more assimilates itself to normal skin, results. But, in persons endowed with a form of tumour-diathesis, all skin-wounds, however slight, even little points of acne, result in a small fibroma, to which we give the name of *keloid*. So also we find that epithelioma of the lip is in many cases attributed to the habit of smoking short clay-pipes; of the tongue, to manifold *irritamenta*; certain sarcomata are apt to form at the site of ancient, sometimes of forgotten injuries. If, then, in persons possessing the tumour-diathesis, wound or other irritation is often the local provocator of a neoplasm, the fact of traumatic tumour, therefore evidently of traumatic malignancy, is in reality already established. The only additional point in the sequence is the doctrine concerning the acute character such growth may assume. Acute or rapid formation of malignant growth is not, however, an unknown condition. Occasionally, after operations in which every part of a tumour seems to have been removed, a fresh development sometimes, in the as yet unhealed wound, will grow so rapidly, as in a few days to overwhelm and involve all the neighbouring tissues.* We cannot, therefore, refuse to believe that, when a constitutional proclivity to new growth is present, some fortuitous traumatism may set up a similar rapid development of malignancy at the site of injury.

In the instances I bring before you, there must have been tumour-diathesis. The point to be remarked is this, that injury supplying the local irritation was followed immediately, not merely by a more or less slow and chronic growth of tumour; but by an acute and violent outbreak of local malignancy, such as is evidenced by the history of these cases, and more particularly is demonstrated by the condition of pleura and lung now before you. In other words, these cases—I do not see how they can be otherwise interpreted—point to the existence of an acute traumatic malignancy.

ON FATAL ERETHISMUS MERCURIALIS FROM INUNCTION.

By JOHN LOWE, L.R.C.S.I., Lichfield.

I BELIEVE that death from the topical use of mercurial ointment is not usual; hence my reason for placing on record a case which came under my notice some months ago, when assisting a gentleman in a large London practice.

The patient was a woman aged 35, of dissolute habits, and without any fixed abode. She had been taken ill in a house where she lodged for a night; and, as she was unable to leave, a medical man was called in to see her. I understand that he treated her for five days as a case of cardiac weakness and bronchitis. He was one of a class of practitioners who boast of visiting fifteen to twenty cases in an hour, which makes his error capable at least of comprehension, if not of excuse.

When I saw the woman referred to, she looked the picture of wretchedness and misery, and appeared more than twenty years older than she really was. She had the mercurial tremor in every limb, and all her movements lacked precision. She was much troubled with what might be called an abortive cough; her respiration was almost gasping; and her pulse was feeble, irregular, and too rapid to be counted; the tongue was swollen and grey-coloured, and salivation was slightly excessive; vomiting and diarrhoea were almost incessant. The mercurial taint of her breath was perceptible at some distance. When helped to her feet—for she was sitting up when I saw her—she would have fallen but for our support, owing to loss of muscular power. Her features were sunken and haggard-looking, and of a copper-coloured hue. She could neither masticate nor speak clearly. Thirst was a prominent symptom, in spite of the salivation. The vomited matter contained blood and mucus, and the stools were also bloody; so was the urine to a slight extent. This fluid was scanty, and highly albuminous. There were no symptoms present that pointed to the existence of Bright's disease.

I have roughly sketched what I observed on the occasion of my first visit; so that the experienced can complete the picture. As time went on, no urine was voided; and the power of speech was lost sixteen hours before death. Her sufferings would doubtless have gone on increasing in severity, had I not stayed their terrible progress, until death ended the scene, just fifty hours after I first saw her.

This was plainly no case for the remedies which chemistry or chemical physics suggested, but one to be treated as common sense would dictate. I prescribed warm milk and brandy *ad libitum*, and a mixture of chlorate of potash, opium, and bark. A sense of relief was soon

* This rapid fresh formation is more frequent in myeloid and round-celled sarcomata than in carcinoma, even when every part of the capsule appears entire in the severed part.

afforded by these remedies, which lasted some hours; the heart's action improved, and so did respiration and facial expression. With the return of former distressing symptoms, she started suddenly from the bed, and fell dead.

