This fissure type of the process is slow in evolution, but may be quite painful.

Quite different is the so-called cauliflower type of the process. The bottom of the ulcer is irregular, tomentous, and covered with indurated granulations which bleed upon the slightest provocation. In the sulci separating the granulations a magma becomes deposited, composed of coagulated blood, purulent serosity, and dirt. The magma is brownish in colour, contrasting with the red tint of the granulation.

When the ulcer has attained this stage it may at a given time present a tendency to excavate, the elements composing the bottom being progressively eliminated. The edges remain raised, forming a funnel-shaped process, surrounding a crater whose surface is not smooth.

The edges of this cauliflower type require a special description. They are thick, indurated like the remainder of the tumour surface. Their surface need not of necessity be ulcerated; the limits of the epidermis are irregular and at some spots the ulcer sends off a rather long expansion towards the periphery.

The borders may be sharp-cut on their outer aspect and are abruptly raised. They frequently overlap the surface of the ulcer, forming a rather deep, circular sulcus around it. The surrounding structures continue directly with the neoplasm and contain either indurated tracts, indicating extension of the growth, or isolated nodules whose neoplastic nature leaves no doubt.

The third form of epithelioma of the dorsal aspect of the hand is the ulcerating type. In this type the growth is not raised or only very slightly so, and this applies to the thickened edges. On the other hand, the bottom is hollowed out, the process develops in depth, and soon becomes adherent to the underlying structures.

The Course of the Lesion.

In all types of epithelioma of the dorsum of the hand the secretions are not usually very excessive, but that they can be so is amply demonstrated in Case 1. They are composed of a thick, brownish, sanious liquid, which easily coagulates on the ulcerated surface, forming a crust. If a trauma intervenes this crust falls, and a hæmorrhage, which may be severe, results. The cauliflower type is the one in which loss of blood is more frequent, as the granulations form large buds, while if the hæmorrhages recur often an extreme degree of anæmia results whose nefarious effect becomes coupled with that of the cachexia.

When the ulcerative process has developed pain of very intense character occurs and may be the principal indication for operation, as was the case of the patient in Case 1. It is, of course, due to the involvement of the nervous branches invaded by the neoplasm, and when the trunks of the radial or ulnar nerves are attacked by the malignant process the suffering is intense.

When the disease has extended sufficiently the movements are interfered with on account of the involvement of the tendons and bones.

The regional invasion of epithelioma of the dorsum of the hand includes the bones, tendons, nerves, and vessels. The epitrochlear lymph node may be metastatically involved early in the process, while involvement of the lymphatics of the axilla is almost always constant, at least when the affection is far advanced. When they have formed a mass in the axilla they press upon the vasculo-nervous elements, resulting in œdema of the upper limb and severe neuralgia. General visceral metastases have been noted.

Prognosis and Treatment.

Epithelioma of the back of the hand is a serious affair, but the gravity of the case varies with the type of the evolution of the neoplasm. When this is slow it may exist for several years without giving rise to any marked disturbance. The cauliflower type offers the most rapid progress.

There is one point to which attention is directed, to wit: in cases arising in subjects of advanced years the senile crust, even when ulceration has taken place, may remain stationary for years without local extension of the process or involvement of the lymphatic system, and in these circumstances the patient attributes little importance to his trouble. Then suddenly, following a trauma or the ridiculous habit, both by the laity and only too often by the physician, of applying some form of caustic, the growth assumes a very rapid development, and this is also most marked in the lymphatics,

so that cases which were localised become quickly inoperable and give vent to severe or almost fatal hæmorrhage.

The prognosis, therefore, is difficult to give in any degree of precision on account of the above-mentioned circumstances, but it may be said that local removal of the growth is almost sure to be followed by a recurrence which undergoes an even more rapid evolution than the primary neoplasm.

As to treatment I have little to say, as I am of opinion that when the epitrochlear lymph node is involved nothing less than amputation at the lower third of the arm with a free removal of the axillary lymph nodes and fat, even when the former cannot be detected by palpation, is the only interference worthy of consideration, providing the cachexia is not too far advanced and that the general condition of the subject fulfils the ordinary requirements demanded for a successful operation.

