MULTIPLE SARCOMA ASSOCIATED WITH OSTEITIS DEFORMANS.

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I AM indebted to my colleague Mr. Howlett for the accompanying photograph, which faithfully represents the condition of a patient of mine recently in the Hull Royal Infirmary, who was suffering from the above-named diseases. As regards the appearances presented, it is, I fancy, in all probability, unique.

G. S.—, aged twenty-seven, an agricultural labourer, had a good family history, and had not been the subject of syphilis. He had always enjoyed good health until February, 1886, when he began to feel pains in his knees and shoulders. He was for a short time a patient in the Hull Infirmary, in October, 1886; there was at that time no observable deformity, and, as occasionally happens, it seems, in these cases when in an incipient stage, the complaint was thought to be of a rheumatic nature. In December, 1886, he was admitted to the cottage hospital at Beverley, and then for the first time noticed that his hands and feet were enlarged.

When readmitted to the Hull Infirmary in June of last year, he presented the following symptoms. Upper extremities cedematous from the finger-ends as far as half-way up the humerus. The enlargement, however, was manifestly only partially due to cedema; all the phalanges, the metacarpal bones, and the radius and ulna could be felt distinctly thickened. In the lower extremities the swelling extended from the toes to the knees, and the latter joints were enlarged. Here also the increase in size of the limbs could be felt to be partly due to cedema and partly to enlargement of the bones. The clavicles and some ribs on the right side were thickened. There was pleural effusion over the lower half of the right lung. The eyelids were much thickened, and the skin of the face and back of the hands presented numerous small flattened nodules about an eighth of an inch in diameter. Over the trunk generally there was more or less hyperæsthesia of the integument. There was no albuminuria. The heart's action was regular and fairly strong, the apex beat was displaced to the left of its normal position, but there was no murmur. There were some enlarged glands in both groins. The temperature was generally raised, varying from normal to 100°; on two occasions, however, it reached 101° and 102° respectively. About a month after his admission he was attacked

with troublesome diarrhoea, which persisted in spite of various remedies up to the date of his leaving the infirmary, and evidently caused considerable exhaustion. Unfortunately, in spite of all that I could urge to the contrary, as his end was manifestly approaching, he persisted in going home on Sept. 9th last, and died nine days afterwards, without having been seen by any medical man in the interim. His illness, then, may be calculated as extending over a year and seven months, or nine months after the enlargement of the bones was noticed.

Remarks.—I need scarcely say how extremely I regret the incompleteness of this case so far as a post-mortem is concerned, especially as I am not forgetful that it may be asked, granting the existence of the osteitis, what proof is there of the presence of sarcoma in the absence of any post-mortem evidence to that effect? We may feel, however, I think, almost unquestionably certain of the existence of the cancerous element in the case from the following facts. 1. The symmetrical cedema of both upper and lower extremities showing, in the absence of any cardiac or renal complication to account for it, that there was pressure upon the large thoracic and abdominal venous trunks, a pressure almost certainly exerted by new growths in some part of their course. 2. The existence of the nodules referred to in the skin; much importance was attached to these as a diagnostic aid by the late Dr. Hilton Fagge, who says¹ that in the first case in which he saw them he mistook them for an accidental complication of molluscum fibrosum. 3. The negative evidence afforded by the absence of any other disease and the rapid progress of the case—this form of osteitis having *per se* little if any tendency, I believe, to destroy life. In enumerating the symptoms presented by this patient I have referred to the existence of cutaneous hyperæsthesia on the trunk. At an early period of his stay in hospital, and before I was otherwise certain of the diagnosis, this was suggestive to me of the existence of internal cancer. Dr. Walshe refers to this symptom, and I once observed it in a marked degree over the skin of the thorax in a case of primary cancer of the lung that I met with some years ago. This man presented none of that curving of the bones depicted in Sir James Paget's cases of osteitis deformans; but had an absence of malignant complication permitted his life to be sufficiently prolonged, this condition would no doubt have developed. His youth was a remarkable feature in the case; all those seen by Sir James Paget have been, I believe, over forty. In conclusion, I would point out that with reference to an example of osteitis deformans brought before the Pathological Society in December, 1882, in which the arms were unaffected, Mr. Treves is reported to have said that "the case was a further illustration of two facts—(1) that the bones of the arms were usually free; and (2) that all cases where the bones of the upper extremity, except the clavicles, were involved occurred in women." To the last of these facts, at all events, my patient afforded a remarkable exception.

COMMUNICATION OF TUBERCULOSIS BY RITUAL CIRCUMCISION.

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A JEWISH CHILD, aged five months, was admitted into the London Hospital on Aug. 23rd, 1887, with a large globular fluctuating swelling in each groin. The skin over them was red and thinned. On the under surface of the penis, at the site of the frænum, was a small superficial sore. The abscesses were opened, and a quantity of pus containing some masses of caseous material was evacuated. Their walls were then scraped. The child's condition improved, and in fourteen days he left the hospital with a sinus in each groin, discharging only a small amount of pus.

The mother stated that the child had been circumcised when eight days old, and the wound appeared to heal properly. Six weeks afterwards, however, she noticed a small swelling in each groin, and, on applying to the doctor, it was observed that the circumcision wound had either "broken out again" or had not healed. The swellings grew

¹ Practice of Medicine, vol. i., p. 96.