CANCER OF THE ŒSOPHAGUS, WITH FATAL DYSPHAGIA.

(Under the care of Dr. FARRE.)

The following case, which has just terminated fatally, at St. Bartholomew's, is deserving to be placed on record, as a well-marked instance of infiltrated scirrhus of the Œsophagus, arising suddenly, without assignable cause, yet suspected by Dr. Farre before the death of the patient.

G. K.—, aged fifty-five, a plasterer by trade, was admitted into St. Bartholomew's, on the 19th of September, with symptoms of general ill health, and complaining more particularly of excessive dysphagia, or inability to swallow. He stated that up to five months ago he was quite well; he might have been taken, indeed, as a model of good health; "he never knew what a day's sickness was," and would now be quite well, but that he was starved on account of his loss of food caused by the excessive pain in swallowing. Scattered over his skin were several raised, molluscous-looking spots, which first aroused the suspicion of Dr. Farre and Mr. Lloyd that the disease was of a cancerous kind. A probang was passed into the Œsophagus, but was stopped by a very evident narrowing of the channel, and the use of the instrument was followed by hæmorrhage, so that it did not seem advisable to repeat the operation. The patient had the usual nutritious food prescribed, with milk and mild demulcents, but after much suffering gradually sank on the 25th of last month. The post-mortem examination, carefully conducted by Mr. Callender, was particularly interesting. The friends of the deceased were extremely anxious for a full examination, as they could not understand the suddenness of the illness; the man's son attended the necropsy. The lower third of the Œsophagus, as it joins the cardiac orifice of the stomach, was almost entirely obliterated by a mass of infiltrated scirrhus or cancerous disease. The lungs, though the man was stated to have been previously in perfect health, were filled at several points with healed or obsolescent tubercle; the liver also was filled with a similar deposit. The small intestines, at one or two spots, were also obliterated by cancerous growths, leaving the canal of the gut not much larger in calibre than a common quill.

This form of disease in the Œsophagus is somewhat rare. A similar case occurred at St. Bartholomew's, in 1851. The disease, singular to say, began with pain, of a severe kind, about the shoulder and lumbar region, ending in the most excessive difficulty in swallowing, which was found after death to depend on cancerous degeneration of the Œsophagus. A case of marked encephaloid is noticed by Dr. Handfield Jones, which had proceeded to a considerable extent without producing any symptoms; as well as another instance of a man who had died of peritonitis, in which, at the post-mortem examination, a thick mass of encephaloid, ulcerated on the surface, just above the cardiac orifice, was accidentally found, extending for an inch and a half. In THE LANCET (1832) are two very interesting cases of disease of the Œsophagus, in which the affection had assumed the character of softening subsequently dwelt upon by Rokitsansky. In "Guy's Hospital Reports" also, (vol. vii., p. 141,) a case of typhus is given in which the Œsophagus was found entirely softened. These cases, and some few others which might be cited, corroborate the suddenness with which the results of malignant disease make their appearance in this part, which is, as a general rule, free from many other morbid affections. It is, perhaps, possible, that in the patient attended by Dr. Farre, the cancerous deposit had for some time remained in a quiescent state; but the ultimate closing up of the canal, and consequent dysphagia, had aroused the sick man's attention, when, unfortunately, all surgical or medical aid was unavailing.

GUY'S HOSPITAL.

THE ABSENCE OF HEREDITARY TAINT IN CANCER OF THE BREAST, AND ON FIBRO-PLASTIC GROWTHS.

(Under the care of Mr. COCK and Mr. BIRKETT.)

MR. BIRKETT has had recently under his care more than one case of cancer of the breast, with others of the various allied forms of recurrent disease of that organ. The facility now afforded by chloroform in removing such tumours has divested them of the pain and anxiety of former years, and of much of the interest attending the question of their removal or non-removal.

Whilst operating on a tumour a few days since, this gentleman made some remarks as to the reality of hereditary influence in causing carcinoma—a point, we need hardly remark, all bu

universally conceded, but which the experience of the surgeons of Guy's does not seem to bear out. The influence of sex in the development of cases is well marked; three cases of cancer in the male to about ten in the female being about the general proportion. Temperament has also an unmistakable influence on cancer, the sanguineous temperament being that most frequently met with in cancer patients. Town or country air seems without influence; a greater number die of cancer in the country than in town; but taking the females separately, the mortality is greater in towns, while, as to hereditary tendency, Mr. Birkett, from a review of several hundred cases of cancer of the breast, the particulars of which have been sent to him from various sources, has arrived recently at the conclusion that carcinoma of the breast is not much, if at all, influenced by hereditary taint in the system—a circumstance which he conceives of very great moment in our future study and treatment of this disease.

The case in which Mr. Birkett operated, and which elicited these remarks, was that of well-marked carcinoma in the third of three sisters, two of them having been operated on in former years for the same disease. Such an instance as this Mr. Birkett believed to be quite exceptional, and that when statistics are brought to bear on the subject, the cases of cancer in which there has been no trace discoverable of taint in a hereditary point of view, form a very preponderating majority.

