

tube was removed. After drawing the uterus up into the abdominal cavity its posterior surface was fastened to the anterior abdominal wall by four silkworm-gut sutures.

Discharged June 14th. Relieved. To return for anterior and posterior colporrhaphy and perineorrhaphy. Uterus in good position.

CASE XVIII. J. W. W., aged thirty-three years, married.

Present Complaint: Pain in the lower part of the abdomen since birth of child eight years ago. Following labor had an attack of peritonitis confining her to bed nine weeks. During this time an abscess opened into the rectum.

Marital History: One child. No miscarriages.

Menstruation began at fifteen years; flow moderate, lasting four or five days; severe pain during the flow.

Diagnosis: Pyosalpinx.

Operation, May 22d. Intestines bound to both tubes and ovaries. Tubes enlarged and thickened and bound to the rectum. The rectal adhesions were separated with great difficulty. Free oozing from rectal wall and Douglas's cul-de-sac. Glass drainage for twenty-two hours.

Discharged June 17th. Well.

CASE XIX. M. E. G., aged twenty-seven years, married.

Present Complaint: Pain in both ovarian regions and constant backache. Dysmenorrhea.

Marital History: No children. No miscarriages.

Menstruation began at fifteen years; flow quite free, lasting seven to eight days, irregular; severe pain throughout the flowing.

Diagnosis: Chronic salpingitis and retroflexion. Uterus with broad ligaments bound in the pelvis by a mass of adhesions.

Operation, May 28th. The enlarged tubes were bound up with the uterus, omentum and intestines in one mass in the pelvis. In separating the uterus from the rectum the serous coat of the gut was stripped off for some two inches, and its muscular coat was torn in two. The hemorrhage was so free and the injury so far down in the pelvis narrowed by adherent intestines that I could not get at the injury to repair it. A glass drainage-tube was inserted. Several ounces of blood were sucked from the tube, but only serum was obtained at the end of twenty-three hours.

Discharged June 28th. Well.

(To be continued.)

A CASE OF CANCER OF THE CEREBELLUM, METASTATIC FROM THE BREAST; DEATH; AUTOPSY.

BY EDGAR GARCEAU, M.D.,

Surgeon to Out-Patients, Free Hospital for Women, Boston.

Mrs. D. was an Englishwoman, forty-nine years old. She was of medium height and well developed, being inclined to be somewhat stout. After the birth of her only child, eighteen years before her death, she had an abscess of the right breast; she always felt the "changes of the weather" in that breast afterwards. Her grandmother is said to have died of mammary cancer.

About two years before her fatal illness began, she had a cancer removed from the right breast by Dr. Maurice H. Richardson at the Massachusetts General

Hospital. The hospital records say that the tumor was the size of a small apple, and that the axilla was opened and a few very small glands removed. Examination by Dr. W. F. Whitney showed the growth to be cancer combined with chronic interstitial mastitis.

Since this operation she was very well, and had no inconvenience whatever with the exception of diminution of vision of the left eye, which slowly and steadily increased. The vision began to be affected shortly after the operation. Her general health and strength, however, since the operation were very good, and she began to think that her lease of life was going to be long, when suddenly, without any warning whatever, she began to have a severe agonizing pain in the upper occipital region, radiating into the right eye and sometimes into the left eye. It was constant night and day, and gave her no rest. The most comfortable position was lying on the left side with the knees flexed, keeping perfectly still, for the slightest movement accentuated the pain. When the pain came on vertigo and vomiting accompanied it, the vomiting being uncontrollable and not dependent on ingestion of food.

Physical Examination.—Over the right breast was a scar which was deeply indurated, but no signs of malignant degeneration were present. The axillary glands were not enlarged. The lungs were normal. Pressure over the spine and head did not cause pain. Extending the lower limbs caused increase of pain in the head. The tongue protruded in a straight line. Temperature 98.4°, pulse 72. Pupils of the eyes of normal size and equally dilated. On examination with the ophthalmoscope choked disk was found in both eyes. Hearing was normal. Answered questions coherently and intelligently, though slowly and with effort. Features dull and apathetic. Somnolency marked. Skin dry and cool. On inquiring further into the eye symptoms, it was found that on some days the vision in both eyes was fairly good, while perhaps the next day it might be wholly gone. When she was very weak, she had a sensation as though she were sinking into an abyss. The sensation was horrible.

The diagnosis of tumor of the cerebellum was made, and she was sent to the Boston City Hospital. There the nature of the disease was fully explained to her, and also the great risk incurred in operating. She fully appreciated her condition, for her intelligence was unimpaired, and she declined to submit to an operation.

She lived just nine weeks from the time the pain began in the occipital region. During this time nothing controlled the vomiting except cocaine, and the relief with this drug lasted only a few days. How she lived during all that time was a mystery, for she took nothing except a little whiskey and a little milk now and then. Large doses of morphine had to be given for pain. On the day before she died she had two severe convulsions affecting the right arm, right lower limb and head, the latter being drawn to the right. She had another convulsion on the day of her death.