Radiotherapy, radiumtherapy, and fulguration in no way appeal to me from the viewpoint of sane surgical principles, but I must admit that I have had no personal experience with them in the pathologic process under consideration. If the process is an absolutely local one at the time the case first comes under observation, one of these methods might be tried on condition that time be not lost if a manifest improvement does not take place very soon after the treatment is begun.

Geneva, Switzerland.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF TWIN PREGNANCY WITH ONE MACERATED FŒTUS.

Under the Care of

J. B. HELLIER, M.D. LOND., M.R.C.S. ENG.,

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(From the Maternity Department of the Leeds General Infirmary, Case reported by PAT. A. H. EGERTON, Maternity Clerk.)

Mrs. A., aged 28, mother of three children, summoned the maternity clerk on the evening of July 30th, 1917. She was first seen at 9.10 P.M., and was found standing in her room talking to some other women. She stated that she expected labour to take place in about six weeks. During the day (about midday), when washing some clothes, she had slipped and fallen backwards, giving herself what she called a "wrench." This was followed by an attack of abdominal pain, described as "dragging" and coming on in spasms. It was accompanied by a slight hæmorrhage. She did not consider herself to be experiencing true labour pains, but said the sensations were somewhat similar. At 8 o'clock the same evening she went to bed and shortly afterwards passed a partly macerated fœtus. It measured 7½ inches, and the skin was yellow, shrivelled, and waxy-looking. The placenta had not come away, and a small shrivelled cord was hanging from the vagina. The abdomen was next examined, and by palpation the uterus was found to be on a level with the umbilicus. On auscultation a foetal heart was heard, thus proving the presence of another child. On vaginal examination little or nothing abnormal could be made out.

The patient attended at the infirmary next day, bringing the macerated fœtus with her. She had had no pain since the day before. Professor Hellier forthwith made a vaginal examination, and informed her that the head of the second fœtus was presenting. She was advised to stay in the infirmary until the labour was over, but declined as she could not leave her other children, and went home in a cab. She was attended the same afternoon by the maternity clerk, who delivered her naturally of a living, premature, female child at 3.25; length about 15 in., weight not ascertained. The child was cyanosed and was very feeble. The placenta followed in 20 minutes. There was no post-partum hæmorrhage. The placenta was normal and had two separate cords. The one to which the living fœtus was attached was of normal size and consistence. The other was shrivelled and atrophic. To this cord the dead fœtus had been attached.

The second child survived for only one week. It was from the first not expected to live very long, and never recovered

from its cyanosed condition. The mother developed a slight congestion of the lungs, probably due to pneumonia, but under treatment this disappeared, and when last seen, on August 8th, she was quite well.

The interesting point in this case is that it demonstrates that, in a twin pregnancy, one foetus may die, whilst the other continues to develop normally; also that the uterus may carry the dead foetus to a much later period of the pregnancy. In this case the onset of labour was determined by the accident. Nineteen hours separated the birth of the living from that of the dead foetus.

A CASE OF CONGENITAL ANGIOMA OF THE TONGUE.

BY FRANK M. HUGHES, M.R.C.S., L.R.C.P. LOND.,
ASSISTANT SURGEON, GRAVESEND HOSPITAL.

THE following case is of interest in that, I believe, it is uncommon, and because of the apparent local inconvenience the growth has caused resulting in a chronic dyspeptic condition.

The patient is 26 years of age. At birth a small swelling on the dorsum of the tongue of about the size of a pea was noticed and diagnosed by the medical man in attendance as a "birthmark." No pain has ever been caused by it, and there has been no ulceration or hæmorrhage from the growth. At the age of 16 years the tumour had become as large as a marble, causing difficulty with mastication and consequent indigestion. A chronic condition of indigestion from that date necessitated the patient giving up training for his profession. He was advised to undergo a course of careful dieting and attention to his bowels. This treatment had excellent results as long as it was carefully carried out; but neglect of feeding at regular times, with careful attention to the food, brought a return of the trouble.

Three weeks after joining the Army the patient was sent into a hospital with symptoms suggesting appendicitis, but

recovered with careful feeding. Indigestion has become gradually worse, with constant attacks of constipation. He is unable to digest ordinary food owing to difficulty of mastication. There is no history or evidence of syphilis.

The present condition of the growth is as follows:—A reddish-blue growth, the size of a large marble, situated on the dorsum of the tongue, well defined with raised edges, and smooth to the touch. On pressure the growth can be reduced in size, but immediately fills up again when the pressure is removed. Tongue is always furred and unhealthy, the portion around the growth feels indurated. Small "shoty" glands can be felt at the angle of the jaw on both sides. The patient has a sallowness, and has lost weight considerably during the last year.

