rapid growth precluded the likelihood of its solidity; still incompressible, thought to be slightly moveable, which I conceived if so, to be owing to elongation of the symphysis which could not now be felt on this side, penis pushed beyond the median line to the left, examination per anum at this time gave no assurance of increase within the pelvis,\* several large

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\*Though no enlargement was apparent at this time, the post mortem revealed disease to a considerable extent within the pelvis.

veins over the face of the tumour, with many small hemispherical projections. The patient was now fully aware of the inutility of medical treatment, and desired me to accompany him to his physician, and give him our united views on the practicability of an operation. I told him, in my opinion, it was not to be thought of, but desired him to take the opinions of Drs. A. H. Stevens\* and J. K. Rodgers, who both gave him the same assurance; various other surgical opinions succeeded, till about six weeks since, Dr. Gibson of Philadelphia, examined it, and declared it to be an Osteo Sarcoma, and that its removal was not only practicable, but as my friend informed me, easy. During the whole of this year I repeatedly examined the tumour, and as it increased with great rapidity, saw no cause to alter my opinion on the impracticability of its removal.

October 16.—At the solicitation of my friend, I witnessed the removal of the tumour by Dr. J. K. Rodgers; the operation was performed between the hours of 11 and 1 o'clock,—an elliptic incision circumscribed the redundant integument, over the long axis of the tumor; a lateral incision from one side the ellipse became necessary, to free the integument from the inner side of the tumour; few arteries were tied—very little blood was lost, and after several ineffectual efforts, it was found that the neck of the tumour could not be reached, without removing it by sections;—this was occasionally done, and the tumour evidently proceeded from the Ramus Ischii; saws had been provided, apparently for the purpose of removing the ramus, but this it was evident the patient could not endure, having almost collapsed repeatedly during the operation, and frequently requiring brandy to be given him; it was born with heroic fortitude, and performed with uncommon coolness and

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\*Though Dr. Stevens witnessed the operation, he had uniformly opposed it, and did not assent to it till the day previous, and then, as the patient informed me, with the assurance that the dangers had not been properly represented to him.

deliberation :—It proved to be an Osteo Sarcoma ; the patient died next morning. This case having elicited a greater contrariety of opinion, and involving more points of importance, not only in itself, but as I conceive with regard to the mode as well as the propriety of removing large tumours in general, wherever situated, has induced some reflections, which I will briefly communicate.

In the first place, I cannot but think that a proper diagnosis of the patient's temperament has an important bearing on the immediate success of any great operation ;—more especially if likely to be tedious. There is no doubt that a very severe and prolonged operation can be endured with an infinitely greater chance of recovery by one of an athletic structure, high vascular force, and if I may so speak, of a vegetative temperament ; moral causes certainly produce a far less depressing effect on such individuals, and reaction is consequently more speedy and enduring. A sanguineous temperament, if accompanied with evident contractile force, is very desirable in the performance of important and tedious operations ; but when to this is added a predominance of nervous influence, demonstrated by excessive quickness in all the moral and physical actions of life, the result is almost demonstrable a priori, that reaction will not occur. This temperament has been aptly called the *nervo-sanguineous*. I never knew a more marked example, than the subject of the present communication ; the mental excitement attendant on his situation had long tended to exhaust his nervous powers. Next in importance, undoubtedly, is a diagnosis of the nature of the affection ; not only that its probable recurrence may be estimated, but that a proper plan may be adopted for its rapid and safe removal ; consequently the vascularity should be especially determined, if possible.

In the present instance, the predominance of bony deposit was evident from the incompressible nature of the tumour.

