A pretty clear case of epithelioma is recorded by Dr. Van der Byl in vol. ix of the Pathological Society's *Transactions*, in a lady, aged 68, who was also seen by Arnott. The growth occurred on the axillary aspect of the skin of the mamma, and appeared to have extended deeper than is usually the case. The author did not consider that it arose from a sebaceous cyst, but considered it analogous to the encysted epithelial tumours found in the liver by Rokitsky.

Fig. 7.—Pedunculated fibrous tumour of the areola and nipple, erroneously diagnosed as cancer. It is lobulated and foliaceous on the surface, and had existed for over twenty years on the breast of a lady aged 72.

There are few affections of the skin of the mamma which really simulate cancer. I have known the fungation of granulations from a neglected abscess cavity or sinus to be mistaken for carcinoma; but the mistake should not be made, for the edges of the ulcer are soft and overhanging and quite devoid of the gristly infiltration of carcinoma. Tertiary syphilis of the skin about the areola usually shows distinct serpiginous outlines with dusky margins, and it tends to heal leaving white depressed scars. The scars are circular in outline and brown or black. The areola is commonly fissured and cracked, as depicted in the coloured illustration published in this JOURNAL on June 6th.

I have already related to you the history of a gumma of the breast. Sometimes such cases will be brought to you when the gumma has sloughed, and there will be a deep circular pit in the breast, with a yellowish-coloured slough at the bottom of it, the edges being overhanging and thin. But of all the skin affections liable to be mistaken for cancer, keloid of the skin of the breast is apt to give rise to the greater number of errors. For some reason or another the skin of the thorax and mammary region is very prone to be attacked with this curious affection. Some authors have asserted that it comes spontaneously, but I have never seen a case which did not originate in some scar, though as insignificant as the cicatrices left by acne or small boils. About the mamma incisions for abscess, or the destruction of the skin by neglected suppuration, may be followed by keloid. If ever you have seen this disease you will never mistake it for cancer. The shiny white ivory-like or pinkish surface, the claw-like processes inclined to be pink in colour, stretching around into the healthy skin, and the burning itching pain are all highly characteristic (see Plate in JOURNAL of June 6th, Fig. 1).

Mr. C. Heath refers to a case of keloid of the breast in a lecture published in the *Lancet*, May 6th, 1871. He showed the case to the late Mr.

Charles Moore, a good authority on diseases of the mamma, and the latter was inclined to believe it to be scirrhus. A case of keloid attacking the breast was related by Addison in his original paper.⁹ It is interesting to observe that the disease followed upon the discharge of an abscess, and we can hardly doubt but that the affection attacked the scar. It was curious, however, that tubercles of it were scattered about the skin and on both breasts. Addison's second case was on the skin of the left breast of a man aged 37, who was sent to Mr. Bransby Cooper by one Whateley, a surgeon of Berkhamsted. The case was several times submitted to operation. Some years ago a mother and daughter were outpatients under my care with keloid growths over the skin of the breasts, which had followed the application of a strong acetic acid liniment.

I have also to remind you that such affections of the skin of the mamma as melanotic warts, ulcerating sebaceous cysts, or sarcoma must not be loosely termed "cancer of the breast."

Sarcoma of the Skin over the Mamma.—A woman, aged 30, was admitted into St. George's Hospital in February, 1891, with a small superficial tumour in the skin of the upper part and axillary margin of the right mamma. She stated that she had suffered from abscess of the breast fourteen years before. For no less than fifteen years she has noticed a small lump in the situation of the present growth. It has gradually increased in size, and has been attended with "shooting pains," while the skin over it has become reddened. The tumour was described as about an inch long, and half an inch broad. It was freely movable, and did not involve the subcutaneous cellular tissue. The skin was reddened, smooth, and adherent; the breast was normal, and the axillary glands not affected. An abdominal tumour was also discovered, which was not operated upon, but which presented many of the characters of ovarian disease. The tumour of the skin of the breast was removed. Microscopical examination by Professor Delépine showed that the tumour was a spindle-celled sarcoma, beginning in the true skin.