It has been thought inadvisable to remove the growth, as it is a cavernous type of angioma and would possibly be very difficult to remove without seriously impeding the use of the tongue owing to the fact that a large portion of the organ would have to be removed; and bearing in mind that it is a benign growth and that with care and attention to diet very little discomfort may be caused, the general opinion has been that it is better to treat the patient from a medical rather than surgical point of view.

NATIONAL HEALTH SOCIETY.—The Lady Priestley Memorial Lecture on The Child and the Home will be given by Sir Arthur Newsholme on Wednesday, Nov. 21st, at 3 P.M., in the Robert Barnes Hall, 1, Wimpole-street, London, W. 1.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

The Value and Limitations of Sanatorium Treatment.

A MEETING of this society was held on Nov. 12th, Sir STCLAIR THOMSON, the President, being in the chair, when the first stage was conducted of an interesting and valuable debate on the Value and Limitations of Sanatorium Treatment. The debate was introduced generally by Dr. T. D. LISTER, physician to the Mount Vernon Hospital for Consumption, and his address is published in full in THE LANCET this week. The subject was then taken up under the three headings of the Well-to-do (Dr. DAVID LAWSON), the Middle Classes (Dr. NOEL BARDSWELL), and the Working Classes (Dr. W. O. MEEK).

The Value and Limitations of Sanatorium Treatment for Tuberculosis as Regards the Well-to-do.

Dr. LAWSON said: Unlike his less-favoured brother, the well-to-do patient seeks medical advice on slender provocation, and in this way tuberculous disease is often accidentally detected in its early phase and the patient placed under sanatorium treatment while the chances of recovery are still good. Duration of treatment is one of the vital elements of success, and its possibility confers great relative advantage upon the well-to-do patient. His mind is freed from financial cares throughout his term of treatment. For these reasons it is not unfair to expect more favourable results from the sanatorium treatment of patients drawn from the better-off classes. The term "sanatorium treatment of phthisis" should be defined in a wide sense to include all the resources of modern medicine, as well as those of its sister professions. Skilled nursing is no longer the luxury of the rich, but a routine measure available to the humblest inmate of a pauper sanatorium. The pathologist, radiologist, laryngologist, dermatologist, neurologist, and general surgeon are all pressed into the service of the sanatorium physician. Sanatorium treatment as now understood and administered secures for the patient under specially climatic surroundings and under conditions specially favourable for detailed supervision all the resources of modern medicine. Dr. Lawson then submitted the results of his own experience in 1000 sanatorium cases, dealing with their condition as they were on the point of leaving the sanatorium.

The classification adopted was based upon the consideration (see Table I.) that a patient on completion of his treatment in the sanatorium might be definitely worse than

TABLE I.—Analysis of 1000 Cases of Pulmonary Tuberculosis Treated under Sanatorium Conditions.

Depreciated 204 = 20.4 p.c.		Improving 265 = 26.5 p.c.		Appreciated 531 = 53.1 p.c.	
Worse 141 = 14.1 p.c.	Died 63 = 6.3 p.c.	Arrest 170 = 17 p.c.	Complete recovery 361 = 36.1 p.c.		

when he began treatment, in which case he was placed under the category of those whose state had *depreciated*. If his condition had so much improved that full working capacity had been restored his name appeared under those whose condition had *appreciated*. Between those two classes existed a large number of patients whose condition was undoubtedly improving, but the permanent trend of whose disease could not yet be definitely predicted when lost touch with. When evidence of acute disease tending to subside was still present they were included under the heading of *improving*. A certain number whose condition showed no definite alteration for better or worse were included under the heading of those whose condition was believed to be worse. Under *complete recovery* were included patients whose expectoration had disappeared or, if present, contained no tubercle bacilli, and in whose chests evidence of moisture could no longer be detected, who no longer presented constitutional evidence of tuberculous disease, and whose general health was excellent. Compensatory emphysema was well marked in these cases. By *arrest* was meant a similar condition with two points of difference: (1) The arrested case might still have a little expectoration from time to time, usually in the morning, containing tubercle bacilli; and (2) a little moisture in the lung might still be recognisable. In some of