

## Original Articles.

CASES OF PULMONARY CONSUMPTION FOLLOWED BY RECOVERY, OR BY ARREST OF THE DISEASE.<sup>1</sup>

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EVERY practitioner of much experience occasionally meets with instances of recovery from pulmonary consumption, or of long-continued arrest of the disease. Dr. Flint, in his valuable work on Phthisis, gives the histories of forty-four recoveries, besides thirty-one cases of arrested or non-progressive phthisis, from which it would appear that neither age, sex, family predisposition, nor hæmoptysis are unfavorable circumstances as elements in the prognosis. The great fatality of the disease should lead us to study such cases in the hope of obtaining some hints which may guide us in the treatment, or at least in the prognosis of this malady. Of the following cases perhaps three can be considered as examples of recovery, one of which was followed, ten years afterwards, by a recurrence of the disease, which proved fatal.

## CASE I. PULMONARY SYMPTOMS FOR SEVERAL MONTHS; SIGNS IN RIGHT APEX; TWO YEARS AFTERWARDS GOOD HEALTH AND ABSENCE OF PHYSICAL SIGNS.

A hack driver, aged thirty, much exposed to weather, often up all night, and when off the box spending most of his time in a small, ill-ventilated room with several other coachmen; had a cough during the whole of the winter of 1859-60, which began in an acute attack of chest affection of some kind. Considerable expectoration, chiefly early in the morning. Never hæmoptysis. Steadily lost flesh and strength from the first. No night sweats.

March 7, 1860, dullness below right clavicle, especially towards outer extremity. Prolonged expiratory murmur throughout whole of same region. Inspiration loud, somewhat harsh, with occasional moist clicking sounds. After cough abundant explosion of moist crackling. Some crackling after cough in right supra-spinous fossa. Heart sounds normal. Pulse 96. Patient is a large, stout man, but appears weak and depressed. Features somewhat pinched. Complains of feeling cold in spite of extra clothing, but declares he is not sick, and only applies for advice at the request of friends. (Cod-liver oil; croton oil to chest.) Two years afterwards, in April, 1862, he consulted me about a pain in the left side, apparently neuralgic, and without physical signs. Examination of the right apex showed roughness of the respiratory sound, with prolonged expiratory murmur, below the clavicle, but no râle, even after cough. There was but little difference in the percussion sound between the two sides of the chest. No cardiac murmur. No record concerning cough. He had kept steadily at work, and his health had "considerably improved."

The absence of proper details leaves us in doubt whether a *considerable improvement* in health can be regarded as a complete recovery from the symptoms of pulmonary disease; but the examination of the chest shows that the local disease had retrograded, and was perhaps in a state of permanent arrest.

<sup>1</sup> Read before the Boston Society for Medical Improvement, April 24, 1882.

## CASE II. HÆMOPHTYSIS, WITH GENERAL SYMPTOMS OF PHTHISIS, SIGNS IN LEFT APEX; RAPID IMPROVEMENT AND COMPLETE RESTORATION TO HEALTH; TEN YEARS AFTERWARDS RECURRENCE OF THE DISEASE AND DEATH IN SIX MONTHS.

An unmarried lady, thirty-five years old. Her mother died with pulmonary symptoms, over sixty years of age. Health delicate; she was liable to "take cold," and suffered from dysmenorrhœa, rheumatism, and dyspepsia. Short in stature, slender. In January, 1865, a severe catarrh, lasting many weeks, for which she took fusel oil, and had croton oil and blisters applied to the chest. My notes state that some trouble in the apex of the left lung was suspected, but no signs were recorded. She recovered perfectly, and became unusually well, gaining eight pounds in weight. In August, 1866, she took cold, and had a slight cough, with debility. August 31st hæmoptysis twice. This occurred a few days after menstruation.

September 1st, dullness below outer extremity of left clavicle; respiration rough, with clicking; fine bubbling râle after cough in left supra-spinous fossa. (Fusel oil; croton oil to chest; full inspirations to be practiced regularly.) Immediate improvement in general health.

December 17th, some hæmoptysis for several days. She had gained four pounds in weight. (Cod-liver oil.)

January 31, 1867, increase of cough and expectoration, and subjective "rattling" within the chest; nevertheless she rapidly improved, and on March 31st was apparently in perfect health.

October 10th her weight was one hundred and twenty-five pounds, more than ever before in her life. Occasional cough and slight expectoration in the morning. She walks without fatigue. Catamenia regular, digestion good. She had taken regularly half an ounce of cod-liver oil twice daily, except when she had been able to procure plenty of good cream.

