region of the left parotid gland. This soon spread to the right side, and within 24 hours he was suffering from a severe attack of double parotitis, a somewhat rare though recognised complication after abdominal section; the parotitis gradually resolved and no outward traces of the attack remained after Nov. 13th. On Nov. 21st an aunt of the patient visited him and stayed with him for about an hour and a half, kissing him both on entering and leaving the room; she had walked about seven miles to see the boy and she walked the same distance home again. On reaching home she complained of feeling very tired. Previously to this visit she had not seen the boy since an hour before the operation. On Nov. 24th (three days after her visit) she complained of stiffness in the region of the parotid glands and developed double parotitis, which gradually resolved. On Nov. 27th the sister of the last patient, with whom she was living, also complained of stiffness in the region of the parotid gland and she developed likewise, in a few hours, a mild attack of parotitis which also in a few days subsided; this third patient had never been in contact with the original patient at any period of his illness. I inquired most carefully for any cases of parotitis epidemica (mumps) in the neighbourhood where these patients lived, but failed to elicit any history of such. I would suggest that the two attacks of parotitis, in the aunt and her sister respectively, were due to direct infection, and hence the rapidity of the onset of illness after being inoculated, the infection travelling down Stenson's duct to the mouth of the boy, thence to the aunt, and then by the same route from the aunt to her sister.

Metastasis is, I venture to think, not a very satisfactory explanation either of the parotitis that occurs after abdominal section or of the well-known orchitis that follows after mumps, although it is the best one we have. If, however, the operation was, by metastasis, the determining cause of the parotitis in the boy, there was a very striking point in connexion with these cases—namely, (1) three days after the operation (the determining cause) the boy developed parotitis; (2) three days after visiting the boy the aunt developed parotitis (having rendered herself by over-exertion and fatigue less resistant to infection); and (3) three days later the sister developed the same affection, evidently having caught it from the previous patient (the boy's aunt). In all of these there is the definite incubation period of three days. Had these cases of parotitis suppurated, cultures might have been made and some evidence as to the connecting links between the cases obtained, but fortunately for the patients themselves, suppuration did not occur. I have been unable to find any record of similar cases, and I hope that some of your readers may be able to throw some light on an interesting pathological condition.

Kidderminster.

MEASLES AT SWANSEA.—At the meeting of the Swansea Sanitary Committee held on Dec. 17th the medical officer of health, Mr. E. Davies, reported that 29 deaths from measles had occurred during the past nine weeks and that five of the elementary schools in the town had been closed owing to the epidemic. Mr. J. A. Rawlings remarked that measles ought to be included in the list of notifiable diseases, and it was eventually decided that notice to that effect should be given.

BRISTOL MEDICAL MISSION.—At the meeting of the Bristol Medical Missionary Society held on Dec. 18th it was stated that during the past 12 months 8310 patients had been treated against 7535 in 1899, and that of this number more than 2000 had been attended at their own homes. The expenditure for the year amounted to £726 and the income to £643. The adverse balance of the mission now amounts to about £300 and a special effort is to be made to raise that amount.

INFANTILE MORTALITY AND HEREDITARY SYPHILIS.—At the meeting of the Stonehouse (Plymouth) District Council held on Dec. 11th the medical officer of health (Mr. T. Leah) reported upon the infantile mortality, which is higher than the average throughout the county of Devon. Stonehouse is the most densely populated town in the area of the Devon County Council and Mr. Leah stated that the density of the population was one of the causes of this mortality, while he added that hereditary syphilis was decidedly on the increase since the Contagious Diseases Act was repealed.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ANCOATS HOSPITAL, MANCHESTER.

A CASE OF MELANOTIC SARCOMA OF THE LIVER; WITH
REMARKS ON THE DIAGNOSIS OF MELANOTIC TUMOURS
OF THE INTERNAL ORGANS.

(Under the care of Dr. R. T. WILLIAMSON.)

MELANOTIC sarcoma of the liver is nearly always secondary, though some very definite cases have been recorded in which it appeared to be primary.¹ The association of the affection of the liver with the same form of growth in the eye is frequent and only a short time intervenes between the primary eye affection and the appearance of the disease in the liver, as in the case recorded below, but in one case the interval between the removal of the eye and death from the growth in the liver was 10 years.² As in Dr. Williamson's case, it is not rare for secondary sarcomatous growths of the liver to give rise to a uniform enlargement in which no individual tumour masses can be felt.

A girl, aged 16 years, was admitted into the Ancoats Hospital on Sept. 13th, 1900, on account of enlargement of the abdomen. Three months before admission her sight had commenced to fail in the right eye and in a short time vision was lost in this eye. The eye was removed, on account of intra-ocular tumour, by Mr. E. Roberts, surgeon to the Manchester Royal Eye Hospital, five weeks before the patient's admission to the Ancoats Hospital. Four weeks after the operation she first noticed the swelling of the abdomen.