I have thus tried to place before you some of the main distinguishing signs between scirrhus and the diseases which resemble it. I have shown you how in many instances exploratory incision alone will make the diagnosis certain. Much that I have said will explain to you those marvellous cases of "cancer cures" where instances of this disease in the breast have been remedied by this or that nostrum. I regret to say that the public and some members of our profession are too apt to term various diseases of the mamma "cancer," and if what I have said impresses upon your minds the difficulties which hang round these cases, and the caution and circumspection with which you should approach them, it will be your first step towards their study and recognition. I would advise you all not only to see, but to take notes of, some cases of cancer of the breast, and follow out their after-history if you can do so. Be assured that a good and practical knowledge of the management of such cases, especially towards their sad terminations, will be of the greatest use to you in after-professional life.

THE INFLUENCE OF ACUTE SPECIFIC DISEASES ON LEPROSY.

By P. EVERARD TODD, M.B.,

Medical Officer in charge of the Leper Institution, Robben Island, Cape of Good Hope.

THE following information is designed to show what influence certain acute specific diseases may have upon the course of leprosy. I have received valuable assistance in collecting it from Mr. Arthur Thornton, M.B., Assistant Medical Officer, Robben Island.

Erysipelas: 7 patients died of this disease; 36 per cent. of those who contracted it were worse afterwards, and in 64 per cent. there was no improvement.

Measles: 12.5 per cent. of the patients who contracted measles were rendered worse; there was no improvement in 68.7 per cent., and temporary improvement in 12.5 per cent. Measles being a disease of childhood, and the average age of commencement of first symptoms of leprosy being found to be amongst 645 patients 26.4 years, one would expect to find few lepers affected with measles, and statistics are too meagre to carry weight. In collecting the information with regard to measles care has been exercised to eliminate all doubtful cases, and only those have been accepted in which it was clearly shown that an epidemic existed at the time in the locality where the patient lived.

A large number of tubercular lepers are affected with pulmonary tuberculosis, and the death-rate from this disease is a high one. After a patient becomes affected it can be noticed that the facial infiltration due to leprosy diminishes very considerably. P. C., a man, since dead, was a marked

Med. Chir. Trans., 1854.

example of this. The tubercles on the face of tubercular lepers frequently ulcerate, the vast quantities of the bacilli causing a local necrosis; cicatrization occurs, and the tubercles diminish in consequence. C. A., a man, whose photograph is reproduced below, is such a case. He has had three attacks of erysipelas. The occurrence of these facts is so well known that I must claim pardon for introducing them, but this diminution in size of the tubercles is capable of misinterpretation and some fallacious cure of leprosy vaunted in consequence. I have never seen the least improvement occur in tubercular patients after erysipelas, but I have frequently seen the facial tubercles diminish during the course of phthisis or after superficial ulceration, and in the former case I have considered it to be due to the emaciated and anæmic condition of the patient.

Syphilis exists in the same individual side by side with leprosy, and the features of either disease do not appear to be materially changed. It is noteworthy that potassium iodide in particular exercises an injurious effect upon leprosy. It is unscientific to describe a syphilitic form of leprosy; one might as well describe a syphilitic measles.

The onset of leprosy is most insidious and gradual. From this has originated the idea that the incubation period may be prolonged for varying periods, even to twenty years or more; such statements must be received with great caution. There can be no doubt that before objective symptoms appear the patient has been, possibly for a long period, a prey to neuralgic pains or other more obscure prodromata. It may, I believe, be accepted that the undermentioned patients were affected with leprosy some time before they contracted the other specific diseases, and if so it is evident these had no effect in modifying beneficially the course of leprosy.

CASE I.—D., a European affected with complete leprosy, was admitted to Robben Island Leper Institution in November, 1892. Towards the end of 1898 the patient contracted measles, an epidemic of which occurred where he was then living; one of his children died of the

disease. The patient was in bed twenty-eight days, and during his recovery he noticed that he had lost feeling in his hands, the fingers of which became contracted during 1879. Leprosy has progressed ever since.

