case seems to have made its first appearance (excluding the bullæ she previously had on her feet) on these surfaces. Among other plans of treatment, some parts affected were

treated perfectly dry, with starch or flour powdered on, but with no better effect than those treated with soothing lotions. Curiously enough, another case of pemphigus was under my

care at the same time as the one I have previously described. This was in a married lady, about 35 years of age. Two or three bullæ made their appearance on the shin, coming on

with cold, and febrile symptoms. They were irritable and painful. The bullæ dried up, and the skin peeled off after about three weeks, and no others have since appeared. The patient was suffering at the time from neuralgia, and was in a generally weakly condition.

MULTIPLE INSULAR NECROSIS OF SKIN AND SUBJACENT TISSUES.

By HERBERT SMITH RENSHAW, M.D.

A PECULIAR necrosis of small patches of skin subjacent connective tissue and small portions of bone, has been under my care for two years. In many respects the case has been similar to those observed and classified by Dr. Maurice Raynaud.

This disease occurred in a stout, cheerful, healthy, well-nourished child, aged 4 years, living in a new well-ventilated and well-drained house. Previous to this illness she had croup, followed by whooping-cough and measles, from which she recovered perfectly. Her father died of diphtheria, one of his brothers died of diabetes, another of fever. Her father's father is living, and her mother's parents are healthy people.

In May, 1891, she complained of cold extremities, and her feet swelled; there was also a mottled bluish appearance of the surface of both legs, and a dusky coloration extending across the lower part of the abdomen. Shortly afterwards the fingers of both hands became very painful. During this attack the second finger end of the right hand dried up; a portion of bone necrosed and separated, the part healing with bulbous enlargement of the bone stump. At the point of separation a new nail formed, and grew over and round the end of the cicatrix. The skin of the tip of the little finger and of the index finger of the left hand dried up without further injury, except that the nail of the little finger fell off and was renewed. A slough formed in the middle of the right arm, and healed up slowly after throwing off a tough dried up patch of skin.

The patient became gradually worse, the general symptoms being extreme irritability of temper, pain, restlessness, increasing emaciation, and loss of appetite. She often preferred to sit near an open outside door, and when in severe pain pressed her hands firmly together, with her fingers downwards between her knees, and in this position often rocked herself, or caused her attendant to do so, for many hours. When the line of separation formed marking off the dead from the living parts, pain rapidly abated, appetite returned, and with this a great desire for fat food. This was freely indulged. Cod-liver oil and iron were given, and the former plump and cheerful state returned. This attack commenced in May, 1891, and did not terminate before March, 1892.

The winter of 1892 passed without further disaster, but in the spring of 1893 the old symptoms returned; appetite failed; the body emaciated; pain became intense, destroying the child's rest and making her extremely irritable, excitable, and passionate. During this relapse she was not sensitive to cold, and often preferred to sit with the outside door open, and exposed to a current of cold air. Her feet were often damp and cold, but were not affected by the same intense changes that destroyed patches of the upper extremities and parts of the fingers. On March 11th, 1893, the first indications of relapse were ushered in with great restlessness.

The child became almost sleepless, and her rest was broken by startling dreams. Nausea became a prominent symptom attended by epigastric pain, and vomiting, with partial perspirations on the head and neck. The pulse varied between 100 and 140. The temperature, which rose to 100° on March 11th, subsided to normal on March 19th, rose again to 100° on March 22nd, was down again on March 28th, and never rose again to 100°. Though occasionally subnormal during the relapse, after this date it was sometimes 99.2°. In the period of increased temperature the skin was flushed. At the same time the right side of the neck became stiff, and some pain was also noticed in the right knee. The voice became

hoarse, cough and sore throat troublesome; and there was some nasal regurgitation of fluids.¹

There was neither sugar nor albumen in the water at this time, or throughout the relapse, or any high coloration, or jaundice. No hemoglobinuria was noticed; the skin troubles were generally distributed as blotchy, blanched spots, multiple purple stains, small hard surfaces, patches of livid skin, stains of bluish tint, circular or semi-circular in shape. Under pressure some of these livid patches became blue, assuming slowly a pallid look.

On March 16th the chin and finger ends became livid, the pallor extending to the second joints. The hands mottled with blue stains. Then the fingers assumed a red tint deepening into purple, all the finger ends of the left hand becoming gradually black, and the skin of the right thumb and the terminal phalanx of the right little finger also assumed the same condition. The legs were marked by purple stains. A livid patch formed on the dorsum of the left foot. The skin on the outside of the leg, on the site of an exudation crust, became a dense dead area. The elbows became purple; the livid patch on the chin sloughed, the part losing a portion about the size of a small pea. Dense, circumscribed, dried up dead pieces formed symmetrically on the back of the neck.