On admission the patient was fairly well nourished. There was no jaundice and no pigment spots or tumours were present in the skin. The temperature was normal. There was no cedema of the legs. Nothing abnormal could be detected in the heart and lungs. The liver was very much enlarged; its upper limit reached as high as the fourth rib; its lower edge extended down to the iliac crest on the right side and could be felt below the umbilicus in the middle line. The lower edge of the liver was sharp and even. The surface of the liver was quite smooth and firm. The hepatic enlargement was uniform. There was no hepatic pain or tenderness, and there was no ascites. The spleen was not enlarged. The patient vomited occasionally and suffered from diarrhoea. There was no hæmatemesis.

The urine was slightly darker than normal urine when freshly passed, but it had only a slight brownish tinge. When allowed to stand exposed to the air for several days, however, it became black in colour, but when kept in a corked bottle it had not changed its colour at the end of seven weeks. The specific gravity was 1015 and the reaction was acid; albumin and sugar were absent. The addition of nitric acid to the urine produced a deep black coloration with a slight brownish tinge. A solution of perchloride of iron produced a deep black coloration. Sulphuric acid and bichromate of potash also produced a deep black coloration. These are the reactions for melanin. There was no reaction of the urine for blood pigment with tincture of guaiacum and ozonic ether and no hæmin crystals could be obtained. A deep Prussian blue coloration was obtained on the addition of nitro-prusside of sodium, liquor potassæ, and acetic acid.

During the four weeks that the patient was in hospital she gradually lost flesh. At times she suffered from severe pain in the abdomen chiefly in the region of the epigastrium. At other times the pain was absent and on these occasions, even at the end of the illness, the liver was painless on palpation. Towards the end of the patient's illness the feet were slightly cedematous, but there was never any ascites. There was no

¹ Delépine: THE LANCET, Jan. 24th, 1891, p. 196.

² Loc. cit.

jaundice until the last day of life when the conjunctivæ presented a slight yellow tinge. Death occurred on Oct. 15th.

Necropsy.—At the post-mortem examination none of the organs presented any pathological changes of importance except the liver. The liver was greatly enlarged, extending down to the iliac anterior superior spine. The enlargement was uniform; the lower margin was sharp and the surface was smooth. The weight was $13\frac{1}{2}$ pounds. On section the whole organ was infiltrated with tumour growths. In most parts the liver substance was studded with small, roundish patches of tumour growth varying from one-eighth of an inch to half an inch in diameter; in some parts the liver substance was infiltrated with extensive, deep, black patches of tumour growth. At many points close to the pigmented patches and nodules were other nodules of tumour growth of a bright, white colour. The kidneys were normal with the exception of one small melanotic nodule of the size of a pea. The spleen was not enlarged. The stomach and intestines were compressed greatly by the enlarged liver but otherwise appeared to be normal. The thoracic organs presented no changes of importance. The blood, both during life and post mortem, gave no reaction for melanin with nitric acid or perchloride of iron. Microscopically sections of the liver at the parts infiltrated with tumour growth presented the appearance of a melanotic sarcoma, composed chiefly of pigmented spindle cells. The white nodules of tumour-growth presented the appearance of a non-pigmented spindled-celled sarcoma.

Remarks by Dr. WILLIAMSON.—The clinical diagnosis of melanotic sarcoma of the liver was practically certain, being based on the history of removal of one eye for tumour growth, the enlarged liver, and the presence of melanogen in the urine which gave the black coloration with nitric acid and perchloride of iron. In the *Medical Chronicle*, October, 1899, I recorded a similar case of melanotic sarcoma of the liver secondary to a primary growth in the eye, and also a case of multiple melanotic tumours of the brain secondary to a pigmented tumour of the skin: both of these cases were under the care of Dr. Graham Steell at the Manchester Royal Infirmary, where I had the opportunity of observing them when medical registrar.

With reference to the clinical diagnosis of melanotic tumours of the internal organs, it is interesting to note that they are usually secondary to primary disease of the eye or skin. Hence superficial inspection of the patient often furnishes the most important indication in diagnosis. The absence of one eye and the history of its removal for tumour, or the presence of a pigmented scar in the skin, and the history of the removal of a dark-coloured tumour of the skin often indicate the correct diagnosis. The presence of small pigmented patches or small pigmented tumours in the skin is another point of diagnostic value. These patches or small tumours are deep-black or bluish-black in colour. They were absent in the case recorded above, but were present in the two other cases which I published 12 months ago. The liver, when affected by secondary melanotic tumour, is often very greatly enlarged, especially when the primary growth is in the eye. In the case just recorded the liver weighed $13\frac{1}{2}$ lb.; in the other case previously published it weighed $16\frac{1}{2}$ lb. Ascites was absent in both of the cases I have seen. In one of the cases jaundice was entirely absent; in the other it was absent until the last day of life, when there was a slight yellow tinge of the conjunctivæ. In both cases pain was absent for a long period at first.

