CANCERS IN UNUSUAL SITUATIONS.

BY CHARLES STEELE, M.D., F.R.C.S.

CASE 1. *Scirrhus of Tonsil*.—Mr. H. N—, aged fifty-five, consulted me in February, 1886, concerning his left tonsil, which felt full and uncomfortable. I had attended members of his family for several years, but he had never required medical attendance during that time; in fact, he was a remarkably healthy gentleman, of a cheerful, bright nature, and took a great deal of walking exercise. The tonsil was enlarged, having a smooth flat surface as large as a penny curling over on its anterior edge, very firm to the touch. There was also a visible fulness under the ear. I entered it "malignant?" in my notes. He turned to me and said, "Tell me, is it cancer?" I asked what should make him think so, and he replied, "Because my father died of cancer." I told him that I should wish to try absorbent but non-irritating treatment before arriving at a definite conclusion, but that its nature was questionable. He had some round red spots on his forehead, and frankly owned to chancere in early manhood, and his mind was relieved by the idea of treatment bearing upon that basis being adopted. The spots cleared away, but the tonsil remained unaltered for a month. This treatment was discontinued because the swelling under the ear started rapid growth, extending both in circumference and also outwards beyond the level of the ear. Swallowing gradually became difficult; he refused to go out of doors, lost flesh and appetite, and was reduced to a fluid diet. The tonsil did not enlarge much more, but the curled edge became more prominent. Development of disease was in the soft parts outwards. Large veins showed themselves, the mass extended backwards almost to the nape of the neck, the growth extended two inches beyond the level of the ear, dark, hard prominences formed; and eventually ulceration took place exactly as in a scirrhus breast. Sloughing took place, leaving a wide deep cup, in which hæmorrhages, at first slight, but eventually severe and sometimes arterial, occurred, but were checked by the local application of perchloride of iron, while other styptics failed. He became confined to his bed, and died in September. The medicine which gave him relief, and which he took for some months, was tincture of hydrastis, in one-minim doses three times a day. When I increased the dose to ten or even five drops he refused to take it, and would fall back on the minim doses. The fulness of the tonsil was what he first noticed in January, then the swelling under the ear; but he put off calling to see me in consequence of his dread of being confirmed in his impression that the disease was really cancer. Yet he was imperative as to a frank reply to question, and, when the specific course of treatment failed to make an impression, I was obliged to confirm his fear. Dr. Greig Smith saw him early in consultation with me, and we were perfectly agreed that the idea of removal could not be entertained, on account of the extension into surrounding parts and involvement of bloodvessels and nerves. Duration of disease nine months.

CASE 2. *Scirrhus of the Vagina*.—Mrs. K—, a widow, aged forty-six, consulted me in October, 1889, on account of discomfort in the lower part of the abdomen and slight vaginal discharge. She had two children, aged seventeen and eighteen, and had not ceased to menstruate. Although she looked healthy and in good condition, indications made me desire an examination, to which she demurred, considering that she was suffering from leucorrhœa only; but on my representing that it was absolutely necessary, she consented. I found the vagina to consist of a flattened tube of dense tissue, which felt like cartilage. Both bleeding and pain resulted even upon my turning my finger gently. There was a small nodule on the os uteri. The growth at that time did not extend in front to the meatus urinarius; micturition was natural. Little increase occurred for a month, then extension on the right side into the pelvis took place, producing neuralgia in the right anterior crural nerve, then lameness, and swelling below Poupert's ligament. Continuous pain set in, accompanied by feverish constitutional disturbance, and dryness and redness of the tongue; and a cold abscess gradually formed and extended from the trochanter major to the adductor brevis, and rendered by its internal influence regular catheterism necessary. Great relief was afforded by my drawing off the pus with a trocar,

and natural micturition was restored. Restlessness and sleeplessness rendered a sedative necessary, and sulphonal suited her well until her death, which occurred in May. It was not until the fourth day that I could gain consent to make a post-mortem examination, and the weather being hot, decomposition had commenced. I took out the vagina, uterus, and appendages, with the involved surrounding parts, and found the vagina hypertrophied uniformly except at the right side, where the disease had extended and embraced the anterior crural nerve. The uterus had one small nodule on the anterior lip and another more recent one in the fundus. The ovaries were free. The specimens were too decomposed to show anything by microscopic examination, though submitted to it at once. This disease clearly commenced in the vagina, and the uterine deposits were secondary. The abscess being manifestly caused by pressure on the anterior crural nerve is a confirmation of the dictum that abscesses are caused by depressed nervous function. Known duration of disease nine months.