I never aimed at cure in this case, but tried to "smooth the stormy passage to the grave"; and thus far I succeeded. Iodide of potassium would, I believe, have increased the ptialism, and exaggerated all the symptoms of erethismus. It is well known that mercury combines with albuminous substances throughout the body, forming insoluble compounds, which are deposited in the tissues, and that these compounds are especially soluble in the iodides of the alkalis. Iodide of potassium, by redissolving these compounds, brings them again into the circulation, and so subjects the system once more to their influence. Holding these views, it will be evident that I adopted the more scientific course. But, in cases of milder severity, I would give the iodide; for instance, when a small amount of mercury has been taken during a short time, yet has caused salivation, the iodide will effect the separation of the metal through the urine, before its presence in the circulation has had time to produce dangerous results.

And now for the inadvertence which gave rise to the case I have been describing. The poor woman's scalp presented a very disgusting sight, being a complete sore, fissured, and swarming with lice. No doubt, tinea and dirt together combined to produce this filthy state of things; and it was to get rid of the lice that she procured from a druggist the unguentum hydrargyri. It was applied in the most incautious manner for some days; and, as she neglected to wash her head, there was no getting rid of the tormentors. She even continued using the application during the attendance of the medical man referred to; and, as she did not tell him of this, I presume he did not consider it worth his time to sift the history of the case. I could not ascertain the amount of ointment used, but what I did see remaining was the unguentum hydrargyri of the *Pharmacopœia*.

For obvious reasons, this was a sad case indeed; and my readers may wonder why it eluded the diagnosis of an experienced practitioner. They need not. I can assure them, from direct experience, that such glaring errors are common enough in large London practices, where "minute visits" are not only usual, but boasted of. A patient of considerable intelligence told me—and, indeed, his medical attendant admitted it to myself, that when the latter was asked by the former how he could, in a minute, satisfy himself as to the condition of a patient suffering from inflammation of both lungs, replied: "I am not like a young fellow learning to spell; you see, I have learned to read as I run." Low tact of this kind is specially cultivated by such practitioners; and their practice is far more obnoxious, to my mind, than that of druggists and unqualified men.

To suggest a proper remedy for such a state of things would be difficult, if not impossible. We hear a great deal in these times of Defence Associations: is this what they propose to defend? The fault is not so much outside the profession as in its very ranks; and the profession is a splendid field for drifting through to the basest and most ignoble ends.

SURGICAL MEMORANDA.

SELF-MUTILATION.

At the present time, when the subject of self-mutilation is of so much interest, the following case may be worth notice, not, perhaps, from a medico-legal point of view, as the one recently under public notice, but as showing that some persons will inflict severe pain and injure themselves, at the risk of their own lives, from various motives.

Several years ago, when assistant-surgeon in a foreign naval service, my ship was stationed for three weeks in an extreme northern port of America. During our stay, several men contracted syphilis from the half-breeds (Indian and French). Three weeks or a month afterwards, when we had returned to our dépôt, I was summoned to the surgical room to see a stoker, said to be dying. On arrival, I found him pallid, with a weak pulse, and very exhausted. On removal to the sick bay, I noticed a discoloration of the trousers about the thighs; and, on examination, detected bleeding from the penis. On retracting the prepuce, a jet of red blood spouted out. Calling in the assistance of my chief, we succeeded in stopping the hæmorrhage by pressure and styptics, but, as may be imagined, not without some trouble. It transpired that the poor fellow, an Irishman, of a low mental type, had a chancre. He thought to get rid of it by incision; and, in doing so, wounded the dorsalis penis artery. The pocket-knife with which he cut himself was in his pocket, one blade having a smear of blood on it. Had a little longer time elapsed before he was noticed, death would