November 20th, some dullness below left clavicle to whole extent horizontally, and two or three inches vertically. In same region occasional dry, creaking sounds on full inspiration. No crackling after cough, no râles, bronchial respiration, bronchophony, or other signs anywhere.

August 9, 1869 (four years from first sickness), strength, color, and flesh perfectly good; catamenia regular. No dullness in left apex; some dry sounds below left clavicle and in supra-spinous fossa; no moist râles heard anywhere, even after cough.

This patient afterwards went to Europe, where she was married, and remained during the rest of her life. Her health continued to be good until 1875, when she had a "rheumatic attack," which prostrated her very much. She died, November 1, 1876, of "consumption of the lungs" the symptoms of which began six months previously. I have not been able to obtain any further particulars of the case.

Here, as in the preceding case, the disease remained limited to its original seat, the active processes ceased, and the patient was in the enjoyment of good health, with no pulmonary symptoms for about nine years. Whether the return of the lung disease could be ascribed to any particular cause we have no means of knowing. The patient was remarkably faithful in carrying out the treatment, and to this I ascribe some share of her improvement.

CASE III. FAMILY PREDISPOSITION TO CONSUMPTION; COUGH, HÆMOPTYSIS, GENERAL SYMPTOMS OF PHTHISIS, WITH PHYSICAL SIGNS; RAPID IMPROVEMENT AND APPARENT RECOVERY; SUDDEN DEATH ELEVEN YEARS AFTERWARDS, PRESUMABLY FROM CARDIAC AFFECTION.

A gentleman, twenty-eight years old, single. His mother and one brother died of consumption. Previous health good. In April, 1869, he "caught cold," coughed, and raised a considerable quantity of blood. The only signs found were jerking inspiration in left front, and a remarkably loud arterial whiff below outer extremity of left clavicle. Respiratory murmur everywhere rather faint; no râles. May 6th, increased cough, sweating at night, hoarseness of voice; abundant moist râles in right apex, front and back. (Churchill's hypophosphites, whiskey, cold sponge bathing, iodine to chest.) He improved rapidly, strength and weight good; he seemed well, except for slight morning cough and expectoration. The voice was nearly free from hoarseness, but he was not able to sing, as formerly. October 19th, dullness throughout right upper front, with marked depression of chest wall. Clicking râle on full inspiration. Amphoric respiration in right supra-spinous fossa. Resonance of voice throughout right summit. Subjective "rattling" about the base of the neck, especially at night. He passed the following winter (1869-70) in Europe, continuing the treatment, and returned in good condition. October 10, 1870, the depression of chest wall below right clavicle was very striking; the râles were drier than before; the amphoric respiration in the supra-spinous fossa had disappeared. General health apparently perfectly good. December 9, 1872, he weighed one hundred and fifty-three pounds, and was apparently in perfect health. Below right clavicle for a space of several inches, vertically, corresponding to the sunken chest wall, there was a distant, harsh, cavernous sound with both inspiration and expiration. He had taken no medicine, except from two to eight ounces of whiskey daily. In 1878 he was married. In the spring of 1880 he complained of indefinite symptoms, which he suspected might be caused by disease of the heart, and he appeared hypochondriacal. He did not consult me, and I do not know whether there was any ground for his suspicion, but he died suddenly, while in a railroad train, after complaining for a few minutes of faintness. There was no autopsy.

This case is interesting on account of the apparently complete recovery of a patient with a family predisposition to consumption, whose right lung had been destroyed to such an extent as to cause much depression of the front wall of the chest. The fortunate event may in part be attributed to the perseverance with which the treatment was carried out, and to the means which the patient possessed of traveling, riding on horseback, and living much in the open air.

CASE IV. HÆMOPTYSIS FIVE YEARS AGO; SIGNS OF STRUCTURAL DISEASE OF LUNG CONTINUING EVER SINCE, WITH APPARENT GOOD HEALTH.

A young lady, eighteen years old, well nourished, blonde, previously very healthy. Parents both living and well; no consumption in the family of either. March 21, 1877, during the monthly period, she coughed up bloody mucus. No fever. Abundant crackling and creaking sounds were heard in the right lower front, lateral, and

posterior regions of the chest. In upper front and back, respiration normal. No dullness anywhere. The signs disappeared completely the next day, and she appeared quite well. There was no change in her general condition during the summer, which she spent at the sea-shore and in traveling, taking cod-liver oil regularly.