CASE 3. *Cancer of the Meatus Urinarius*.—Five years ago a gentleman who consulted me several times from a distance told me that his wife's health caused him much anxiety; that she frequently passed blood, but would not hear of her medical attendant examining her properly. A few months afterwards they came to reside here, and I was asked to visit the lady, aged sixty. I represented to her that an examination was essentially necessary, and that, if the cause of her hæmorrhage was a serious one, delay might render her case hopeless. She consented, and immediately my finger entered the vulva it impinged upon a mass of cancerous excrescence, which surrounded the meatus urinarius and extended backwards to half an inch from the bladder. I urged immediate removal while I could get beyond the disease and save the sphincter of the bladder. Both the husband and wife consented, and I removed the mass entirely with the écraseur, leaving nothing but sound tissue beyond. The case did well. For a time urine was passed through a retained indiarubber catheter, but this was removed as soon as cicatrization was sufficiently established. Power of retention was gradually gained, except that when the patient sat in a perfectly upright position a little urine was always voided. She has remained free from any recurrence ever since. During convalescence this case was complicated by the gradual formation of an abscess on the front of the leg, half way between the knee and ankle, which was opened, and did well. The disease was epithelioma.

Clifton.

A RARE FORM OF SKIN ERUPTION.

By H. R. KENWOOD, M.B., L.R.C.P., D.P.H.

AN extremely interesting case of an aberrant form of urticaria has been under my supervision for some years, and it serves to sustain in a striking manner the now generally accepted theory that this disorder is due primarily to a direct or reflex irritation of the peripheral vaso-motor system, in which contraction, followed by a partial paralytic dilatation of the cutaneous vessels, determines the exudation of lymph with the production of wheals. It must be held, however, that each sufferer from the complaint possesses a hyper-sensitive condition of the vaso-motor system, so that more or less trivial causes will suffice to disturb its balance. A severe body-chill has always furnished the exciting cause in this case, and after careful and thorough investigations the most absolute negative evidence of any concomitant derangement, either of the digestive, nervous, or reproductive systems, has been forthcoming. The urine has, however, always had its colour and acidity somewhat accentuated, but there has been no albuminuria or lithuria. The patient, who is now twenty-five, first noticed "swellings" when between seventeen and eighteen years of age, and they have since recurred on almost every occasion upon which she has caught a violent chill. She has always enjoyed excellent health and is of a slightly florid complexion. The eruption mainly consists of wheals, which are sometimes six inches in diameter, and are generally discovered on the third day after the chill (that is to say, when the other effects of "the cold" have somewhat spent themselves). These may occur anywhere about the body; the lips and eyelids (especially the lower) are frequently attacked, and the pharynx is said to have been

involved on an occasion during which I did not see her. Over the area on which a wheal is about to form the following sequence of events has been invariably noticed by both the patient and myself. The area at first suddenly assumes a slight red blush, sometimes bright like erythema, but generally of a somewhat dusky hue, and at this stage a faint "tingling" pain manifests itself. When the spot is rubbed by the patient or myself—and in all other cases the necessary friction or pressure is doubtless given by clothes, &c.—the centre rises, becomes blanched (relatively), and then extends rapidly by an indefinite border until it reaches the limits of its extension, by which time a faint red line is seen to surround a paler swelling. The tingling sensation is at all times slight, is greatest in the stage immediately preceding the swelling, and then diminishes, to disappear entirely when the wheal has reached its maximum development. At this later stage there are no subjective sensations of any kind which would tell her of their presence so long as she remains at rest, and does not rub or press them. The swellings last in bad attacks two days; but they have come and gone in two hours, leaving in no case any trace whatever of their existence, and we have both succeeded in some cases, but only early in the attacks, in producing wheals by friction over areas which have appeared perfectly normal. Apart from the slight discomfort accompanying "the cold," the patient feels perfectly well and in good spirits.

What marks the case as one of exceptional interest, however, is the fact that some of the swellings have frequently assumed the characters of a condition which has been described (by Quinke and Rapin notably) as "acute circumscribed cutaneous cedema"—that is, there have been present, I may say in most attacks—three or four on an average—cedematous tumefactions of the skin and subjacent tissue, of firm and knobby consistence, with ill-defined borders, and possessing a slightly pale hue relatively to the adjacent skin; which tumours pit (almost imperceptibly, it is so slight), upon pressure. Their favourite sites are the skin over the deltoid muscle of the arm and that over the region of the buttocks. The swelling of the tongue which accompanied a recent attack was due to one of them. They have never been, in any case which I have had the opportunity of investigating personally, less than two inches and a half in their longest diameter, and have generally shown a tendency to assume an oval shape. The largest had a diameter of over six inches, and was situated upon the buttocks, with its centre over the tuber ischii. Their near relation to the urticarial wheal is manifest from the closely similar sequence of changes during their development; from the almost equal rapidity in which they appear and disappear, and from the fact that in this case a common cause induces both to appear. As in the wheal there is at first a blushing of the area, followed by rapid swelling, which quickly spreads the while it grows paler and becomes eventually surrounded by a slightly—very slightly—reddened zone of skin. The borders of these hard swellings are not well-defined, and almost evanesce into the adjacent skin, and there are no subjective symptoms accompanying them when matured, not even one of tension.

