One case was operated upon, and the operation was soon followed by a typical perforation of the palate; while the other was not interfered with, chiefly owing to the presence of heart disease; in the latter, a similar perforation appeared about two months after the first examination. In children who show evidence of an inherited taint, the possibility suggested by the above instances should be borne in mind.

Lermoyez has described the case of a child in whom what appeared to be adenoid vegetations were twice removed, each removal being very soon followed by recurrence of symptoms. The tissue obtained at the second operation was found to be tubercular, and not to have the characteristic adenoid structure, while tubercle bacilli and giant cells were abundant. Such cases must be of extreme rarity, but when they do occur the microscope alone can decide their nature.

(To be continued.)

SELECTED EXTRACTS FROM LECTURES DELIVERED AT THE CLINICAL MUSEUM.

By Jonathan Hutchinson, LL.D., F.R.S., Consulting Surgeon, London Hospital.

(Continued from page 294.)

IX. Sarcoma of Skin of Foot with Local Pigmentation; Remarks upon the Usual Sequel of such Cases.

Our patient is a man æt. 59. He is in excellent health, florid and robust. When he was 20 he had severe syphilis, and three years later he had, as he says, "nodes." When he got rid of them he took leave of his taint, and has enjoyed sound health ever since. I may quote him, therefore, as a good example of complete recovery from syphilis, which had persisted for several years, for he now comes to us for a wholly different matter. It is to be admitted, however, that for several years he has had peeling patches in his palms and in the soles of his feet. For these he consulted me four years ago, and, under local treatment, most of them got well, but one still persists in his left palm. It is possible that his syphilis of thirty-eight years ago may have predisposed to this affection; but even if so, the patches have been so local, and have given so little trouble, that their presence hardly interferes with my right to call it a complete cure. It is not, however, as an instance of life-long good health after protracted syphilis that I have thought it worth while to bring the patient before you.

1 Op. cit.
Such is, I believe, the ordinary rule, and those who have been really cured of syphilis may be counted by thousands. The malady which I wish to demonstrate to you is one of very rare occurrence, but of well-marked characteristics, a primary sarcomatous growth in the skin. Some years ago, Mr. became aware that he had "a little black spot" under the instep of the right foot. It might have been there all his life, for anything he knows to the contrary; but he thinks not. Nearly a year ago it was large enough to induce him to seek advice, and he came up to town. Unfortunately, I was out of town, and he did not see me. I will invite your especial attention to the present appearances of the growth, for it is exactly like others that I have seen, and of some of which I have preserved the portraits which are now before us. The growth is a small flat-topped fungus with a slightly constricted base. It is quite free from inflammation, and shows a clean moist surface. It has caused little or no inconvenience. There is nothing that we see on the outside of the growth to convict it of melanotic proclivities, and certainly it is not obviously black. It is, however, a peculiar feature of these sarcomatous growths in the skin of the foot and hand, that they almost always are attended by some pigmented growth, and often by but very little. Sometimes the edge of the sound skin shows a narrow border of pigmented structure, like that of the black edge on note-paper, all the rest of the growth being pale. So insignificant is this black edge in relation to the rest, that I have several times had difficulty in convincing my friends that it really meant anything at all. It is, however, in its pathological bearing, all important, for the growth begins as a black stain, and advances as a black stain, although its thickness is usually without colour. In connection with this assertion, you will call to mind what we have been engaged to prove in reference to the black aggressive lentigines on the eyelids and lips which precede white sarcomatous growths. I will ask you to note how exactly alike are the drawings before us to what we see in the patient. In all, the growth is about the size of a halfpenny, a quarter of an inch in elevation, flat on its top, and with its edge rolled a little outwards, so as to cause a certain degree of constriction at the base. I can tell you briefly the history of my former cases. Not in a single one, I fear, did the excision of the primary growth save the patient. In all, sooner or later, glands enlarged in Scarpa's triangle, and visceral growths followed. Such will, I fear, be our present patient's fate. They all come to the surgeon too late. However, there is for the present no evidence of implication of the glands, and we may hope for the best. I shall, of course, excise it at once, and very freely.

