tumours are occasionally seated within this tissue, giving rise to cough, with dulness on percussion, if the mass be large enough, or so situated as to be thus tested, and exciting, sometimes, a piercing and intense pain; but, it may be, no pain at all. Its peculiar nature, if discovered to exist, must be inferred from the general aspect and condition of the patient, and his family history; but, as little can be suggested for its alleviation, beyond the free exhibition of such sedatives as opium, aconite, hemlock, and the like, I shall enter upon no further clinical consideration of it in this local form.

SOME REMARKS UPON THE
IDENTITY OF WARTY ULCERATION OF
CICATRIX WITH EPITHELIAL CAN-
CER, ILLUSTRATED BY CASES.

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Read before the East Kent and Canterbury Medical Society, Jan. 2, 1852.

THE disease, of which I now place before the Society a specimen, has been regarded and described as one almost peculiar to cicatrices; but I think it will be seen there is scarcely sufficient reason to consider it a special and distinct disease, but rather to associate it with one that is well known and is not of very unfrequent occurrence. When the case occurred, with which this specimen is connected, I was not aware that the disease had been described as peculiar to cicatrices, and from a due consideration of all the circumstances relating to it, I considered the nature of the affection was the same as that of cancer of the lip or of chimney-sweep's cancer. The appearance of the fore-arm forcibly reminded me of a preparation I had seen in St. Bartholomew's Hospital Museum, in which cancerous ulceration of the integument of the wrist and fore-arm had occurred to a gardener, and was supposed to have originated from the contact of soot used in his occupation.* From what I have since learnt and read upon the subject, I am still induced to retain the same opinion; for I have been unable to discern any real difference between the two affections. In order, however, that the merits of the question may be clearly placed before the Society, and as, moreover, from its rather unfrequent occurrence, the present form of the affection may not be familiar to all the members, I will give a brief sketch of its leading features as described by authors. The description is principally derived from an excellent paper on the subject by Mr. R. W. Smith, in the *Dublin Journal of Medical Science* for 1850.

The same disease appears to have been described under the name of "Warty Ulcer," by M. Marjolin;† "Warty Tumours of Cicatrices," by Mr. Cæsar Hawkins;‡ and as "Warty Ulceration of Cicatrices,"

by Mr. Smith. Dr. A. Jacob incidentally alludes to it in a paper "On an Ulcer of Peculiar Form,"* as the ulcer with cauliflower-like fungous growth, which occasionally attacks old cicatrices. With the exception of this simple reference, the earliest notice of the disease published in this country seems to be that of Mr. Hawkins, in which some of the peculiarities are clearly told and illustrated.

The tissue of cicatrices seems peculiarly liable to the development of this disease, though it is certainly not confined to such texture; for Marjolin does not, it appears, describe the disease in connexion with cicatrices. The nature of the previous injury does not influence the subsequent morbid changes. The disease generally forms when the cicatrix has existed several years; its progress is slow, but unceasing and destructive. Sometimes a cicatrix ulcerates and heals repeatedly before the ulcer assumes its peculiar characters.

In a list of twenty cases, collected by Mr. Smith, the longest period after the original lesion at which the disease appeared is sixty-one years; the shortest, five years. In twelve instances, the injury causing the scar was a cut or a laceration of the integuments, and in eight cases, a burn or a scald.

The affection appears to exhibit two principal forms:—The *first* characterised by the development of one or more warty tumours, which increase and spread by the addition of similar growths formed in the neighbourhood. This form was first described by Mr. Hawkins, and he admits that it may be cancerous or malignant in the lowest degree. The *second* presenting an ulceration having either a coarsely-granulated, or fibrous aspect, and spreading by the development of a new structure in surrounding integument; this is particularly described by Mr. Smith, and he assigns to it a low degree of malignancy.

The following seem to be the principal characters of the affection:—There appears in some part of a cicatrix a wart, or a small hard tumour, which either resembles a wart, or has a smoother surface. It at once undergoes certain changes, or remains inactive for a variable period. When the tumour increases, fresh growths spring up around, and coalesce with it, creating sometimes in this manner an elevated mass, of considerable size; the surface becomes moist, and partly ulcerated, yielding a thin offensive discharge; it is often very vascular, and bleeds when touched. In the progress of the disease several changes are noticed in the tumour; it may either become more consolidated, so as to lose, in some measure, its warty appearance, and resemble a fungous growth, (warty growths, however, being generally noticed near it, and its fibrous or striated structure being generally readily discovered by the use of a probe, or upon making a section of it); or it may degenerate by ulceration or sloughing to a greater or less extent, so as sometimes to leave a deep excavated ulcer; the thickened, warty, or peculiar state of the surrounding skin remaining, and the disease extending by the same process of contamination of adjacent parts.

