or other symptoms referable to the lungs became prominent. In the two adults delirium of a low typhoidal type with picking at the bed clothes was a marked feature. Herpes was not present in any of the patients and the spleen could not be felt, nor, owing to the site of the consolidation could its area be definitely determined by percussion.

A second instance of the outbreak of more than one case of pneumonia in a household has recently come under my observation, but the connection between them was less striking, as there were but two, and their occurrence within a few days of each other may have been simply a coincidence. About the 5th of last May, Mrs. A., a widow, moved into the third floor of a tenement-house which has since been reported by the Board of Health as in good sanitary condition. She had so little intercourse with the other inmates that it was not until the 9th, some forty-eight hours after she was taken ill, that her condition was discovered by Mrs. R., who occupied the lower floor. On visiting her the same day I found her suffering from pneumonia of the left lower lobe. She was immediately removed to the hospital where she died. On the 18th, I found Mrs. R. suffering from pneumonia of the right lung, from which she recovered. So far as I could learn there had been no cases of pneumonia in the house for several years, and the connection between the two seems probable. If so, the period of incubation was exactly nine days. In the other cases, owing to the prolonged exposure, it could not be so definitely fixed, in one it lay between fourteen and twenty days, in the other it was six days or less.

An examination of the mortality returns of Massachusetts for the past forty years, shows that there has been a decided downward tendency in the proportion of deaths from small-pox, scarlet fever, measles, typhoid fever and consumption, which in all but the last may be chiefly ascribed, apart from vaccination in small-pox, to isolation and to disinfection of the ejecta and dejecta of the patients. In consumption the reason for this diminution is less easily found, but it is in great measure due to better hygienic and sanitary conditions, yet the more rapid decline during the last half-dozen years, which has been also noted by Flick² in Philadelphia, beginning in 1885, has probably been assisted by the general acceptance of its bacillary origin, which has lessened the chances of contagion by leading to greater care in the disinfection and disposal of the sputum. That the mortality-rate of diphtheria during this period has remained practically unchanged may perhaps be accounted for by its virulent contagiousness and its persistent infectiousness, as well as to the concealed position of its local manifestation, which may permit the exposure of many persons before its true character is recognized.

Of all the fatal diseases which are classed as infectious, pneumonia alone has shown a steady increase during this period, and in that alone no general effort has been made to prevent its spread by the disinfection of the emanations from the patient in which the pathogenic organisms chiefly lie. The disease offers marked points of similarity to consumption in its repeated occurrence in certain houses, in its epidemic appearance in overcrowded institutions like prisons or monasteries, in the intimate relations which have usually existed between the patients where the probability of contagion has been entertained, and in the

fact that the expectoration is the chief channel through which the disease germs may be scattered, yet general measures which have proved so efficacious in one disease, have been unavailing to check the increase of the other, and though the theory of the dependence of one case of pneumonia on another still rests on presumption, enough proof has been already gathered to lead to further efforts at prevention on the same line which gives such promise of success in phthisis, that is, by disinfection of the sputum. While so many points in the pathogenesis of pneumonia still remain unsolved, he would be a bold prophet who would predict results from such a course, even if its thorough performance were possible, but since other measures have failed, our duty does not seem to have been done unless it has been persisted in until it has either been shown to be ineffectual or some other cause is found to account for its increasing prevalence.

Clinical Department.

CANCER OF VARIOUS ABDOMINAL AND THORACIC ORGANS AND SARCOMA OF THE OVARY IN THE SAME SUBJECT.¹

BY ELBRIDGE G. CUTLER, M.D.,
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B. H., housewife, aged thirty-two, a native of Newfoundland but living in Marietta, Ga., entered the Massachusetts General Hospital on July 6, 1891, giving the following history:

She had been married six years; had a miscarriage five years ago, and a child four years ago, which is now living and healthy. She got up eight days after her confinement and felt well; has had no uterine trouble, so far as she knows. When the patient was nine months old her mother died of phthisis, at the age of thirty-three. Otherwise the family history is negative.

The patient herself was never ill, so far as she remembers, until October, 1890, when she had typhoid fever, and was in bed three weeks and convalescing six weeks more. Of the details of this illness she knows nothing. After this she felt perfectly well and went about her work as usual.