October 2d. Decided dullness below right clavicle. Moist creaking sounds at the end of inspiration in every part of right front and lateral region and upper half of back, but most marked between mamma and right edge of sternum, where there is also a fremitus perceptible to the finger. The patient refers to a peculiar sensation at this spot. Pulse 72; temperature of axilla 97.9° F. There had been scarcely any expectoration during the summer.

She went abroad for two years, returning in October, 1879. She gained constantly, and never had much cough or expectoration. She took cod-liver and iron, and thought she derived great benefit from the inhalation of the vapor of tar. Weight, in December, 1879, one hundred and fourteen pounds. January 8, 1880, she raised a few drops of blood during the menstrual period, the first for about a year. She was apparently well, though delicate. She lived carefully, but went into society in the evening. She had scarcely any cough, and no expectoration, Catamenia regular and normal. No sweating. Tall in stature and under weight. Pulse 84. Chest wall below right clavicle considerably sunken, and dull on percussion for a breadth of two or three inches. Moist clicking or bubbling râle on full inspiration, with crackling after cough throughout whole of upper two thirds of right front. Râle is also heard beneath axilla and below mamma. Loud resonance of voice in same regions. Behind, the râle is limited to the space between the upper part of scapula and spinal column of right side. On quiet breathing the respiratory murmur in the right upper front is harsh, compared to the left. No cardiac murmurs; second sound of heart not much accentuated. No signs in left chest. She still takes cod-liver oil, and has a vessel of tar by her bedside, the vapor of which fills the room. December 5, 1881. By report she is quite well, and has had no cough during the past six months. She continues in the same condition at the present time.

The pathology of this case is obscure. The hæmoptysis invariably occurred during menstruation, which has always been normal in all respects. Hence we may infer that it resulted from congestion of the pulmonary vessels, as is confirmed by the fact that there was considerable variation in the extent of the signs after it. That some destruction of the lung tissue has taken place seems, however, evident from the persistence of well-marked signs of softening about the right apex, with sinking of the chest wall. The almost complete absence of cough and expectoration is remarkable, but such cases have been observed. I have had one under my care, in which the disease was revealed by the autopsy, and two are reported by Dr. H. A. Lediard in the *London Medical Times and Gazette* for April 1, 1882. Finally, the preservation of good general health during the whole period from the first attack of hæmoptysis to the present time is as unusual as it is gratifying. It may, perhaps, be in part accounted for, as in the two preceding cases, by the fidelity with which the patient carried out the treatment, and the possession of facilities for travel, etc.

CASE V. RATIONAL AND PHYSICAL SIGNS SINCE FEBRUARY, 1880; IN SIX MONTHS IMPROVEMENT WHICH HAS STEADILY CONTINUED. APPARENT GOOD HEALTH AT THE PRESENT TIME.

A young lady, fifteen and a half years old, of rather slender frame, but general good health. No lung disease in family of either parent. In February, 1880, signs of failure of strength, loss of appetite and of cheerfulness, dyspeptic symptoms, etc. In May, cough, especially troublesome early in the morning. It increased in June. Rapid loss of flesh; dusky hue of the surface; cold hands and feet; shortness of breath on exertion; no hæmoptysis. Physical signs first noted June 19th, dullness, with harsh expiratory murmur below left clavicle, and in upper part of left back, between scapula and spinal column; and bronchophony in latter place, also below inner extremity of clavicle. Cough spasmodic, lasting an hour or more, accompanied by frothy expectoration. Sweating at night. Pulse 120. Extract of malt, whiskey, phosphoric acid, tincture of belladonna at night; full inspirations practiced regularly. The patient went to the sea-shore June 25th, and a slight improvement immediately showed itself, which progressed slowly but without interruption. She passed almost the whole day in the open air. The cough became less urgent at night, the appetite improved. She could, however, walk but a short distance; there was much emaciation, shortness of breath, and duskiness of surface.

August 12th. Weight eight-two pounds, being the same as when she left town. Pulse 108; temperature 99.6° F. Principal signs noticed were harsh expiration with resonance of voice, and especially of whisper below inner end of left clavicle, and between upper part of left scapula and the spinal column. Some general improvement shown by increased animation, and interest in people and things about her, and by some gain in strength. She can walk a little, and drives a good deal. Appetite somewhat improved. The nights are better; cough less urgent, softer and looser, and has lost its paroxysmal character. From this time the improvement was regular, and comparatively rapid. The patient returned from the sea-shore early in November in apparent good health, appetite good, complexion blooming; very little cough. She could walk two miles, and spent almost the whole day in the open air. The signs were but little altered, except that the bronchial respiration in the left upper back had disappeared. There was abundant moist crepitation after cough in the left axilla. The treatment had been assiduously carried out. November 26th, she raised a little blood for the first time. A year later she was the picture of health, weight one hundred and twelve and a half pounds, no cough, no expectoration. The only signs were some fine, dry, crumbling sounds below left mamma, at the end of full inspiration. Pulse 90 to 100. Menstruation appeared for the first time January 8, 1882. It lasted four days, was rather scanty, and without pain. March 31st, below left mamma and in the lateral region of the same side are heard a few bubbling râles, somewhat increased after cough. The upper part of the chest is quite free from râle. Pulse 88 to 92. There have been some cough and expectoration of late, owing apparently to a cold. The general condition continues as good as before. Weight one hundred and twelve pounds. The monthly periods have been irregular and scanty.