* Descript. Cat., Museum, St. Bartholomew's Hosp. Series, xii., No. 6.

† Dict. de Médecine, Tome 21, 1828.

‡ Medico-Chirurgical Transactions, Vol. 19, 1835.

* Dublin Hospital Reports, Vol. 4, 1827.

In other examples, ulcerated spots present themselves on the cicatrix, and gradually coalesce; the surface of the ulcer is then either covered with closely-arranged fibres, of a whitish yellow colour, having a dense, but at the same time brittle texture, and rising above the level of the integuments; or it is formed of coarse, firm, round granulations, resembling the elevations of a cancerous ulcer. Upon a close examination, these granulations are found to have a fibrous texture, the intervals between them are well marked fissures, to the bottom of which a common probe can be readily passed. The progress of the ulcer is sure, and slowly advances in spite of remedies. It enlarges by an alteration of the surrounding tissue. The integument becomes raised, thickened, and fissured or warty; and then softens or ulcerates. After it has continued some time, although commonly confined to the skin, and frequently limited to the extent of the cicatrix, it spreads in depth by involving subjacent tissue; and if the disease is situated over a superficial bone, invades the periosteum, and even the bone itself, so that a fracture may result from the destruction. Mr. Smith cites instances of this. A sloughing process not unfrequently attacks and destroys the entire surface; the surface clears, and again assumes its special aspect. This does not appear to occur so often in the fibrous variety of the ulcer. The pain is at first slight, but gradually becomes more severe, and constant. The discharge is thin, semipurulent, and frequently very offensive. In the more advanced stages of the disease hectic fever sometimes appears. The absorbent glands connected with the part are not generally affected, though they are frequently sympathetically enlarged; however, in two instances described by Mr. Smith, they exhibited the appearances which mark cancerous disease. General or local treatment of the ordinary kind has no effect upon the disease; its progress is inevitable, unless the diseased part is completely removed, when it rarely appears again. It has, however, been known to return in a distant part, and also to become developed in other parts of the system.

In the foregoing description, the analogy of this disease with that form of cancer designated epithelial, cannot have failed to occur to the members present; indeed so similar do the two affections appear, that I think there is no reason why they should not be included in the same category, and considered as identical. The mode in which the disease commences, the history of its progress, the manner in which it invades and spreads in subjacent and surrounding texture, affects the lymphatic glands, and penetrates bone, correspond entirely with what is observed in cutaneous cancer. The various forms agree; the warty tumour, the warty ulcer, and the granulating ulcer, with hard, elevated, everted, and sinuous margin, are found in each affection; the very character of the pain and of the discharge is alike in both. And, further, the reasons that have been assigned for considering it cancerous disease, possessing a low degree of malignancy, are the same as those upon which epithelial cancer is admitted into the order of malignant disease,—namely, its capability of converting neigh-

bouring tissue into a similarly new structure, though its progress in doing so is slow; its power of contaminating the lymphatic glands, while the period it exists without affecting the system is long; its return after complete removal,—this occurrence, however, being rare.

It will, therefore, be better to regard this disease, which has been considered as almost peculiar to cicatrices, as *epithelial cancer of cicatrix*. Why the tissue of cicatrix is liable to this form of cancer may probably be part of the same question which involves the explanation of the more frequent appearance of the same disease in the scrotum, the labia pudendi, the lip, and integuments of the face, than elsewhere.

The several forms of the malady are probably differences depending upon the greater or less proportion and development of some particular natural tissue with the malignant elements of the disease, and a diminished or increased degree of activity in the subsequent changes of the new structure. At the same time the original type preserves its peculiarities, to a certain extent, throughout the future progress of the disease, and rarely shows a tendency to pass into another; the vascularity, or some other special condition of a part, having, however, some modifying influence. Thus, the ulcer, originally fibrous, as distinguished from the granular form, may derive its peculiarity from the greater development of some component tissue of the skin, and retain this condition not only whilst confined to the integument, but also when it has penetrated bone. An instance is figured by Mr. Smith in which an excavated ulcer of bone thus originating is represented with closely-packed fibres arising from and covering its surface. This explanation of the different forms of the disease is somewhat conjectural, and requires the due consideration of more extended observation to confirm it; still there are many points connected with this affection, and epithelial cancer generally, which justify it.