On the 18th of April, 1891, the menstruation did not appear; and as she was feeling perfectly well, she supposed she was pregnant. A few weeks later she began to have some morning nausea and vomiting (which lasted for ten days), and a considerable diarrhoea (four to twenty movements a day, mostly watery, with some slime, no blood, and very little solid faeces). These dejections only occurred in the day-time; there was no tenesmus; a sudden abdominal pain, followed soon by a small discharge, gave relief.

Two months after menstruation ceased she began to have pain, referred to the lower part of the back above the nates. This same pain was present while the typhoid fever was in progress, and was called muscular rheumatism. Accompanying the pain was the subjective sensation of cold in the part. The pain in the back and diarrhoea lasted till she entered the hospital, but she did her work as usual in spite of them. The nausea and vomiting passed off in ten days, as before remarked. One month after the cessation of menstruation she be-

¹ Read before the Section for Clinical Medicine, Pathology and Hygiene, of the Suffolk District Medical Society, May 18, 1892.

² Medical News, May 14th.

gan to notice that she was growing larger in the abdomen and clumsier (as she said). This increased steadily till entering the hospital.

For the past six weeks she has passed but little urine, of a dark-red color, containing much red "dust." Two weeks before entrance noticed some red spots, about the size of a five-cent piece, on the inside of each thigh and on the sides of the abdomen (cutaneous hæmorrhages). For some time has been unable to eat much because of distension, and has therefore lost much flesh and strength. A week ago noticed several small lumps under the skin, the size of a bean, on the abdomen and arms. One of these excised proved to be a wen.

On entering the hospital, and indeed till her death, the chief complaint was of pain in the back and weakness, together with distention of the belly, which kept her from taking much food, but all the food taken was digested with perfect ease.

Physical examination showed a marked emaciation and a distended belly measuring forty-two inches at the umbilicus. The abdominal veins were very distinct, and the umbilicus was pushed out flat. The entire abdomen was flat on percussion, and fluctuation-waves were easily obtained. The belly was symmetrical; and on deep palpation a hard, irregular mass about the size of the fist, was felt to the right of the umbilicus, and another (perhaps connected with it) on the left. There was slight swelling of the legs and feet, a condition which had been several times present of late. The eyes were sunken, the cheeks hollow and the expression anxious and distressed, while the whole appearance was cachectic. No disturbance of the special senses; superficial and deep reflexes normal. Skin and hair dry. Examination of the heart and lungs negative except that the apex beat was in the fourth interspace above the nipple, with a heaving beat and a pulsation visible all over the normal cardiac area. Liver dullness began above at the level of the fourth rib in the mammary line, lower border indeterminate on account of the abdominal effusion. Spleen was not felt; its percussion was unsatisfactory. Nothing noticeable about the breasts. The pulse was 90, temperature 98.6° F., respiration 22. Rectal examination negative. Vaginal examination with the finger detected a multiparous cervix, a smooth fornix vaginae, and the fundus lifted out of the pelvis so that no bimanual examination could be made on account of the distention.

To relieve the pain and general discomfort, she was tapped in the median line, just below the umbilicus; and one hundred and forty ounces of blood-stained fluid were removed with relief. The fluid (examined by Dr. W. F. Whitney) was of neutral reaction, 1,014 specific gravity, and contained three quarters of a per cent. of albumen; the sediment consisted of normal blood-corpuscles, a few leucocytes and a few round cells. The urine varied in quantity from about fifteen to twenty-four ounces in the twenty-four hours, had a specific gravity of 1,018 to 1,025, was always free from albumen and sugar, never contained casts, but occasionally red blood-corpuscles and leucocytes. The urea amounted to sixteen to twenty grains to the ounce of urine, and once considerable more. A blood count made by Mr. Richard C. Cabot twice gave 3,600,000 red corpuscles and 16,500 white corpuscles, a proportion of 1 to 214. The abdomen was tender on palpation over certain limited areas.

