abscesses in the liver might readily explain the rigors at the very end of the case, we could scarcely think of their being there to cause rigors recurring frequently for the last three or four weeks of her life, and the presence of the pyrexia, dating at least from December—that is, five months before her death,—was probably dependent on the growth of the tumour. The paroxysm of fever in December (103.5°) may have been due, as was supposed, to a pleuritic attack, and this may have been of septicæmic origin, although no notable trace of it was found at the post-mortem examination.

In view of these cases of pyrexia and rigors complicating malignant disease, I requested Dr. John Love, one of my clinical assistants, to search the records of my cases at the Western Infirmary, as I was aware that I had repeatedly seen pyrexia in the course of such illnesses, and occasionally some rigors also. He found about fourteen cases entered as malignant disease in the abdominal organs, characterised by more or less fever. Some of these were not verified by post-mortem examination; some of them were too complicated to throw light on this inquiry; some of them presented possible explanations of the terminal pyrexia, or even of the rigors, in various inflammatory complications, as evidenced by turbid fluid in the peritoneum or pleura. As a rule, the fever was moderate, only ranging from 100° to 101° F., although occasionally the temperature might be a degree higher, but seldom up to 103° . Such cases seem to confirm the view I had long ago arrived at, that rapidly growing or rapidly diffused cancers were often associated with a distinct but moderate pyrexia.

In one case we had, as in Miss M——'s case, distinct pyæmia. The patient, a man aged thirty-nine, had cancer of the head of the pancreas, with deep jaundice, obstruction of the common bile duct, and tumours in the liver, this organ weighing 117 oz. The temperature was at first normal, but for twelve days before death the morning temperature ranged from 100° to 102.4° , and the evening temperature from 101° to 104.5° or 105° . During life, some explanation of this was afforded by the very sudden appearance of an abscess near the ear, and of another in the buttock; there was also an enlargement of the thyroid. At the post-mortem examination, this enlargement of the thyroid was found to be due to an abscess; and, in addition to the abscesses in the neck, we had multiple abscesses in the kidney, an abscess in the prostate, and in the sterno-clavicular articulation. The right lung showed also evidences of grey hepatisation. The malignant tumour had infiltrated the wall of the intestine, but had not extended into it, and there was no ulceration in the bowels. There were two little nodules of the malignant growth in the portal vein. Special search was made at the examination for any ulcer or any other source of the pyæmic infection, but none could be found.¹

From a survey of the facts here adduced, we may consider: (1) That in the course of malignant disease, and even early in the case, we may have distinct but usually moderate pyrexia of the remittent type; (2) that occasional rigors may occur in such cases, without any evidence of inflammatory complications; (3) that the terminal phase of malignant disease may present higher degrees of pyrexia, or even rigors, due to inflammatory complications, which may be regarded as, in a sense, accidental; and (4) that in cases of malignant disease rigors and pyrexia of the pyæmic type may occur with the formation of multiple abscesses.

Glasgow.

GROUPED COMEDONES.

By GEORGE THIN, M.D.

THE first and, indeed, the only published notice of the occurrence of comedones in special groups of which I am aware is the observation recorded by Dr. Radcliffe Crocker in THE LANCET of April 19th, 1884. Dr. Crocker had observed that, whereas comedones have been considered to be an affection not usually seen before puberty, the condition occasionally occurred in children. He found that they were seated on the upper part of the forehead, the corresponding part of the occiput, and on the temples and cheeks in young children and infants. He states that they were found "grouped," giving the part a very dirty and sometimes black appearance. Dr. Crocker attributes the

condition in these cases to warmth and moisture. This condition of grouped comedones is, however, not confined to children and infants. It is, indeed, recognised by authors¹ that comedones occur both regularly disseminated and in groups, yet I have found nowhere a description of a class of cases occurring in adults which I am disposed to think are by no means very rare. In these cases a well-defined tract or tracts of the skin of the scalp or face, or both, become the seat of a profuse development of comedones, so profuse that at a distance of a few yards a person so affected presents the appearance as if a piece of charcoal had been applied to the part. There are present to my mind three cases which I have had myself occasion to observe, and of two of which I have had sketches made.