The following instances of this disease have fallen under my observation:—

E. A., aged 33, was admitted into the hospital in August, 1849. She was a tall woman of spare habit, and had been burnt during her childhood on the right arm and side of the face and neck. The angle of the mouth was considerably depressed by the contraction of the cicatrix of the neck. The forearm was flexed upon the upper arm, and fixed at a very acute angle by a strong web of cicatrix which extended between them as high as the middle of the upper arm. The hand was prone and flexed; she could move the fore finger, and had been able, with some cleverness, to use her needle.

Ten years previous to her admission she had noticed a wart on the scar of the forearm, which gradually increased, and became ulcerated, yielding a thin discharge. On her admission, the whole surface of the forearm, from the elbow to the wrist, was covered with warty growths, closely set together, being separated by deep fissures and cracks, from the bottom of which issued a very offensive and thin ichorous discharge.

Some of these warts were vascular, and were covered with secretion, whilst others had a grey colour, and presented a more loosely fibrous texture; some few of these latter were partly detached, apparently possessing little or no vitality. The patient said that, occasionally during the progress of the disease, masses of warty growths would become loose and fall off. The surface bled occasionally when the dressings were removed. The patient suffered constant severe pain; she dreaded to have the arm uncovered, and begged to be relieved of the burden. The fœtor of the discharge was scarcely corrected by chloride of lime.

Considering the extent and seeming incurability of the ulcer, the sufferings of the patient, and the crippled state of the limb, amputation appeared to me the only resource, and in this opinion my colleagues agreed. The limb was removed by double flap operation in the upper-third of the arm, so as to avoid including in the stump any portion of the cicatrix. The wound healed by the first intention, excepting at the point where the ligatures passed out; one ligature remained a long time, and delayed her dismissal from the hospital.

The disease had not penetrated deeper than the integument of the forearm; there was, however, one point where it was doubtful if the subjacent tissue was not beginning to be affected.

A. C., aged 44, the mother of four children, a large leuco-phlegmatic person, was admitted into the hospital December 13th, 1850.* When a child she had been burnt on the posterior part of both lower extremities, but more especially on the left, in which there was a cicatrix extending from the hip to the ham, producing slight contraction of the knee-joint. About eight years since an ulcer had formed in the middle of the scar of the left thigh, which had slowly healed under treatment. Five years ago it reappeared, and has continued gradually increasing. When she was admitted there was a large oval ulcer on the posterior surface of the left thigh, yielding a thin offensive discharge. Its surface was coarsely granulated; the granular elevations were florid, and the largest of them were about the size of a large pea, and had a rough appearance resembling a flattened wart. These elevations were separated by shallow grooves, which admitted the end of a probe. The edge of the sore was sinuous, raised, and everted, and the adjoining texture in some places thickened and indurated to a slight extent. Before the patient entered the hospital I had seen the ulcer at intervals, at which periods it had presented the same aspect, excepting on one occasion, when it was less granular, and had rather a glazed appearance. On another occasion a slight attack of erysipelas had taken place in the healthy skin about the hip. The pain was constant, but varied in intensity, being generally proportioned to the more active or quiescent condition of the ulcer. During her residence in the hospital the disease slowly advanced in

the following manner:—A portion of the margin of the ulcer became more extensively indurated, thickened, and raised; increased pain was felt in the part, which slowly ulcerated, the destruction being co-extensive with the previously altered texture. The surface of this fresh ulceration had a foul greyish aspect, which seemed to be due to the deposit in the diseased portion of the cicatrix. The ulcer then remained in a quiet state for an uncertain period, when another portion of the circumference, either adjacent to or remote from the part previously diseased, became similarly affected, and underwent the same changes. During the period she was under observation the ulcer extended in this manner in a direction toward the knee and the outer side of the thigh. Two or three times the whole surface, which had generally a florid appearance, presented a foul grey surface, the general health being at the same time affected; in the course of a day or two this surface would clear off, and the sore regain its former appearance.

Treatment had no effect upon the progress of the disease. The various applications made to the ulcer afforded some relief to the patient; more, however, apparently, from a mental influence than from any direct effect upon the disease. Opium afforded much comfort. Donovan's solution was given. The surface was too extensive to be removed by caustic or the knife. She left the hospital in March, 1851, and I subsequently lost sight of her, as she soon afterwards went to America with her family.