The duration of this case up to the present time is

two years and two months. The patient cannot be considered well, and certainly is not free from danger of a return of the grave symptoms which once threatened her life. It may be considered as one of "arrested phthisis." There is, however, a reasonable prospect of eventual recovery.

CASE VI. FAMILY PREDISPOSITION; COUGH, EXPECTORATION; SIGNS IN LEFT LUNG; RAPID DEVELOPMENT OF GENERAL SYMPTOMS; GREAT IMPROVEMENT WHILE AT THE SEA-SHORE; APPARENT RECOVERY WITH PERSISTENCE OF THE PHYSICAL SIGNS.

A married lady, thirty-eight years old, has four children, youngest four years old; no miscarriages. Her mother and two of her sisters died of consumption. Health good till the winter of 1879-80, when she had dry cough and loss of flesh. In April, 1880, a little expectoration; never hæmoptysis; chest wall in left front somewhat sunken. Dullness, with clicking, bubbling râle after cough in left upper front and back. During the summer she was at Rye Beach, where at first all the symptoms were greatly increased; she lost much flesh and strength, the voice became husky, and her condition was very discouraging. In a few weeks she began to amend, and the improvement continued during the whole of her stay at the sea-shore. August 15th, she weighed one hundred and seventeen pounds, but before leaving Rye Beach in September, she weighed one hundred and twenty-seven pounds, and on November 27th, one hundred and forty pounds. September 28th, there was dullness in left subclavicular region, with depression of the chest wall; the râle had greatly diminished in the same region, and could not be heard at all behind, though the respiration was louder and harsher there than on the right side. The general condition was correspondingly good; there was very little cough, scarcely any expectoration, appetite and sleep good, catamenia normal, pulse 108, voice still "veiled." In October, 1881, after another season at Rye Beach, during which she was as well as usual, without cough or expectoration, her weight was one hundred and forty-seven pounds. She was then taking two ounces of whiskey three times a day, no medicine. She remains in the same general condition, but there is still some râle in the left upper front.

This case must also come under the head of "arrested phthisis," but we may hope the patient may eventually recover. This case and the last are remarkable instances of rapid and progressive improvement during a residence at the sea-shore, a situation which is not usually considered favorable for patients with chronic lung diseases, especially where the temperature is very low, as at Rye Beach. I visited the last patient during one of the hottest days of the summer of 1879, and found her in a room which was made only comfortably warm by a good fire. The other patient (Case V.) always felt more comfortable during an east wind.

CASE VII. SUDDEN HÆMOPTYSIS DURING APPARENT GOOD HEALTH IN A PATIENT WHOSE HUSBAND WAS IN ADVANCED PHTHISIS; SIGNS AND SYMPTOMS OF PHTHISIS; GRADUAL IMPROVEMENT; GOOD HEALTH AND WEIGHT WITH PERSISTENCE OF SIGNS TEN YEARS AFTERWARDS.

A married lady, thirty years old, in good health. Her husband had been ill with consumption for three

years, and was now in an advanced stage of the disease. In August, 1870, while in Boston, sudden hæmoptysis in night-time. She raised about half a pint. This was one week before the menstrual period. The weather was extremely hot. The catamenia appeared at the regular time, but slightly diminished in quantity. Abundant crackling after cough in right upper front was noted August 27th, and in left upper front October 25th. She had some cough, slight expectoration, and hoarseness. About this time she became pregnant. She went to the South in the winter, where her husband died in February, 1871. She was confined without accident in July following, having been in very fair health previously, with very little cough. She raised a little blood from time to time. In May, 1873, no dullness was found in front, and no râles, but the expiratory murmur was exaggerated below right clavicle; behind, moist crackling after cough between left scapula and spinal column; also in left lateral region and below left mamma. She passed the summer in Bethlehem, N. H., in good health, and gained seventeen pounds. October 22, 1878, weight good; menstruation regular; slight cough and expectoration; hæmoptysis from time to time; decided dullness throughout left front, with moist râles after cough; strength and wind not good. She spent the next three winters in Europe, and another in Norfolk, Va. While there her weight was one hundred and thirty pounds. In June, 1879, the general condition and symptoms were about the same. In October, 1879, "health for the past year quite good, with very little cough, and no hæmoptysis. She looks perfectly well; weight one hundred and thirty-one pounds; voice good; catamenia regular."