The first case to which I shall refer, and of which I have had no sketch made, was that of a healthy, active, energetic man in the prime of life, who in every other respect presented the appearance of perfect health, and who considered himself as being perfectly well. In his case, on both temples, and advancing from the temples to the upper part of the cheek, a patch of skin was thickly sewn by comedones of rather small size. On casual observation, the impression was given that he had somehow dirtied this part of his face very much—as he himself said, as if he had rubbed his temples with a dirty glove. The appearance lasted over a period of many months, proved at first very rebellious to treatment, but afterwards yielded to appropriate measures, such as those which I shall describe further on.

In the second case, which I describe from a drawing made at the time, about two years ago, in an elderly man, a thickly set patch of comedones occupied the skin over the malar bone and outward towards the ear. A small group was situated on the temple, and a few still smaller groups on the sides of the forehead close to the ear. An isolated group occupied the centre of the fossa of the helix of the ears. A small group was found behind the ala of the nose, a situation in which comedones are common, and, in this case, would probably have passed comparatively unobserved had it not been for the condition of the other parts of the face.

The third case was observed by me on July 2nd of this year. A young man twenty-six years of age, in perfectly

FIG. 1.

good health so far as his own sensations were concerned or could be detected by careful examination, was disfigured by what at a little distance seemed patches of dirt on the upper and inner parts of both cheeks, on the temples, and slightly on the lower part of the face. Close inspection showed that these dirty patches were caused by groups of come-

¹ MS. Pathol. Reports, Glasgow Western Infirmary, vol. v., p. 860.

¹ Kaposi, 2te Auflage, p. 176.

done. The most prominent groups were those on the upper and inner parts of the cheeks, but the others were all well marked. The position of these groups is shown in Fig. 1, which is of course no portrait, but a simple outline figure which I have used to show the position of these groups. Although the man was young, there were rather deeply cut lines in the usual situation between the fleshy parts of the cheek and the upper lip. In one of these lines—viz., that of the left side—a linearly arranged group of comedones extended from the ala nasi to beyond the level of the corner of the mouth, as is accurately depicted in the figure. In the corresponding line on the right cheek there were none present. The position of these groups is clearly shown in the figure, but the size of the comedones is not given in proportion. In order to show more accurately the size of the individual comedones and the closeness with which they are grouped, I have had a drawing engraved showing the groups on the left cheek and on the left temple. (Fig. 2.) Although in this figure the arrangement of the individual comedones does not pretend to absolute accuracy of detail,

FIG. 2.

it yet shows approximately the number and arrangement, while as regards the size of the individual comedones it may be taken as accurate.

The importance of this affection is entirely in its disfiguring effects. Ordinary comedones are, as many afflicted young persons are too ready to admit, by no means improving to the appearance, but grouped comedones developed to such an extent as those shown in these figures become a decided deformity, giving rise to no little worry and unhappiness to the person who is the subject of them. The extent to which this worry is developed depends of course a good deal upon the individual, but the most indifferent to personal appearance cannot help being rendered more or less unhappy by being compelled to constantly present the appearance of a daubed or unwashed face. Although a careful examination of all the latest works on dermatology has failed to discover a clear or well-marked description of this curious affection, I by no means consider that it can be very rare, and I shall be surprised if the publication of this short paper, and more particularly of the figures which illustrate it, does not lead to notices of similar cases. Probably it occurs amongst many persons who have not considered it necessary to consult a medical man regarding it. In two of the three cases which I have related I extracted a number of comedones and subjected the sebaceous plug to careful microscopical examination, but failed to find that it differed in any way from the similar plug which can be squeezed out in any ordinary case of comedo.