In curious relation with this subject, we may mention a case recently brought before his class by Mr. Lloyd, at St. Bartholomew's, where true carcinoma of the breast had disappeared, but returned after a period of eleven years. During this long interval it might be conceived that the entire system had undergone a complete change. Mr. Cock also draws a well-established line between cancer, so familiar to the eye of our older surgeons, and various recurrent fibro-plastic growths found in the breast and elsewhere. He removed lately for the thirteenth time a recurrent tumour of the fibro-plastic character. The woman's health is excellent. Cancer, on the other hand, he believes to be more of a constitutional disease, but not necessarily hereditary. One disease, the fibro-plastic, he is satisfied, will not spread to any other organ, while unfortunately the evidences are too strong of cancer invading different parts. In a case of fibro-plastic growth of the antrum, lately operated upon by Mr. Cock for the fourth time, he objected in consultation to remove the superior maxillary bone, or to disturb the parts more than was necessary, as such tumours grow faster the more the parts are disturbed, and the larger the cavity left for them, as it were, to sprout and germinate in. Heroic surgery, as observed by this experienced operator, should never recommend itself to the surgeon by its merely cutting away more than is necessary as a matter of display, as we only leave more room for a recurrent growth to deepen and widen its hold on the system of the patient.

In the minor details of these various operations, and their after-treatment, there was nothing unusual to particularise; these views, however, as to the very insignificant bearing of hereditary influences on the growth of cancer will be recognised as new, and not without interest.

KING'S COLLEGE HOSPITAL.

MELANOSIS, AND THE INDEFINITE NATURE OF MELANOID TUMOURS.

(Under the care of Mr. FERGUSSON.)

MR. FERGUSSON had an opportunity of showing his class, last week, a very perfect specimen of what he terms "melanosis," or melanoid cancer, connected with which were one or two positions which appeared to us of very practical import. The received pathology of such growths, at present, we believe is, that the melanic or black matter of melanoid growths is something of an accidental deposit, and not in any way significant of a specific series of the worst kinds of malignant growths or cancer—"black cancer," as they are called in Edinburgh—several such tumours, and possibly this one, not being cancer at all. Mr. Fergusson remarked, it was very important to be able to assure patients in private practice that such a tumour was not malignant, or was malignant; it did not do to say a patient would die in twelve months, or to assure friends that that was the "utmost span" of existence on which he could calculate, when he would probably return in ten or twelve years apparently quite well. He also cited a case of this kind in which he was obliged to remove such a tumour, previously operated on by the late Mr. Aston Key. It appeared to have effected a perfect cure. The patient got stout, and apparently healthy, but recently died of another

disease, when a tumour of the melanosis kind, weighing forty pounds, was found in the abdomen. This tumour had been possibly growing from the first, but for a period of eight or ten years was not suspected, and could not have been of a very malignant character, or it would have shown its effects earlier. In the present case, the man was in King's College Hospital, under Mr. Fergusson's care, five years ago. He then complained of excessive pain. A small vascular tumour appeared near the umbilicus, and was removed by ligature. The tumour, which put on much of the appearance of aneurism by anastomosis, subsequently grew again, and was then melanotic, but was removed by the knife; it now appeared cured; but soon after a tumour began also to grow in the groin. The more usual way of explaining these tumours, Mr. Fergusson observed, was, that they degenerated into cancer. He also stated a curious circumstance, that veterinary surgeons found melanosis the most common form of tumour in horses, and that they were much more common in those in which there was a want of pigment in the hairs and skin—in other words, grey horses. This point is not without interest, as bearing on another recently urged by Rokitsansky and others, that the blackness of melanosis arises from altered or dissolved hæmatine, and is pure carbon, not unlike the pigment in the negro, but certainly only accidental, there being, in fact, no such class of tumours at all, in a strictly pathological point of view, as "melanosis." An abundance of pigment occurs in non-malignant melanosis of the skin, appearing to arise, curiously enough, in the corium, or part coloured in the negro. Where the black deposit is found in cancer growths, it (in the vast majority of cases) selects encephaloid, and gives a peculiar feature, like hæmatoid to fungus hæmatodes, to that special form of cancer. Here the prognosis of the surgeon must be very unfavourable indeed, and a few months may terminate a case, not differing very materially, in outward appearance, or sensible signs of blackness, from a tumour that may be merely recurrent, or even non-malignant. Encephaloid, Mr. Fergusson observed, in its tendency to infiltrate adjoining parts, to affect the glands, to reproduce similar growths in other parts of the body, and to return after removal, or, as more commonly known, by the term medullary sarcoma, is, with or without this accidental development of black pigment, the most formidable and fearfully malignant disease with which the surgeon has to deal.

ST. MARY'S HOSPITAL.

FIBROUS TUMOUR OF THE BREAST; OPERATION; RECOVERY.

(Under the care of Mr. COULSON.)