Ultimately two sores formed, one on either side of the cervical spine, the granulations healing slowly by cicatricial tissue, similar to burn scars. On March 21st the left little toe became purple, but afterwards recovered its normal condition. The feet suffered no destructive change except that a

Fig. 1.

very superficial purple stain on the dorsum of the foot was followed by an exudation crust, and peeling of the epidermis.

The second finger of the right hand, severely damaged in the previous illness, was not affected; the enlarged stumpy end covered with a new nail sharply curved over it remaining free from pain, and was warm and without discoloration.

At the commencement of April the child slept better, but

on April 4th intense pain became again a prominent symptom; the left half of the upper and lower lip was black and covered with dark crusts, the right knee swollen and livid. The epidermis of the left knee peeled off, and a hard leathery patch formed over the knee-cap.

On April 9th the patient slept five hours without opiate and the appetite improved, but it was very painful for her to eat owing to the state of her lips; several portions of tissue were separating, and on April 12th a slough separated from the right elbow. (See Fig. 1.) On April 14th the dead portion of the lower lip fell off, leaving a healed surface, with loss of the whole thickness of the red margin to the centre of the lip. (See Fig. 2.) On April 22 the two sores near the spine were filling

Fig. 2.

with pale granulations exuding a tenacious discharge. At this time both elbow sloughs had separated. There was a diastolic murmur at the top of the sternum, none at mid-sternum, or at the left nipple. On May 20th the sores at the back of the neck had healed, the cicatrices being depressed. On June 8th the teeth became loose, appetite worse, and she was losing flesh. The dead tip of a finger separated; other parts, separating with suppuration at the line of demarcation, caused much local irritation.

On June 13th she was able to walk with some difficulty. Raised tender indurations similar to erythema nodosum formed on the feet and legs, but these nodes subsided without destructive change. On June 22nd the left thumb end fell off.

Fig. 3.

On July 20th the little finger nail of the right hand dropped off, and the stump of the finger end was healed. The third finger nail of the left hand separated, together with a portion of the dried up pulp tip and terminal bone of the phalanx.

¹ As only at this time was the temperature high during the whole course of the attack, the thought occurs to me that this rise of temperature was foreign to the complaint, and due to a rheumatic complication of a temporary nature.

(See Fig. 3.) The sore on the upper inner side of the right arm healed. Appetite and sleep and walking power were all improving. The figures show some of the transitions that occurred up to the date when the patient recovered.

At the present time—November, 1893—the patient has recovered her usual health. The palms of the hands and the fingers are very sensitive, but the sores have all healed up soundly.

Quite well February, 1894.

TREATMENT.

The chief indications for treatment were: to support the strength, to relieve pain, and to protect injured and dying parts. Ammonio-citrate of iron or dialysed iron has been given regularly, arsenic occasionally, when sickness was not troublesome and wasting was rapid, and cod-liver oil when the appetite permitted, and nutritious full diet could be digested. Belladonna extract on lint covered with cotton-wool afforded great relief to local pain. Opiates were given to relieve sleeplessness caused by pain.

REMARKS.

This case differed from some previously observed. The appetite always failed at the commencement of relapse. The temperature twice rose above 100°, was sometimes subnormal and sometimes normal. Some of the parts first attacked were exempt from further action. Cold did not appear to aggravate the symptoms or to influence the onset, and the last attack commenced at the termination of the winter, and was most severe during an exceptionally mild springtime. The pulse was often above 100°. Mortification was not limited to the skin, but affected connective tissue, and caused necrosis of bone. Her feet were often damp and cold, but never ulcerated.

On treatment with glycerine and spirit, the dead parts show that the structures retain a considerable quantity of tissue, and that the black carbonised change is more or less superficial, and in no portion complete.

The case has a certain medico-legal interest. Changes so sudden and severe might be attributed to traumatism or to improper treatment. A patient was sent to me with mummified fingers following, but certainly not consequent upon, the use of a linseed poultice, applied without medical advice. In another instance, a case of mummified toes, the symptoms commenced five months after a perfect restoration of the general circulation from ligature of the femoral artery, for popliteal aneurysm. The pulp of the big toe, the tip and nail of the second toe, the whole of the third, and only the terminal phalanx of the fourth toe, dried up and fell off. The little toe was not affected. These changes occurred some years since, and nothing further had happened, except that in, and only in, hot weather, there are occasionally pains in the broad under surface of the foot.

Unable to classify these cases with embolism, arteritis, fibroid, calcareous, or fatty degeneration, peripheral neuritis, or paresis, we have evidence pointing to a special poison.

CANCER HOUSES AND THEIR VICTIMS.

