(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.,

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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.