NOTICE OF A CASE
OF
SKIN DISEASE
ACCOMPANIED WITH
PARTIAL HYPERTROPHY OF THE MAMMARY GLAND.

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THE record of an isolated case ought not to be laid before this Society without sufficient reasons in the way of apology. In diseases the pathology of which is in a great measure understood, and of which fresh knowledge can only be established by collating the facts of a variety of cases, the record of one, or even a few, remarkable incidents can serve but little to advance our clear appreciation of disease.

It is requisite, therefore, to the value of a single record, that the disease should be rare; that the appearances should have been unrecorded; and that there should be a satisfactory issue, whether that be of recovery, or of elucidation through the means of its fatal course affording a subsequent examination of the nature of the disease and of its relation to other classes better known.

I conceive that this case includes the earlier-named conditions requisite for the apology. The alarm which the appearances gave rise to were sufficiently grave to commend it to our careful examination; while the favorable issue, if less calculated than a fatal one to elucidate its history, at

least bears with it a certain amount of instruction on the point of treatment.

The subject of this case was a young lady, æt. 20, of fair complexion, light blue eyes, and fair hair. When I first saw her, the left breast presented a diseased surface, at the upper part, to the extent of about four inches in length by about an inch and three quarters in width. The appearances presented were a perfectly smooth, polished surface, of an opaque yellowish-white colour, like polished vellum or ivory; the margin of the diseased portion was defined by a strongly-marked border of injected vessels, but on the polished surface no vascularity could be perceived; there was no exudation whatever on any part of the breast—no crust or scurf of any kind.

The young lady had noticed the first appearance of this state of skin twelve months before, when it appeared about the size of a florin. It had been watched during the interval by Mr. Cartwright, of Oswestry, and had gradually increased during the last four months, assuming the appearance I have now described. The breast itself was larger than its fellow, and on examination by touch was found to contain several hard, resisting, nodulated tumours, varying from the size of a dwarf orange to that of a walnut, one of which (a small one on the left side) was alone sensible on being touched. A small enlarged gland was found in the left axilla, to which an absorbent vessel could be traced from the breast. The young lady suffered no pain in the part affected, but merely acknowledged to a sensation which she described as simply reminding her that there was something there. She was cheerful, and not suffering any serious apprehension; her general health was good, the constitutional change only being rather in defect.

Shortly after I first saw her, Mr. Ure joined me in consultation. The following description is quoted from his very accurate notice of the appearances, as recorded in his note-book:—"The integument over the upper part of the left mamma is thickened and indurated, or rather condensed, in an uniform manner, to the extent of four inches trans-

versely and one inch and three quarters from above downwards, and presents a dull white appearance, not unlike parchment; it is the seat, occasionally, of increased heat; one of the axillary glands is enlarged. . . . Some of the lobules of the subjacent glandular structures are enlarged, and of a more solid consistence than natural. There are several punctuate elevations of acne indurata over the back of the neck and shoulders." Mr. Ure was of opinion that there was partial hypertrophy of the mammary gland, with interference with the nutrition of the adjacent integument, connected with the catamenial disturbance.

It was determined to give the patient small doses of liquor potassæ twice daily, in infusion of cloves, and to have the affected surface pencilled over twice a week with tincture of iodine. She was recommended to return to the country for a month.

On her return to London, no progress having appeared towards recovery to a healthy state of the part, we acceded to the request of Mr. Cartwright, that Mr. Hodgson's experience should be added to the consultation. Mr. Hodgson compared the appearance to that of a scar left by a blister, as it appears after death. It is useful to record the impression which the appearance made on different observers. The vascular margin, which remained as at first seen, would, however, to my idea, have failed to establish this resemblance. The only case which Mr. Hodgson adduced as bearing any resemblance, was that of a woman, æt. 46, and, as that case ultimately proceeded to display itself as carcinoma, he was led to draw an unfavorable prognostic. With this discouraging view of the probable result, he deprecated the smallest approach to irritation of the part, and recommended a lotion of the diacetate of lead to be substituted for the iodine, to be applied four or five times in the day; the part to be covered with oiled silk. The general treatment was continued, and the patient once more returned into the country. At this time Mr. Ure's note is as follows:—"Parchment-like patch, as before, surrounded at its margin by a narrow faint blush, from capillary injection;

indurated and enlarged lobules of the mammary gland can be felt in the axillary half of the breast, and also towards the sternum, lying under the patch."