We have recently, on more than one occasion, (vide "Mirror," vol. i., 1855, p. 314,) directed attention to the "chronic mammary" tumours, or adenoid tumour of the breast, so liable to be mistaken for malignant disease of that organ. The following case is one of another variety of hard indolent growths in the female mammary gland very likely to come under the notice of the surgeon, and, as such, requiring attention. A good deal has been said of late of the beneficial effects of Kreuznach water or bitter in causing the disappearance of fibroid tumours of the uterus, not very different in pathological characters, perhaps, from such tumours of the breast as the following, while the facilities afforded by the application of ice externally, or the use of chloroform in their early removal, seems another obvious advantage in the modern system of treating them. According to Mr. Birkett, the so-called fibrous tumours of the breast do not differ very much from those termed "chronic mammary," as he generally finds in place of a preponderance of hypertrophied fibrous tissue as one from their hardness might sometimes expect, that the elementary gland tissue is rarely absent. Sometimes such tumours as the present have been found as hard as cartilage; and this excessive hardness must put the younger surgeon on his guard not to mistake such cases, in the consultation room, for scirrhus. Women affected with tumours of the fibrous or "chronic mammary" description, are more amenable to common treatment, and will be found very often coming for advice, and, in the first instance, require much attention from the practitioner; he will be less often consulted about tubercle of the breast, or relative to cancer, which forms almost a "speciality" by itself. The following case, though not presenting any peculiarity of a very marked kind of an operative character, interested us very much at the time, as at first men of experience found it difficult to give the tumour a name; it was almost homogeneous, white, like intervertebral cartilage, but became red by keeping, and horny. The microscope, how-

ever, determined its composition. In one of its physical characters—viz., its hardness, it resembled scirrhus. The history of the progress and growth of the tumour, the age of the patient, and other circumstances, however, set aside this idea. The regularity of the menstrual flux, and the healthy character of the uterine functions, excluded the supposition that the existence of the tumour in the breast was connected in any way with the uterus; in addition to which, the history of the case was also decidedly against this view of the question. The examination of the tumour, after removal from the breast, proved it to consist of ordinary fibrous structure, with some cells, and granular matter.

Ann L.—, aged seventeen, a general servant, residing at Long Ditton, was admitted into St. Mary's Hospital, as a patient of Mr. Coulson, July 27th, 1855. She is a fair, healthy-looking girl; has always enjoyed good health. The catamenial discharge commenced at the age of fourteen, since which period there has been no irregularity of any kind observed with respect to it. Ever since she was a child she recollects having a lump in the right breast. The precise date at which it first appeared she does not know. Its growth has been very slow; it has never been the seat of severe pain, and the most that she has had to complain of has been an occasional aching of the right arm. No treatment has been made use of for the purpose of removing it. At the upper part of the right breast, (which is well developed,) and situate rather in the substance of the gland than close to the skin, is a rounded, hard, resisting tumour, about the size of a walnut; it is not painful on pressure. The breast appears quite healthy, and the nipple has a natural appearance; the skin is not adherent to the tumour. The glands in the axilla are unaffected in any way. The diagnosis made by Mr. Coulson was that given above.

On the 1st of August Mr. Coulson made a lengthened incision over the tumour, cut through the fat which covered it, and dissected it out. The tumour was disconnected from the gland without difficulty. The bleeding vessels were then ligatured, and the edges of the wound brought together with sutures in the usual manner. The tumour was found to be lobed on the surface, and to be enclosed in a capsule, thin, and rather more firmly attached than is sometimes found to be the case. The tumour was hard, somewhat resembling intervertebral cartilage in appearance, though not in texture. Under the microscope it was found to be composed, as we have already said, of interlaced fibres, with a few nuclei scattered about. The patient made a very good recovery, and on August 15th all parts of the wound had cicatrized.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

SATURDAY, NOVEMBER 3RD, 1855.

DR. SNOW, PRESIDENT.

THIS was a special meeting of the Society, to consider an alteration of the laws proposed by the Council, having reference to the election of office-bearers in the Society. The propositions, which were to the following effect, were eventually carried by a majority of twenty-six to twenty-two, subject to an appeal to the Council respecting the meaning of one of the laws of the Society, the question involved being, whether a bare majority would carry the propositions, or whether it required two-thirds of the fellows present. The President ruled that the former was sufficient:—

"I.—That on the last Saturday in January, between the hours of eight and half-past eight P.M., the fellows of the Society shall elect by ballot seven members of the Council, to constitute a Committee to prepare a list of those fellows of the Society, who, in their opinion, are most eligible to fill the several offices to be declared vacant at the next general election of officers.

"II.—That this Committee shall, in weighing the claims of the fellows proposed for office, take special cognizance of—1st, Seniority; 2nd, Services rendered to the Society; 3rd, Number and quality of the papers read to the Society; 4th, Position, or standing in the profession.

"III.—That this Committee shall submit to the Council at its meeting, to be holden on the first Friday in February in each year, a list, containing double the number of names of