It is an interesting clinical fact that these peculiar growths are met with almost solely on the feet or hands. These are almost as peculiar to these regions as is the rodent ulcer to the eyelids
and face. In this fact we have an illustration of the general observation that each region of the body has its peculiarities as regards liabilities to malignant action. You will see that all my drawings show the disease on the foot. I recollect two, however, which occurred in the hand. Sometimes they begin at the root of a nail, and sometimes in the cleft of the digits, but their more common site is some part of the sole. I do not remember to have ever seen one with precisely the peculiarities described on any other part of the limbs or on the trunk. I have seen two in which the fungus resembled them in mode of growth, which occurred on the trunk, but in neither of these was there any melanotic addition. It is a remarkable fact that in neither of these did any gland disease occur, and both the patients are now living and well, at least twenty years after the excision. Of one of these I possess a portrait which I now produce. The patient was a young girl. At the time that she was under care there was no history of cancer in her family, but a few years later I had to remove her mother's breast for scirrhus, and thus it was made very probable that there really was a family proclivity. In the other case the patient was a man of 35, the growth being on the chest. I saw this patient for another matter a month ago, and learnt that he had never had any return of his sarcoma. In these two cases the growth was exactly alike in appearance, and was placed in each instance on the skin of the chest not very far from the nipple.

X. A Very Peculiar Form of Lupus Erythematosus (Red Seaweed Patch).

One of the most interesting of the cases presented on 10th March was that of a woman of 54, with a most peculiar form of lupus erythematosus in her cheeks and nose. Its peculiarities consisted in its being almost solely a matter of capillary dilatation, and very much resembling the "red seaweed patches" so common on the faces of florid persons of middle age. In fact, it consisted of exactly such patches, but they had joined together, had spread at their edges, covering the whole cheek to the ear, and had shown a most definite tendency to disappear in parts, leaving the skin white, and in a condition of the thinnest possible scarring. About the existence of scars there might even be some dispute, so extremely thin and inconspicuous were they. For myself, I had no doubt whatever as to their existence, and a strongly confirmatory fact was that they were quite pale, thus contrasting strongly with those where the disease persisted. On the nose only a few red tufts, looking like the "spider-naevus," remained, all the rest having become pale. The arrangement of the disease was exactly the bat's wing of lupus erythematosus; the whole nose, the whole of the middle of both cheeks, and both ears, continuously with the cheeks, being involved. So slight had been the disease
that she had never taken the trouble to obtain advice for it. It began on the nose some twelve or thirteen years ago. She told me that eight or nine years ago she brought one of her sons to me, and that I then at once asked to be allowed to inspect her face. This I had quite forgotten, but it proves that there was then something quite conspicuous. There had never been the slightest thickening of the affected parts, nor any kind of desquamation. It was upon the fact that it had proved infective and serpiginous, tending to disappear and to leave scars, that I relied for my diagnosis of lupus. The patient is stout, and in good health. The only history of tuberculosis in the family which I had been able to obtain was that an uncle died of phthisis.

XI. Cancer of both Breasts; Repeated Operations during Twelve Years.

I have next to bring before you a pathological specimen only, and a very small one. It is a nodule of scirrhus cancer, not larger than the kernel of a hazel-nut, embedded in fat. The facts of the case are, however, of interest. I excised it yesterday from the breast region of a lady aged 53, whose mammary gland I had removed as long ago as 1884. In 1889 I removed a similar growth from very near the same place, and in 1893 I excised the other breast also for scirrhus. My patient has always been in excellent health. As she is very fat, and the breast operations were extensive ones, and as there has never been any evidence of enlarged glands, I have abstained (contrary to rule) from clearing the armpit. There is no known family history of cancer.

