5-HIAA excretion would seem to be a sensible procedure in the follow-up of patients who have had a primary carcinoid tumour resected. The test may not be sensitive enough to detect small quantities of metabolites secreted by small tumours (residual, metastatic or new primary); but the finding of a rising 5-HIAA excretion in consecutive tests carried out at reasonable intervals (say, every 3 months) would be significant, and should lead to the search, localisation and, where feasible, extirpation of the tumour. The more frequent use of the 5-HIAA excretion test in cases of obscure abdominal colic or bizarre pulmonary symptoms is bound to lead to the earlier diagnosis and more effective treatment of carcinoid tumours.

Acknowledgements

The authors wish to thank Professor A. J. Craig for permission to publish his case and Professor G. P. Xuereb for the histological work.

References


TAENIA ECHINOCOCCUS CYST IN THE LEFT RECTUS MUSCLE

C. L. CUSCHIERI
M.D.

Senior House Officer,
Department of Surgery,
St. Luke's Hospital.

Hydatid cysts in the liver are not a rare occurrence whilst echinococcosis of muscle is less frequent and we have not found any reports of infestation of the Rectus muscle.

Case history

The patient, a boy of five years, was referred to the surgical out-patient clinic on the 25th January, 1968, for an abdominal mass, which was hard on palpation, mobile, not tender, about 1½ inches in diameter, situated in the left upper quadrant of the abdomen one inch below the costal arch.

The child's mother stated that she had accidentally noticed the lump when she had examined the child after a fall which had occurred a few days previously; she added that her son had not complained of anything but she was very apprehensive because her first husband — not the child's father — had died at the age of thirty-eight years of an "abdominal tumour". Her husband's case notes showed he had died twelve years before of an inoperable carcinoma of the colon.

Examination

The patient had no complaints and gave the impression of being an active child — perhaps too active. On palpation,
a well defined globular lump was easily
detected deep to the skin, in the muscu­
lature of the upper third of the left Rectus.
It measured almost one inch in diameter,
was not tender and was freely mobile; its
surface was not lobulated and the over­
lying skin was normal. Examination of the
rest of the body revealed no other abnor­
mality.

Operation

The lump was removed en masse on
the 28th January, 1968. It was cystic and
measured $1\frac{1}{2}$ by 1 inch. Macroscopically,
it consisted of a whitish membrane lining
a fibrotic cyst, the whole of which was
surrounded by dense connective tissue
(Fig. 1). Histological sections showed a
cyst with a greyish wall and with smaller
cysts in the cavity. A collapsed cyst was
also present. The pathologist’s report said
that muscle and fibrous tissue lined a
cystic space; the lining was densely per­
meated by eosinophils and by some lym­
phoid cells; necrosis was present but no
calcification. The acellular hyaline cuticle
of Taenia echinococcus was fused to the
invaded tissue as a laminated membrane.
Brood capsules and scolices were not
present.

Fig. 1

Following this pathological report
further relevant information was sought.
The mother volunteered the information
that her son had been in frequent contact
with a dog up to three years previously,
when the animal had to be slaughtered
because of an “itching disease”. She also
stated that the patient, still very fond of
dogs, regularly frequented his aunt’s farm
where three dogs as well as a herd of

cattle were kept.

The child has been re-examined and
no untoward signs or symptoms have so
far been elicited. The Casoni test carried
out on him, as well as on three other
members of the family, was negative.
Blood counts and pictures were repeatedly
normal.

Discussion

Cases of Echinococcosis in muscle
have been reported at the following sites:
posterior parts of the trunk, inner side of
thigh, neck and upper arm (Dew H.R. 1928;
Adams H.B., 1962). The authorities con­
sulted expressed the view that human
echinococcosis is extremely rare in muscle
even in countries such as South America,
New Zealand, Iceland and Australia where
hydatid disease is common. Faust (1961) states that the liver is most frequently involved and that on the basis of statistics compiled by various authors, muscles are invaded in only 0.7 to 9.1 per cent of cases. He goes on to say that usually there is no clinical evidence of invasion of muscle unless the individual cysts rupture forcing out the scolices and causing a large number of daughter cysts to form.

Professor A. W. Woodruff (1968) of the London School of Hygiene and Tropical Medicine stated: “I have not personally come across hydatid cysts in this situation (Rectus muscle), but in the Australian Register of Hydatid Disease virtually all organs of the body were found to have been invaded in at least one case. A point of importance is that the liver is the organ most frequently invaded and it has been found that if a cyst is present in some part of the body other than the liver there almost invariably is a cyst in the liver as well.” Professor Woodruff would not, however, personally recommend that such a hepatic cyst be explored unless there were other definite untoward symptoms resulting from it.

Acknowledgements

My grateful thanks go to Prof. V. G. Griffiths and Prof. G. P. Xuereb for their encouragement and assistance.

References


AN ENGLISH VISITOR TO THE
HOLY INFIRMARY OF THE ORDER OF ST JOHN
IN MALTA IN THE 17th CENTURY

PAUL CASSAR
M.D., B.Sc., D.P.M., F.R.Hist.S.
Teacher in Clinical Psychiatry,
Royal University of Malta;
Consultant Psychiatrist,
Medical & Health Department, Malta.

On the 13th March 1687 His Britannic Majesty's Ship Dragon, under the command of Captain Henry Killegrew, Commander-in-Chief of the Sally Squadron, entered Malta harbour. The ship was given pratique the same day and, after the customary exchanges of gun salutes, Captain Killegrew with his retinue proceeded to the Grand Master’s Palace in Valletta in coaches and “calesses” placed at the disposal of the visitors by order of the Grand Master himself.

Among the party was the Clerk of Captain Killegrew, Mr. G. Wood, who recorded his impressions of Valletta in a journal of the Dragon’s voyage from Deptford to the Mediterranean during the years 1686-89 (Ms. ADD 19. 306, British Museum). He fell “mightily in love” with Valletta both for its “stateliness” and for “being the most warlike place that ever my eyes saw”. The bastions with their three hundred brass guns were not, however, the only features of the city that excited his wonder. He was equally captivated by the Holy Infirmary of the Order of St. John — “that being the place which we resolved first to see".