Clinical Notes.

HYDATID CYSTS IN LUNGS AND HEART, SIMULATING PULMONARY TUBERCULOSIS.

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PTE. W. H., Royal Scots Fusiliers, aged 23, with two years' service, none foreign, was admitted to Fort Pitt Station Hospital, Chatham, on May 6, 1897, with symptoms pointing to phthisis pulmonalis.

The man stated he had felt quite well until some twelve months previously: 'about that time he had taken part in a race (marching order kit), and almost immediately afterwards commenced to suffer from cough, expectoration, and dyspnoea on exertion.

He had come under notice for the first time in March, 1897. He was then anaemic, with much cough and muco-purulent expectoration tinged with blood. He had lost flesh and strength, and there was a slight rise of temperature each evening. On auscultation the respiratory sounds generally were harsh, with tubular breathing over both apices. Finger ends markedly clubbed. Under treatment he improved. Blood disappeared from sputa, there was a distinct gain in weight, and at his own special request he was allowed to go on sick furlough for six weeks. On his return he again immediately reported sick, all his old disquieting symptoms, such as cough, muco-purulent expectoration, haemoptysis, night sweats, loss of flesh, and evening rise of temperature having returned. Though there were so many suspicious subjective symptoms of phthisis pulmonalis, there was almost a complete absence of the physical signs of that disease.

Under the rest and comforts of hospital life he again improved, the cough and expectoration diminishing, but not the haemoptysis. Body weight increased, the temperature was variable, and in a general sense he appeared to be doing fairly well. Quite suddenly one evening he was seized with intense dyspnoea; collapse rapidly followed, and death ensued in a few hours.

Post-mortem Examination.—Body emaciated to some extent.

Brain.—Beneath the dura mater on upper surface of brain, in the region of the Pacchionian bodies, was found a whitish deposit of little particles of the consistency of soft mortar. I am inclined to think that this mortar-like deposit was the remains of a small hydatid which has died early in its career.

Lungs.—Right: In its centre was found one hydatid cyst, the size
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of a small orange; the lung tissue in the immediate neighbourhood of the cyst was highly congested. Many smaller cysts were distributed throughout the lung. Left: Twenty ounces in weight. Just below its apex on anterior aspect was found a large hydatid, the size of an orange. In other portions of the lung were three smaller cysts.

Heart.—Fourteen ounces in weight. Large anti-mortem clots in both ventricles. In the right ventricle, half an inch from the pulmonary valve, a large cyst with thick walls was found firmly attached by a species of pedicle to the cardiac muscle. Lying loose in the right ventricle were ten smaller cysts (daughter cysts), which possibly had been squeezed out of the parent cyst during the removal of the heart from the thorax. The sudden attack of dyspncea which preceded death was probably caused by one of the daughter cysts blocking the pulmonary artery.

Liver.—Fifty-eight and a half ounces in weight. Quite healthy; no sign of any hydatid, which was odd, as the liver is a favourite viscus for hydatids.

Spleen.—Congested, very friable, otherwise normal.

Kidneys and Intestines.—Quite normal.

The rarity of hydatids being entertained by the heart has induced me to submit the foregoing remarkable example of hydatid infection to the readers of our Corps Journal.

PARALYSIS OF POSTERIOR THORACIC NERVE, APPARENTLY THE DIRECT RESULT OF SMALL-POX.

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Gunner A.—Peking Detachment, R.G.A., reported sick on March 19, 1903, complaining of inability to raise his right arm.

Previous History.—He was discharged from hospital, having recovered from a mild attack of small-pox, on January 16, 1903. A week after discharge he was doing "physical drill" and had to fall out owing to his inability to hold his carbine horizontally. Since then he has done so, but with difficulty.

On Examination.—Right shoulder droops, clavicle normal. Shoulder from front perfectly normal. The lower angle of scapula is rotated inwards and upwards, and is more prominent than the sound one. The vertebral border is nearer to the middle line than on sound side. He raises his arm with difficulty beyond the horizontal position, and as he does so the deformity becomes most marked. The supra-spinatus and infra-spinatus becomes very prominent, the scapula projects backwards, and the hand can be placed in the hollow between the scapula