The Autopsy was made by Dr. J. C. D. Pigeon. Head only opened. The skull was very thick. Dura mater not inflamed at any portion. Very little arachnoid fluid. Sinuses contained but little blood, and that was very fluid. The outer portion of the right half of the cerebellum was occupied by a dense, hard tumor the size of a good-sized olive, and about

the same shape as an olive; it was quite by itself, and was held loosely in position by fragments of disintegrated cerebellar tissue. Besides this single large tumor there were also several smaller ones the size of green peas, all imbedded in the same disintegrated tissue. They were placed irregularly along the under surface of the cerebellum extending towards the fourth ventricle, none of them, however, encroaching on the fourth ventricle. There was no pressure anywhere by a collection of fluid; in fact, in the vicinity of the tumors there was rather less resistance than on the other side of the cerebellum. On examining the cerebrum, two other tumors were found. One was at the posterior portion on the right, at a part exactly corresponding to the cerebellar tumors and lying immediately above them; the other tumor was on the left hemisphere at a point two and one-half inches from the upper extremity of the fissure of Rolando and anterior to it; being at the same time somewhat nearer the median line. It was this tumor undoubtedly that caused the convulsions affecting the right side. Both tumors in the cerebrum were the size of a cherry. All the tumors were on section streaked with black.

A microscopical examination was made by Dr. J. J. Thomas, and his report is as follows: "The tumor is seen to consist essentially of larger and smaller columns and masses of epithelial cells, lying in a rather loose stroma of connective tissue. The epithelial cells have vesicular nuclei and a considerable amount of protoplasm, and resemble in their appearance and arrangement the cells seen in mammary cancer. The connective tissue stroma is edematous in places, and is nowhere dense or great in amount in proportion to the masses of epithelial cells."

Anatomical Diagnosis.—Metastatic carcinoma, of the mammary type.

This case was a typical one of cerebellar tumor. The cardinal symptoms—headache, pain in the occipital region, vertigo, vomiting, somnolency and stupor, and choked disk—were all present. But the most surprising feature is that no symptoms of involvement of the cerebrum were exhibited until the day before death, it was then only that the patient had convulsions. Another point of interest is the fact that the cancerous disease did not reappear either in the breast, lung, or axilla. It is also worthy of mention that the disease in the cerebellum was on the same side as the affected breast. Nothing positive can be deduced from this, however, because there was also a tumor in the left hemisphere. The most excruciating pain—that radiating from the occiput to the right eye—was on the same side as the disease. It is interesting to note that an operation would have been entirely useless if it had been performed, on account of the involvement of the left hemisphere; the growth here, it will be remembered, gave absolutely no symptoms until the day before death.

NOMINATIONS FOR OFFICERS OF THE ROYAL SOCIETY.—Sir Joseph Lister has been nominated by the retiring President and Council for election as President of the Royal Society. The election will take place at the anniversary meeting on November 30th. Professor Michael Foster has been nominated for re-election as one of the Secretaries, and among those nominated for election as members of Council are Sir Joseph Fayrer and Dr. W. H. Gaskell.

LUPUS ERYTHEMATOSUS TREATED INTERNALLY WITH PHOSPHORUS.

BY H. L. JENCKES, M.D., GALENA, ILL.,
Member of the American Medical Association.

WE have very little positive knowledge of the nature and cause of lupus erythematosus. It is comparatively a rare disease, occurring only, according to the reports of the New York hospitals, 97 times in 20,798 cases of miscellaneous skin diseases. The uncertainty of external treatment scarcely deserves mention, and in this paper reference to the internal treatment only will be made.

Mr. B. consulted me some four years ago for a diseased condition of the skin of the left cheek. At that time there was a dull red patch the size of a half-dollar, which he said was gradually enlarging. It was partly covered with thin, adherent fine scales. It was not painful, but at times the itching sensation was quite annoying. This patch, with its sharply circumscribed outline, its surface studded with plugged sebaceous openings, and adherent fine scales, seemed a typical patch of lupus erythematosus. The usual methods of external treatment were instituted, and were faithfully carried out for five or six months. During this time the diseased surface had considerably extended, and Mr. B. concluded, as he had received no benefit, to stop treatment.

Although the disease continued to gradually extend, it was about a year before he again began treatment. And during the next two years he was treated by several physicians, one of them quite a competent man, but, as he says, "without benefit." The disfigurement and annoyance were now very great.

He consulted me again in February, 1895. The lesions at this time involved most of the left cheek, the whole of the nose, and nearly half of the right cheek. The tendency to peripheral extensions had been a marked characteristic of the disease from the beginning. This dull-red and infiltrated surface was tender to pressure, and at times painful. A number of careful examinations differentiated the disease from that tubercular disease of the skin described by Brocq as "erythematoïd lupus vulgaris." From lupus vulgaris it was distinguished by the absence of ulcerations so commonly seen in that disease, and by the absence of the small yellow nodules. These nodules, although carefully searched for at different times, could not be found.

All external treatment was now abandoned, and the patient was given a solution of phosphorus prepared as directed by Professor Berkley in his article in the *American Journal of the Medical Sciences* for April, 1893, namely:

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|-----------------------|--------|
| R Phosphorus | gr. vi |
| Absolute Alcohol | 3 xxx |
| Glycerine | 3 lxxx |
| Alcohol | 3 lss |
| Essence of peppermint | 3 ss |

Each drachm contains one-twentieth of a grain of phosphorus.

Of this, twenty drops were at first taken in water three times daily, after meals. The dose was gradually increased until at one time he was taking forty drops after meals. This amount did not produce any gastric disturbance, but the large doses were only taken for a short time. After taking the remedy for a few weeks, he noticed that the burning and tender-