It will be seen that we have in this case a remarkable illustration of the peculiar proneness of the female breast to develop cancer, since both glands have been affected. There can be little doubt that the second developed the disease independently, and not by infection, for it was nearly ten years after removal of the first, and there has been not the least indication of implication of any other parts. In each instance the excision was done whilst the growth was but small, and in each I was most careful to take away the whole gland. This removal of the whole, very difficult in thin patients, is easy when, as in this instance, the gland is embedded in fat. I have no doubt that the whole was removed, and you will see that in the specimen there is not the slightest trace of anything but fat around the nodule. Yet there can be no doubt that some portion of infected tissue—a lymphatic trunk probably—was left, and that in it the recurred growth occurred. In each of the two recurrences the growth was just under the scar of the previous operation. Now, note the bearing of the facts on the doctrine of latency of germs. In the first instance, five years passed before the infective cells took on growth, and in the second seven. During these intervals the parts were repeatedly examined,
and nothing found. If, as is most probable, this last growth was produced from material left behind at the first operation, we then have an interval of twelve years between the date of infection and the assumption of active growth. The case affords, I think, very strong encouragement to the performance of early operations, for, in every instance, the growths, though still of small size, were increasing rapidly. That a patient should be in good health at the end of twelve years after the formation of a cancer in the breast, is a satisfactory but by no means an unusual event. It is additionally satisfactory, however, in a case in which independent development in both glands has revealed a more than usual proclivity to the disease. It is possible, however, that this last fact may seem more important than it really is, and that it is explained rather by the peculiar proclivity of mammary gland tissue than by any special tendency on the part of the individual. I have had several cases of excision of both breasts, and their results have been as satisfactory as in others. There can be no doubt that we ought to put wholly aside the statistics as to the results of operations for cancer of the breast which were collected a generation ago. They are not applicable to present practice. We now operate earlier, and also follow up our cases, if necessary, by repeated operations performed earlier and with greater confidence than formerly. The result is that our statistics are much improved. I can appreciate very definite improvement within my own experience. I used always to fear that my patient would soon come back with a recurred growth, but now it is quite otherwise, and I have many patients who are alive and well so many years after the operation that we may regard them as permanent cures. In no department of surgery has the antiseptic method proved more beneficial. It encourages both surgeon and patient to early and, if necessary, to repeated operations. The doctrine of the pre-cancerous stage must also be credited with much, since under its teaching we now operate in a stage even prior to absolute certainty of diagnosis. The well-established rule in all cases to take away the whole breast, has also much conduced to modern success.

XII. Short Synoptical Reports of Cases Demonstrated.

Amongst the cases which were demonstrated on Wednesday, 20th January 1897, were the following. I will for brevity's sake give only their history, reserving comments on them for a future occasion:—

Case 1.—A young married man who was supposed to be the subject of prurigo hyemalis. He had an itching eruption over the whole surface of limbs and trunk, but not on face. He said that he had been liable to the same every winter for four or five years. When stripped, it was seen that his rash very closely resembled in distribution and
character a secondary syphilide. Yet there was no proof of primary disease. Remarks made on the impossibility of diagnosis by external appearances, and the necessity for taking into consideration the history and concomitants.

Case 2.—An infant in whom the middle finger in each hand was dwarfed, and had only two phalanges. Probable absence of the deep extensor, the terminal phalanx being not fixed in extension. Some overgrowth of the ring finger. Conditions precisely symmetrical, and not accompanied by any other deformities. No known history of similar cases in the family. (Case possibly unique.)

Case 3.—A negro, who is the subject of abruptly margined patches of leucoderma on the left side of his face, and on no other part of his body. Conditions aggressive for about a year. Absolute whiteness of the affected parts, and bleaching of the hairs growing from them. (Case probably unique, in respect to unilateral location.)

Case 4.—A young man, covered, face, limbs, and body, with a most severe papular syphilitic eruption, for which no treatment had as yet been adopted. Acute iritis of left eye, and symmetrical ulcers in tonsils. The diagnosis had been missed, on account of the absence of any chancre. On inspection of the genitals nothing found, excepting some dry warts in the furrow, and a slight stain on the gland. Remarks on the advantage of early treatment, and on the severity of the disease when neglected, also on the occasional absence of recognisable chancre.