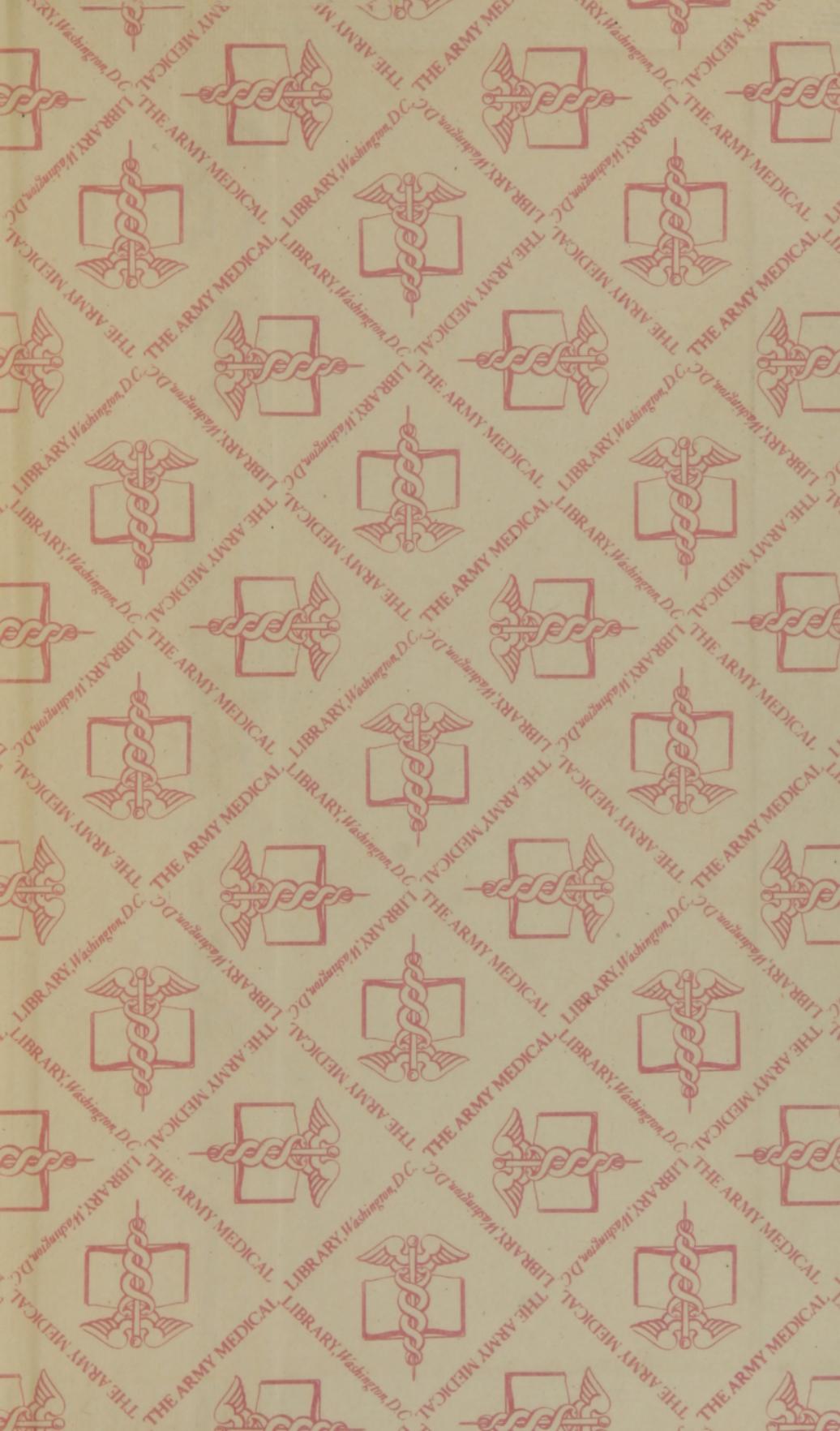
The cellular exostosis of Boyer, the fungous and cartilaginous exostosis of Sir Astley Cooper, and osteo sarcoma of other authors, are all accompanied with more or less pain;—all have occasionally regular and irregular surfaces; all originate from mechanical injury, as well as without appreciable cause; but all grow from the *cancellar* structure of the bone, and are all consequently *sure to recur*, unless the minutest affected portion of the bone be removed; the constitutional affection in these cases is by no means proved. During my study with Dr. Mott, in several of his cases recovery was complete, but in all, the entire affected portion of bone was removed; therefore, after duly estimating the vital forces, the size of the tumour, its own vascularity as well as that of its connections, its proximity to the apparatus of organic life, the length of time necessary for its completion, the rational certainty of removing the whole, and the probability of its recurrence should this not be done, (*and the possibility even if it should*) the whole being stated with perfect candor to the patient, and he assenting, the operation may be attempted; till all this is done, such operations are unwarrantable.

As far as my observation and reading extends, bony or incompressible tumours, especially if originating from so small a nidus as the Ischiadic branch, are not in themselves vascular, though their connections may be; therefore, when their periphery projects a distance of at least five inches beyond their central point of attachment, (and this it is necessary to remove, in order to secure the least possible chance of success;) finally, if the patient's temperament be nervous, should an operation be attempted at all, it is wise to resolve upon the rapid removal of the tumour, in sections, in order that what is only preparatory to the essential part of an operation, may not become the immediate precursor of dissolution.

DR. E. H. DIXON, 13 *Mercer-street*, N. Y.







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