By D'ARCY POWER, M.A., F.R.C.S.ENG.,

Demonstrator of Surgery at St. Bartholomew's Hospital; Surgeon to the Victoria Hospital for Children.

MR. SHATTOCK, in his Morton Lecture, again calls attention to the interesting fact that cancer, like tubercle, may repeatedly show itself in certain houses. The following series of cases further illustrate this point. They were communicated to me by the medical man who had them under his care.

Miss B., aged 45, lived in a certain house in a suburb of London for thirteen years, and died of cancer of the stomach in 1884. Miss T., aged 47, then succeeded to her place, and occupied her bedroom. She had lived in the house for twenty years, and died of cancer of the liver in October, 1885. Mrs. J., aged 67, who had lived in the house for eight years, succeeded to the place and to the bedroom successively occupied by Miss B. and by Miss T. Mrs. J. died of cancer of the breast and uterus in 1893. Each of these patients, my informant adds, appeared to be in perfect health until they

took one another's place as "housekeeper" to the barmaids of the establishment in which they had each lived for so long a time. There was no blood relationship between them. One of the sons of the house, who is a nephew of Miss T., has a keloid which has been removed three times.

Similar cases of cancer occurring in a single house amongst persons who are not related by blood to each other have been published by Mr. Shattock in the *St. Thomas's Hospital Reports*, vol. xx, p. 233. The house was situated at Ashburton, in Devonshire. It was damp, and within a period of fourteen years four persons were affected with cancer in it, of whom three died.

Mr. Cooper, of Chatteris,¹ mentions three cases of cancer of the parotid and submaxillary glands and tongues of cows occurring on a piece of land a mile and a-half from Chatteris, in Cambridgeshire.

Mr. Clement Lucas² relates the case of a gentleman, who was operated upon in 1881 and again in 1883 for a rodent ulcer of the eyelid and forehead. His wife had a scirrhus of the breast removed in 1884, and a partner, who has always lived in the same house with them, had an epithelioma of the tongue removed in 1886. Mr. Lucas does not suggest that there is anything more than an accidental association between these cases, but says that the coincidence is the more interesting in that there is no blood relationship between the patients.

Mr. Wynter Blyth³ narrates the case of three successive tenants of a house in Buckland Brewer, who died of cancer. Mrs. V. frequently visited the last of the tenants, to whom she was not related, and she subsequently became affected with cancer of the breast and lung. Her niece, a girl of 14, slept with her and nursed her. This girl developed cancer of the breast, and was operated upon, seemingly with success.

Dr. Fabre, in an excellent treatise on the contagion of cancer, which deserves to be more widely known in England,⁴ records the following observation by Dr. Mollière: "There is a well-built house in Lyons, standing on the banks of the Saône, which has long been occupied by well-to-do people. In 1873 the owner, aged 80, who lived on the first floor, died of cancer of the stomach. Four years later a tailor, aged 45, who lived in the *entresol*, also died of cancer of the stomach. The porter, a healthy old soldier, aged 55, died three years later of the same disease, also affecting his stomach. Lastly, a man, of 35, who lived on the second floor, was attacked two years after the death of the *concierge* with cancer of the cervical glands, which killed him in a year. Thus in ten years there were no fewer than four deaths from cancer in this house; and although other people were living in it, no death from any other cause occurred during this period."

Mr. Roger Williams⁵ has recently called attention to Fiesinger's cases.

These cases, and others like them, may be, and probably are, mere coincidences, such as might happen when we consider the enormous number of deaths which occur annually in Europe from cancer. They may, however, point to a more specific origin of the disease. We are still unable to explain them, but such local outbreaks have to be borne in mind in all investigations connected with the question of the causation of cancer. No one, I suppose, imagines that cancer is directly contagious. It is possible, however, in epidemic cases that there may be some condition of earth or water common to all the individuals attacked, in which the organism, if such there be, may pass a part of its existence. The cases, however, are so rare that it is better worth while to record them as they occur than to argue as to their origin, for any conclusion that can as yet be arrived at can only be based upon insufficient premisses, and is therefore worthless.

¹ *Veterinarian*, vol. 42, p. 518.

² *Lancet*, vol. ii, 1887, p. 985.

³ *Public Health*, vol. i, pp. 129 to 132.

⁴ *De la Contagion du Cancer*, Paris, Baillière and Fils, 1892, p. 172.

⁵ *BRITISH MEDICAL JOURNAL*, vol. 1, 1894, p. 1158.

THE festival dinner of the North London Hospital for Consumption and Diseases of the Chest was held on June 2nd at the Whitehall Rooms of the Hôtel Métropole. It was reported that no fewer than 227,977 patients have been relieved since the foundation of the hospital. Subscriptions amounting to £1,200 were announced.