For a day or two after the tapping, which was re-

garded merely as a temporary measure, she was more comfortable; emaciation and reaccumulation of the fluid, however, were progressive, and she had to be tapped again four days later, when forty-three ounces of the same sort of fluid were withdrawn. Four days later one hundred and twenty ounces removed gave relief; again in five days ninety-two ounces were withdrawn. The masses were movable in the abdomen slightly, and appeared to be located in the omentum and were believed to be cancerous. Five days later the tapping brought only blood at first, later clear serum, and the canula being obstructed by a solid mass was removed and entered at the side with the same result. Three days later she aborted, four months and nine days after cessation of the menstruation. The fœtus was about four inches long, the epidermis and nails not yet formed, the eyes not opened. The placenta and membranes normal. She felt easier for a few hours, when all the bad feelings returned. Five days later a tapping gave six ounces of blood, when on removing the canula sixteen ounces of serum tinged with blood came through the orifice. A week later fifty-four ounces of clear serum and bloody fluid were withdrawn, and four days later still one hundred and thirteen ounces of the same character.

She had meantime emaciated to an astonishing degree, the abdominal tumor had increased to a very great size and she was in a miserable condition, when death from asthenia put an end to her sufferings. It was believed that the blood which followed the punctures sprang from accidental injury to the new-growth on introducing the trocar. That this was the case at the time of the last tapping was evident at the autopsy. The punctures before abortion took place were all too high to have penetrated the uterus. It seemed to be clear that the abortion was independent of the treatment.

Autopsy, by Professor R. H. Fitz, eight hours after death. Rigor mortis present. Body shows extreme emaciation. Abdomen much distended.

Head not opened.

Pericardium contains no excess of fluid.

Heart. On anterior wall of right ventricle an elevated white patch, large as a small grape seed. Right side of heart distended with liquid blood. On section, valves and cavities show nothing abnormal. Beneath endocardium of left ventricle, were two small white nodules resembling that on the surface.

Lungs, in general, moderately distended; lower lobes injected, with numerous small, dark-red patches of apparent hæmorrhage. Toward front of the left lower lobe, a rounded, reddish-gray, soft, flat nodule, three-quarters of an inch in diameter, projected above pleura. In interior of the lung were several small, rounded nodules of new formation.

Abdomen. On opening the abdominal cavity, more than a quart of reddish fluid was removed. The omentum filled the anterior portion of the abdomen, transformed into a nodular mass of dark-red color, nearly one and a half inches in thickness, friable. [It seemed to me to be four inches thick. *R. G. C.*] Nodular projections on surface about the size of a pistol-bullet. The trocar had injured the enlarged omentum on the last introduction evidently.

Peritoneum, in general, irregularly studded with nodules and granules of new formation, from size of filbert to that of a walnut, especially abundant under the surface of the diaphragm, in the pelvis, and over

the surface of the right kidney. Two nodules, as large as a plum, grew from the peritoneum into the liver.

Supra-renals. Both supra-renal capsules were enlarged to the size of a small peach; soft, friable, reddish-gray.

The kidneys, spleen and bladder showed nothing abnormal.

Uterus nearly doubled in size; wall opaque gray, friable; cavity dilated, contained a dark-red fluid; remains of placental insertion at fundus.

Ovary. Right ovary contained a moderately soft, gray nodule, large as a filbert.

Liver. With the exception of the nodules above mentioned, this showed nothing abnormal beyond a considerable degree of fatty infiltration.

Stomach. Near the pyloric end a flattened, rounded patch in the mucous membrane, projecting above the surface, resembling that on the surface of the lung.

Intestines. Two similar but smaller nodules were found in the small intestine.

Microscopic examination of the nodule in the lung and on the surface of the ovary showed small alveolar structure, with fibrous wall and groups of epithelioid cells as contents. Large nodule in the ovary, made up of large spindle-cells with comparatively little intercellular substance.

Anatomical diagnosis. Cancer of supra-renals, heart, lungs, omentum, peritoneum, liver, ovary, stomach and intestines. Spindle-cell sarcoma of ovary.

Medical Progress.

RECENT PROGRESS IN DERMATOLOGY.

BY JOHN T. BOWEN, M.D., OF BOSTON.

(Concluded from No. 13, page 311.)

FRAMBOESIA OR YAWS.