In two of the three cases which I have examined the urine contained melanogen and gave the reactions for melanin—a deep black-brown coloration with nitric acid and a deep black coloration with perchloride of iron. With respect to the diagnostic value of melanuria, it may be here mentioned that the same marked reactions are said to be obtained occasionally, but very rarely, in the urine in wasting diseases, when no melanotic sarcoma is present. But since nitric acid is used so frequently in urine testing the occurrence of such a marked black-brown reaction must be extremely rare, or it would have been recorded more frequently. The blue reaction with nitro-prusside of sodium, liquor potassæ, and acetic acid is not due to melanin but to some other substance.

When the reactions for melanin are obtained in the urine with perchloride of iron and with nitric acid there is always a strong probability that melanotic tumours are present in the internal organs. This probability is increased and the diagnosis is almost certain if there is in addition (1) great

enlargement of the liver, (2) if small pigmented patches or tumours are present in the skin, or (3) if there is a history of the removal of one eye for intra-ocular tumour, or of the removal of a pigmented tumour of the skin. When the urine does not give the reactions for melanin the diagnosis of melanotic tumours is still indicated if, along with symptoms of tumour growths in the internal organs, there are scattered small black patches or nodules in the skin (as was the case in the melanotic tumour of the brain already referred to).

Medical Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Exhibition of Cases and Specimens.

A MEETING of this society was held on Dec. 7th at the West London Hospital, Dr. F. SCHACHT, the President, being in the chair.

The minutes of the last meeting were read and confirmed and several new members were elected.

The PRESIDENT said it was his sad duty to allude to the death of one of the society's vice-presidents, Dr. Symons Eccles. He had held every office in the society and the members were well aware of the energy and enthusiasm which he put into the work of the society and he was sure that they would all feel his loss. He, together with the two secretaries and the treasurer and editor of the journal, had attended Dr. Eccles's funeral as representatives, and he proposed that the meeting should pass the following motion:—

That this meeting desires to record the loss sustained in the death of Dr. Symons Eccles, one of its vice-presidents, and wishes to convey to Mrs. Eccles its sincere sympathy.

This was carried in silence.

Dr. LEONARD DOBSON then showed a case of Raynaud's Disease. The patient was a man, aged 45 years; he had always been healthy until he had an attack of influenza seven years ago. He shortly afterwards lost all his money and lived a life of great anxiety and privation. He first noticed that his hands became cold and the fingers suppurated. The disease rapidly became worse and now the hands were always cold, were bluish in colour, and the finger-tips were ulcerated in the winter. The disease was symmetrical and the thumbs were not affected. One ear was becoming affected, but the feet were not attacked. The hands were worse after exposure to cold or after a meal; they then became first white and afterwards purplish black. The urine was normal; the discs were normal; there was no specific history. He was at present being treated with galvanism and strychnia and was improving.—Dr. DOBSON, in reply to questions from Dr. SEYMOUR TAYLOR and others, said that his patient had not suffered from oxaluria or hæmoglobinuria. He had not yet tried liquor trinitri as the patient was satisfied with his present treatment.

Dr. TAYLOR showed a case of Transposition of all the Viscera in a male. He thought that the cause of this was very obscure, but gave as a theory that the man was possibly a twin, the other twin being possibly a blighted ovum, and that if the twins were of the same sex that there might have been a longitudinal segmentation of the cells of the embryo.—Dr. ROSS SINCLAIR also showed a girl who was the subject of Transposed Viscera.—Dr. TAYLOR said that he noticed in the girl's case that the position of the cæcum and sigmoid flexure was unaltered.—Dr. ROBINSON said that he had examined the sister of the male patient and found a complete absence of the vagina, the uterus, and the ovaries.—Mr. G. PERNET could not accept Dr. Taylor's theory of the cause and noted that neither patient was left-handed.—Dr. PORTER said that he had seen a large number of twins but had never noticed this condition.—Dr. A. H. CLEMOW remarked that the cavities of the heart in the girl's case were not transposed.—Dr. TAYLOR, in reply, said that the children had not been examined. He admitted that his was only a theory, but it was the only one which would explain these cases.

Mr. H. CARRÉ SMITH showed two cases of Spastic Paraplegia (sisters), one aged 16 years and the other six years. The elder girl developed the disease at the age of five years and now had the characteristic gait and rigidity. The knee-jerks were exaggerated and ankle clonus was marked. She