The diseased surface, however, continued to increase in extent, and with its spread the anxiety of friends became of course more serious. All parties naturally wished for the first surgical opinion in London, and I felt it right to comply with the suggestion of the friends, that I should have an interview with Sir Benjamin Brodie.

In his very large experience, Sir Benjamin Brodie could only adduce a single similar case—one which had occurred in the wards of St. George's Hospital, followed by a complete recovery. In that case the skin alone had been involved. The process of cure had been by throwing off of successive layers of diseased skin, during which the extent of surface became continually reduced, the skin beneath ultimately assuming its natural appearance, the patch becoming smaller and smaller, till it disappeared. Sir Benjamin Brodie considered the case less allied to carcinoma than to dry gangrene, since the vessels of the white surface were apparently destroyed, the injected edge forming a line of demarcation from which the vellum-like surface might be thrown off.

The favorable tendency of the experience afforded by the former case was corroborated by the fact that at this time the tumours in the breast were considerably reduced, although the gland in the axilla and its connecting absorbent vessel could still be felt.

The general treatment was but little varied. An alterative every other night, with the alkali in liquid extract of sarsaparilla; and glycerine was ordered to be rubbed on the part night and morning.

After an interval of six months we again saw the case. The surface of the breast had returned to its natural state, the patient describing that it had faded away gradually. Similar appearances had, however, shown themselves in various parts of the person—one on the inside of the left upper arm and others on the thigh: there was exactly the

same ivory-looking surface, and the same vascular margin. Thus all apprehensions subsided of anything more serious than a simple cutaneous disease, the alarming concomitant of the tumours in the breast having been plainly the result of the delicacy of the organ in which it first appeared.

The progress of the case afforded satisfactory evidence of the correctness of Mr. Ure's first opinion, formed as it was upon reasoning in the absence of experience. It also appears to me that, though there was no obvious throwing off from the edges of the scar, as the curative process anticipated by Sir Benjamin Brodie, yet that this very course of cure in all probability did take place may easily be supposed, and that the continued friction by the hand in applying the glycerine may have gradually removed small portions of the dead skin from the surface, as they became ready to be displaced by such mechanical means. It is only under some such supposition that we can understand how a skin so disorganised could have reassumed its natural vascular state.

Judging from the result, and from there never having been any apparently ulcerated surface, Sir Benjamin Brodie entertained doubts of the correspondence of the disease with that of the state of dry gangrene, to which he had to a certain extent compared it in its earlier stage.

This case is at least a rare one, since it has not come within the observation of men of large experience, and is not noticed in any works on skin diseases. The characters are somewhat analogous with those of squamous diseases, although one of the distinguishing marks of squamous diseases is absent, viz., the red spots with which the eruption commences. Another peculiarity of some of the squamous diseases, viz., the commencement of the healing process from the centre of the diseased surface, did not also occur. The chief point of similarity is the ivory-like state of the cuticle, in some degree analogous to a large scale.

To propose an explanation of the progress of the disease, I should suggest that the extreme vessels of the true skin appear at some commencing point to have undergone a state of engorgement. This state of engorgement is distinctly

noticed at the margin, which we may suppose to be an extension of the original point; from some cause, consequent on the engorgement, the healthy nutrition of the part appears to have been cut off, and the extreme vessels to have remained incapable of carrying blood. As the portion of destroyed vessels increased, the engorgement has continued to spread outwardly around it.

This outward spreading by an enlarged concentric margin is precisely similar to that of one of the squamous diseases (lepra). We cannot, however, trace the same process of a return to a healthy state as we do in lepra, in which last the renewal commences from the centre, where the disease originally began. In the case before us the scale remained entire, and disappeared by an almost imperceptible process. It is probable, had the case been left without local treatment, instead of the diseased cuticle being rubbed off by glycerine, it might have scaled off, as suggested by Sir Benjamin Brodie.

This point remains for future observation, on which account, as well as that it may be properly classed and recognised, it is desirable that any recurrence or variety may be communicated by the members of this Society.