MR. NUMA RAT, whose experience in South America, Africa and the West Indies, has given him ample opportunity to study the disease known as frambœsia or yaws, has written a monograph on the subject, to which a preface has been added by Jonathan Hutchinson. We quote from a review of this essay by Malcolm Morris in the *British Journal of Dermatology* for February, 1892.

The clinical history is divided into four stages: (1) The incubation stage. From the time the virus is received to the appearance of an initial lesion at the site of entrance, of duration from three to ten weeks. (2) The primary stage, which means the appearance of an initial lesion, a papule which in about a week discharges a yellowish fluid, and merges into an ulcer. This heals in about two weeks, leaving a slight scar. Occasionally the papule may become a tubercle, or the ulceration may become extensive. The initial lesion is usually situated on the lips, breast, groin, genitals or perineum. (3) The secondary stage. A fever makes its appearance about two weeks after the primary sore has disappeared, paroxysmal in type, usually quotidian. At the same time an eruption appears on the head, consisting of small papules, which later become yellowish at the apex, owing to the presence of a substance like inspissated sebum. Soon after, the eruption extends to the body. Later the papules develop into tubercles, averaging one-quarter of an inch in diameter, composed of granulation tissue covered with a creamy, acid secretion. The tubercle, in spite of the

name "framboise" is very unlike a raspberry. The color varies according to the amount of blood, and dries up in about four weeks. There is always itching, and the skin has a sour odor.

The disease is most common in infancy and childhood, and as it is said to run a lighter course in youth, parents in parts of Africa expose their children to it in infancy, and even inoculate it upon them. As variations in the course, the tubercles may coalesce, forming patches or rings of granulation tissue, and sometimes ulcerate. They may be found on the palms and soles or on the mucous membrane of the nasal fossæ.

(4) The tertiary stage. Here extensive loss of tissue occurs, sometimes serpiginous, the mucous membranes may be seriously ulcerated, and these lesions may occur twenty years after subsidence of the secondary eruptions. Mr. Rat considers the differences between syphilis and yaws, emphasizing the fungous character of the eruption of the latter; the fact that it is not proved to be hereditary; that it is not usually contracted through the genitals; that it is endemic and epidemic; that persons having syphilis may also acquire yaws, etc. Mr. Hutchinson, however, shows that it is proved to be a constitutional disease, beginning with a local lesion and having secondary and late manifestations, and concludes that it is syphilis modified by climate and race. The method of cure is also a strong argument in favor of the identity of the affections. Formerly the spontaneous cure of yaws was cited in favor of non-identity, but Mr. Rat says that mercury and iodide of potassium are indicated in the same stages as in syphilis. It is said that Englishmen do not return affected with yaws, and hence Mr. Hutchinson considers it a disease that cannot leave its home.

TROPHIC ULCERS IN SYRINGOMYELIA.³

M. L. Jacquet describes the following interesting case:

D., twenty-nine years old, hair-dresser, entered the Hôpital St. Louis, March 5, 1886. Father and mother died of consumption. No syphilis nor alcoholism. In 1883, he says, he was stung on the middle finger of the right hand by a scorpion, in Algeria, and that subsequently the arm and hand became enormously swollen, and amputation of the middle finger was resorted to. After convalescence began to have pains, running from the cicatrix in the hand up to the shoulder, especially severe at night and deep in character, as if they were seated in the bones. At the same time there appeared similar pains in the neck and occiput. Two years after the operation a small sore appeared on the upper part of the right ear on the margin of the helix, which became in two days an ulcer. This cicatrized in two weeks, but shortly afterward broke out again, being accompanied by new lesions in the parieto-occipital region, and since then similar ulcers have appeared on the right occipito-parietal, cervical and clavicular regions.

On entering M. Besnier's service, large ulcerated, irregular, purulent surfaces were to be seen, *limited to the right side*, on the scalp, neck, below the clavicle, and on the dorsal surface of the right wrist. All of these ulcers have very ragged edges, but are not punched out, the base being on the same level as the surrounding skin, and there is considerable infiltration. There are also upon the right side cicatrices situated

³ International Atlas seltener Hautkrankheiten, Hamburg, vi, 1891.