The treatment of this affection consists in stimulating applications to the skin. The circulation over the affected parts should be roused by friction with soft soap and the application of sulphur ointment. Friction with soft soap once in twenty-four or forty-eight hours, according to the susceptibility of the skin of the individual, and rubbing in at bedtime of the sulphur ointment, will, if persevered in sufficiently long, probably be found to effect a cure. When too much congestion or inflammation of the skin is produced, the treatment should be intermitted, and a soothing application of zinc ointment made for two or three days. Of course, other means might be taken which would in some cases be more convenient, so long as the end to be

attained is kept in view—namely, that of stimulating or rousing the skin to more tone and to more active circulation.

Persons of a speculative turn of mind will have no difficulty, on looking at Fig. 1, in developing plausible and more or less ingenious hypotheses as to the cause or causes of this peculiar grouping. For my own part, I do not hesitate to confess my ignorance on this point. The question is certainly an attractive one. Why a condition of the sebaceous glands that usually affects isolated points of the skin of the face, presumably due to some error of circulation in connexion with a particular gland, should develop to such an unusual extent over isolated groups of skin in which apparently every sebaceous gland becomes a comedo, is certainly a most curious question, and one in regard to which, although no satisfactory answer can, it seems to me, be given, the search for an answer should always be kept in view, and the peculiar circumstances of each individual case carefully considered, in order to obtain the clue to its solution. The development between the cheek and the lip may perhaps tend to cool the ardour of those who, in this as in every other case of skin disease, would seek to throw the blame on the nervous system. This fold does not, I presume, correspond to any vascular or nerve supply, but from the very fact of its being a fold it is liable to lower the vitality of the part. We know how, in certain individuals, folds of the skin are apt to become the seat of eczema or rhagades, which, of course, implies that those parts of the skin are less able to resist the ordinary causes of irritation which the healthy skin can bear with impunity.

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A CASE OF PUERPERAL SEPTICÆMIA TREATED BY LOCAL, OR UTERINE, MEDICATION; RECOVERY.

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MRS. H— was confined on Dec. 11th of her third child, no one but her sister being present. She was fairly well on the 12th and 13th, but on the 14th the pulse rose to 108, the temperature to 100°, and the lochial discharge became scanty. The bowels had not acted for a couple of days. She was ordered a teaspoonful of compound liquorice powder. On the 15th, after slight purgation, the discharge somewhat increased, the pulse fell to 96, the temperature to 99°, and she felt better.

Dec. 16th.—Much the same as yesterday, but during the evening had a severe rigor.

17th.—The temperature again rose to 100°; pulse 108. The discharge has entirely ceased. She complained of sickness and faintness on trying to sit up in bed. Has some pain in the back. Bowels tympanitic, but no abdominal pain; loud tinnitus aurium.

18th.—Has spent a very restless night. Complains of headache, and intense nausea, thirst, and anorexia. Temperature 100°; pulse 126. Secretion of milk stopped. Was occasionally delirious during the night. No lochial discharge.

19th.—Condition of patient much the same as on the 18th. There is much greater prostration and more continuous delirium.

20th.—On my visit this morning I found my patient, as I believed, to be rapidly sinking. She had been almost continuously delirious; could with difficulty keep her attention to questions asked. She complains, as formerly, of intense nausea, tinnitus, and a feeling of a most oppressive weight on the chest. Face pinched; cheeks, which in health were florid, divided into livid islets of skin, intersected with yellowish lines; upper lip quite pale and bloodless; eyes expressionless; breathing rapid. Temperature 100°; pulse 130. Breasts flaccid; no discharge since the 17th. At 4 p.m. the following treatment was adopted. (I ought to say that up to this time she had been treated with vaginal injections of Condy's fluid in water, and with quinine internally.) Placing the patient on her left side, I made a vaginal examination, and found the os quite wide enough to admit easily a couple of fingers. The sound was then introduced, and showed the