CASE II.—L., a bastard, affected with complex leprosy, was admitted to Robben Island Leper Institution, April, 1892. In 1891 the patient contracted measles during an epidemic. Three months after the measles he noticed a reddish-coloured patch, slightly raised above the level of the skin at the inner margin of his right eyebrow. The leprosy has progressed ever since.

CASE III.—F. P., a bastard, affected with tubercular leprosy, was admitted to Robben Island Leper Institution in March, 1893. The patient contracted small-pox during the epidemic of 1882; he was living at Durbanville, near Cape Town, and had a severe attack. Two months after recovery he noticed a yellow-coloured patch on the outer aspect of his right thigh; he had no feeling at this spot. Leprosy has progressed ever since, and on the patient's face, which is much tuberculated, can be seen the marks of pitting from small-pox.

ANALYSIS OF TABLES.

[Dr. Todd gives, in tabular form, particulars concerning 129 lepers who had had one or more attacks of erysipelas, 16 who had been attacked with measles, and 2 who had contracted syphilis since the onset of the leprosy.]

The details tabulated consist of the index number, initials of name, sex, age, race, form of leprosy, date of admission to Robben Island, date of onset of leprosy, date of known onset of intercurrent disease, number of attacks of latter, and lastly, condition of patient after intercurrent disease with regard to leprosy. The erysipelas cases comprise 105 males and 21 females; 30 of the whole number are of the anæsthetic type of leprosy. The majority are comparatively recent cases, the date of onset of the leprosy being, in 60 of them, from 1890, and only 26 date the commencement of the disease from 1885 or an earlier year. The intercurrent erysipelas, where noted, occurred either in the years 1893, 1894, or 1895. One patient has a record of 10 attacks of erysipelas in 1894, 2 have had six attacks, 3 are credited with four, 8 with three, and 25 with two. Thirty-two of the erysipelas cases are at the present time dead, with the exception of the 7 who succumbed to erysipelas, the causes of death being such as are usual with leprosy patients.

The result of Dr. Todd's observations is that, in spite of the statements made in Dr. Impey's recent work on leprosy, no real improvement is to be looked for in lepers by the contraction of erysipelas, measles, or syphilis; and he thus confirms the experience of others conversant with leprosy.]

PUERPERAL FEVER TREATED BY ANTI-STREPTOCOCCUS SERUM.

By HENRY L. G. LEASK, M.D.,
Glasgow.

MRS. G. A., aged 23, a primipara, was delivered of a large male child on March 19th, 1896, at 5.45 A.M. Her labour was normal, the presentation cranial, L.O.A. throughout. More Madden's short straight forceps was applied to control and aid the passage of the head over the perineum, which escaped rupture. Soap and hot water, the use of the nailbrush, bichloride of mercury for the hands and creolin for the instruments and as a lubricant, comprise the antiseptic precautions taken. The after-treatment, however, was such as is ordinarily carried out in the homes of the working class.

For some days all went well, and the morning and evening temperatures were normal. On visiting her on March 26th, I found her condition unsatisfactory, and was informed that she had not felt so well on the previous day, when she had shivered. Her condition resembled very bad influenza. There was no abdominal pain or tenderness, and no fœtor of the lochia from first to last.

That evening she had a douche of bichloride of mercury, 1 in 1,000, and this was repeated twice daily. Sulphate quinine gr. v in hydrobromic acid was given every four hours. The temperature, 103° to 104.5° F., did not yield to treatment.

On March 29th, I was compelled to stop the quinine on account of cinchonism. Binioidide of mercury gr. 1/4 every four hours was substituted, and the intrauterine douching with this same antiseptic continued three times daily. The temperature was 105°, and the pulse 120° F.

On March 30th Dr. W. L. Reid saw the patient at 11 A.M.