Case 5.—A typical example of the hide-bound form of morphea, or scleroderma. Patient, a healthy old man of 80. Hands not involved, and the whole lower extremities comparatively exempt. Difficulty in determining the exact limits of the affection. Upper extremities (from wrists upward), shoulders, trunk, and face, fixed, as if in a case of thick leather. Induration greater in some parts than others, but present in some degree everywhere. Very great at back of neck, over malar bones, on posterior borders of axillae, and over clavicles. Upper limbs almost disabled, and neck fixed. Conditions detected by touch, and scarcely obvious to the eye. Duration about a year. Remarks on the contrast between this form, and that in which the hands and feet are affected (acro-sclerodermia). Mention made of a similar case shown at former demonstrations, in which during three years complete recovery had ensued. Danger to life admitted on account of the liability to intercurrent broncho-pneumonia.

Case 6.—An infant, the subject of multiple abscesses in cellular tissue, periostitis, etc. An uncle had died of phthisis. The child was stout and well-grown, and did not appear to suffer much. The nose, one elbow, both feet, and several digits, were affected, cold abscesses being everywhere the result. Otorrhœa had preceded the outbreak, and the child had also had inflamed pocks after vaccination. Vaccination scars now quite sound and white, but in a slightly marked keloid condition. Remarks.—On the existence of a definite group of multiple strumous abscesses in young children; their self-infective nature, and tendency to complete evolution within a definite period, and
subsequently to recovery without relapse; on the probability that the infant had inherited the tubercle bacillus, which had been called into infective activity either by the otitis or the vaccination; analogy drawn between these cases and those of multiple lupus vulgaris, the difference being simply as to the tissue affected.

A SERIES OF CLINICAL CASES ILLUSTRATIVE OF THE INSANITIES

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(Continued from page 355.)

Case 4.—Fatal exanthematic pyrexia occurring in melancholia.—L. M., female, æt. 43, unmarried; had resided in a healthy village, and had not been from home for many months. Till within a month from the date of being seen, she had been a strong, healthy woman. A near relative had, however, committed suicide under circumstances which pointed to insanity.

Early in October the patient suffered from a herpetic eruption over the abdomen, which was relieved by treatment; but on the 17th, the eruption having subsided, she was attacked by diarrhoea and vomiting, which lasted for two days. Although these symptoms disappeared, she did not regain health. The temperature remained about 100°, and she was under the daily observation of her medical attendant. On the 28th she began to show mental symptoms, becoming melancholic, with delusions of a religious character, and manifesting a strong suicidal tendency. She also attempted to throw herself into the fire.

L. M. came under my observation on the 29th October. She was excitedly melancholic, calling out that her soul was lost, and that she had committed some dreadful sin, for which she must die. It was difficult to restrain her. She was at times taciturn. She had a painful expression of face. She was fairly well nourished; temp. 98°, pulse 108; the tongue was covered with white fur; it was fissured and oedematous; the bowels were constipated; the appetite reported as fair; the lungs and heart were healthy; the pupils dilated equally, reacting to light. On account of her mental state, the reflexes could not be tested. No urine had been passed for twenty-four hours; on its withdrawal it was found of high specific gravity, due to deficiency of water and excess of urates. Indications of the herpetic eruption were found in the epigastric region. She was ordered to be kept in bed, and placed under the special care of two nurses. Castor-oil enema ordered, and 15 grs. of antipyrin three times daily.

On the 30th and 31st the condition remained much the same; the temperature, which on the 29th had probably been lowered by the fatigue and cold of the journey to Edinburgh, gradually rose to 100°; the patient slept little; she took food fairly well; the mental condition was not improved.

1st November.—Temp. at 9 A.M. 100°, pulse 120; evening, 98° and 124.