How unlike typical acute urticaria the condition is, even if the presence of the hard tumours be excluded, is at once manifest from the absence of all evidence of any, even faint, constitutional disturbances of the nature which generally accompany that condition; the number and size of the wheals, many of which quite reach in the latter respect the proportions found in "urticaria gigans"; the seasonal prevalence of the disorder, most marked in the winter, whereas in acute urticaria by far the greatest incidence of attack falls in the spring and summer; the extreme faintness of all subjective sensations, and their total absence after the swellings have formed; while in acute urticaria the itching, tingling, and pricking sensations generally occur *with* the eruption, in a marked degree, and there is a craving to scratch. The case appears to me to be a hybrid of three conditions: (1) Common acute urticaria, (2) urticaria gigans, and (3) acute circumscribed cutaneous cedema. The patient has felt slight, obscure, and wandering muscular discomfort at times, which may be attributed to chronic rheumatism, though she has never had acute rheumatism, nor is there any parental history of the disease. She is somewhat of the "rheumatic constitution." Although for a time I was inclined to think that drop doses of aconite hourly exercised the greatest influence in limiting the duration of the rash (even more so than the salicylate of sodium of which I had

read), I have since had ground to believe that a mixture of the latter salt with iodide of potassium has been more successful. It is difficult, however, to say anything definite upon the results of different treatments, as the duration of the condition, in spite of drugs, would appear in this case to bear a direct relation to the magnitude of the exciting cause; that is to say, it is the severity of the chill—a difficult factor to reckon with—which chiefly determines the severity and persistence of the condition, and therefore in different attacks it is impossible to tell what their duration would be apart from the treatment employed.

Denbigh-place, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF ILEO-CÆCAL INTUSSUSCEPTION IN A MALE INFANT AGED NINE MONTHS.

BY T. CUMING ASKIN, M.D.

A SHORT account of this case may prove interesting, as the diagnosis was verified by a necropsy. A strong, well-developed male child enjoyed perfect health till the morning of Dec. 4th, 1891, when, while crawling on the floor, he was suddenly seized with great pain, which made him cry out. His mother said the bowels moved soon after, and the motion contained nothing but blood. The pain did not recur, but the child seemed heavy and stupid, and vomiting set in, nothing being retained on the stomach. I saw the child on Sunday evening, the 6th. His face had a pained and anxious expression. Surface of body cold. Temperature 98° in axilla; pulse about 160. Eyes dull, pupils dilated. Abdomen not distended. In the right iliac fossa a tumour, doughy in consistence and freely movable, could be easily and distinctly felt. Palpation did not seem to cause pain. A glycerine suppository was given and brought away a little blood. Bowels had not acted since the 4th. On the morning of the 7th I again saw the child, whose condition then was much the same as it had been on the previous day, except that he seemed weaker. The tumour did not appear to have altered much in position or size, and there was no abdominal tenderness or distension. I advised an operation, but the mother would not consent. I then sent for a pair of bellows, intending to inject air into the bowel, but the child died before they could be procured. The cottage was situated in a very lonely and isolated part of the county, being several miles from any village or town.

The necropsy revealed an ileo-cæcal invagination, about four inches of the gut being involved. The intestine was intensely congested, and I had considerable difficulty in withdrawing the invaginated portion of the gut. The small intestine was moderately distended (this must have occurred within a very short period of death). There was no evidence of general peritonitis.

Alderton, Suffolk.

CASE OF APHASIA.

BY D. ROBERTSON DOBIE, M.D. EDIN.

THE following case may prove of interest to medical practitioners and merit insertion in the columns of THE LANCET. By publishing I invite a free discussion of the case, and will leave it to more experienced and intelligent observers to explain how the favourable termination which I now describe came about.

Mrs. H—, aged fifty-six, was suddenly seized with loss of speech, unaccompanied by any paralysis, in January, 1883. I did not at that time see the patient, but I am well aware that she lost her speech completely, and could not utter a syllable. She could read quietly to herself, but was unable to communicate her ideas in writing. She was treated in a most careful manner by a neighbouring practitioner, and was soon up and attending to her household duties. I frequently attended Mrs. H— when she came into my district during 1883, and subsequently for minor ailments in connexion with the menopause, and I am inclined to think