This case may be called one of tolerated phthisis. There is no evidence of retrogression of the lesions; on the contrary, they are apparently advancing, but at an extremely slow rate, so that there is a reasonable prospect of eventual recovery, especially as the general condition is so satisfactory. The case is also of interest as one of possible contagion. The patient's child is living, and though somewhat delicate is in good health.

The treatment of these cases did not differ essentially, I believe, from that employed by most physicians. All the patients were enjoined to spend as much time as possible in the open air in all weathers (except stormy); never to stay long in a room warmed by furnace heat unless there were also a fire burning in the chimney; always to have a window partly open in their sleeping rooms at night; to use a sponge bath daily, as cold as could be borne without chill or depression, of course followed by rubbing; to wear suitable, but not oppressive, underclothing of woolen summer and winter.

I attach much importance to the habit of fully inflating the lungs at regular intervals throughout the day (just before sitting down to meals, for instance), in order to stimulate the pulmonary circulation, especially of the apices, but I have found it very difficult to persuade patients to carry out this precept faithfully.

External irritation was employed in every case, with the usual analeptics, diet, etc.

— The fourth International Sanitary Congress will be held in Geneva, September 4th to 9th, and preparations have been made for a very full attendance.

## A DISEASE OF THE MAMMARY AREOLA PRECEDING CANCER OF THE MAMMARY GLANDS, PAGET'S DISEASE.<sup>1</sup>

BY C. B. PORTER, M. D.,

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IN the St. Bartholomew's Hospital Reports for 1874 Sir James Paget describes the disease, to a case of which I wish to direct the attention of the Society this evening. His description is so concise, and the article so short, that I cannot do better than to read it entire.<sup>2</sup>

I believe it has not yet been published that certain chronic affections of the skin of the nipple and areola are very often succeeded by the formation of scirrhus cancer in the mammary gland. I have seen about fifteen cases in which this has happened, and the events were in all of them so similar that one description may suffice.

The patients were all women, various in age from forty to sixty or more years, having in common nothing remarkable but their disease. In all of them the disease began as an eruption on the nipple and areola. In the majority it had the appearance of a florid, intensely red, raw surface, very finely granular, as if nearly the whole thickness of the epidermis were removed; like the surface of very acute diffuse eczema, or like that of an acute balanitis. From such a surface, on the whole or greater part of the nipple and areola, there was always copious, clear, yellowish, viscid exudation. The sensations were commonly tingling, itching, and burning, but the malady was never attended by disturbance of the general health. I have not seen this form of eruption extend beyond the areola, and only once have seen it pass into a deeper ulceration of the skin after the manner of a rodent ulcer.

In some of the cases the eruption has presented the characters of an ordinary chronic eczema, with minute vesications, succeeded by soft, moist, yellowish scabs or scales, and constant viscid exudation. In some it has been like psoriasis, dry, with a few white scales slowly desquamating; and in both these forms, especially in the psoriasis, I have seen the eruption spreading far beyond the areola in widening circles, or, with scattered blotches of redness, covering nearly the whole breast. I am not aware that in any of the cases which I have seen the eruption was different from what may be described as long-persistent eczema, or psoriasis, or by some other name, in treatises on diseases of the skin; and I believe that such cases sometimes occur on the breast, and after many months' duration are cured, or pass by, and are not followed by any other disease. But it has happened that in every case which I have been able to watch, cancer of the mammary gland has followed within at the most two years, and usually within one year. The eruption has resisted all the treatment, both local and general, that has been used, and has continued even after the affected part of the skin has been involved in the cancerous disease.

The formation of cancer has not in any case taken place first in the diseased part of the skin. It has always been in the substance of the mammary gland, beneath or not far from the diseased skin, and always with a clear interval of apparently healthy tissue.

In the cancers themselves, I have seen in these cases nothing peculiar. They have been various in

<sup>1</sup> Read before the Boston Society for Medical Observation, April 17, 1882.

<sup>2</sup> St. Bartholomew's Hospital Reports, vol. x., page 87, 1874.