The next case occurred in the practice of my friend Mr. Sicard, to whose kindness I am indebted for an opportunity of seeing the patient, and for being enabled to add the particulars.

E. R., aged 72, received a severe burn, fifty-two years since, by which the left arm became crippled. The fingers and the thumb were so much injured that they mortified, and were removed. The surface of the burn slowly healed, but during the next twenty years repeated exfoliation of bone from the ulna took place. On these occasions, inflammation attacked the fore-arm, and extended even to the upper-arm; a portion of the covering of the arm became black, and separated, leaving an ulcer, from which either several small scales of bone, or a larger portion, were discharged. The ulcer then healed, and remained so until more bone was about to be discharged, and, in consequence, fresh inflammation was set up. At last, no more exfoliations took place, and then the cicatrix remained sound for twenty-nine years. About three years since, an ulcer formed in the cicatrix on the outer side of the arm, away from the situation of the former ulceration; this became incrusted, and by constant addition to the base of the crust, a conical horny growth was formed, which after a time fell off, leaving a healed surface beneath. The part speedily re-ulcerated, and the same process was repeated. During one year and a half this occurred three times, and then the ulcer became permanent. The largest of these masses, which is preserved in the hospital museum, measures two inches,

* This case had only been a short time in the hospital, and the following one was only incidentally mentioned when this communication was read to the Society. I have, therefore, given a fuller account of them than was made at that time.

by one and a half across the base, and is one inch high. The two last crusts formed very quickly. The pain was considerable during the three years, but increased very much during the last twelve months, when the progress of the ulcer was more active; the discharge, which was very offensive, increased, and the general health was affected.

When I saw the patient in August, 1851, there was a large ulcer occupying the front and outer part of the fore-arm, and extending from the bend of the arm to within an inch and a half of the wrist. The whole surface was very coarsely granulated, and in some parts had more the appearance of fungous growths; some of the masses were as large as a small arbutus-berry, and, owing to the roughness of their surface, had a very similar appearance. To the surface of the most prominent part of some of these, a thin, hard, dark scale was attached, and by the aggregation of several of these scales the ulcer at that part was covered by a corresponding thin crust. Similar incrustations had separated with the removal of the dressings. The edge of the ulcer was raised, thickened, and everted. The surface bled very freely when disturbed, and the discharge from it was extremely offensive. The patient was very much enfeebled, and lay in a semi-conscious state. She died exhausted September 2nd, 1851. The question of removal of the limb had been put to the patient twelve months previously by Mr. Sicard, but she had refused to consent to it; she had lately requested it, but the low condition she was in prevented its being accomplished.

These three cases illustrate some of the varieties of this affection. The formation of incrustations in the last case, though to a greater extent, is analogous to what is observed in the formation of scabs in some instances of epithelial cancer of the lips and face. The tendency of the formation of scales on the surface of the granulations, which existed to the last, is a point pathologically interesting, for I suspect that they were an epithelial formation, and, if so, they would afford an illustration of the continuance of an early and peculiar character of the ulcer, which might have been expected to disappear in the more active progress of the disease; a microscopical examination would, however, be required to determine this satisfactorily.

It is a matter of confessed importance in endeavouring to attain a correct knowledge of disease that, at the same time we are careful not to associate together disorders in their nature essentially different, we should guard against unnecessary distinctions, grounded on differences in the degree of development, or a few slight variations of external form. It is with the view of avoiding a distinction of this latter kind, which was apparently inferred, and which does not seem really to exist, that I have offered the foregoing remarks, and would suggest that the forms of disease before mentioned, which have been considered peculiar to cicatrix, should be regarded as epithelial cancer of that tissue; and thus a step, in simplifying our knowledge of disease, and as a consequence, in directing our remedial measures, will be gained.

Since the preceding was communicated, I have met with several published cases, which appear to me to be examples of the same disease, though they have not been distinctly noticed as such. They are nearly all instances of the disease invading bone, the malady having originated in a cicatrix which had followed an injury, and which had remained sound for some period. The mode of origin, the warty growth, and peculiar aspect of the ulcer, its unceasing though slow destructiveness, its manner of spreading, and the success of complete removal, as well as some other general points of resemblance, led me to think that they belonged to the same disease.

I will simply add the references to these cases, observing that the one related by Mr. Stanley, at page 366 of his work, is particularly interesting from the fact, that Mr. Paget, by a microscopical examination of the growth, discovered the existence of scales resembling the epithelial scales found in carcinoma of the skin, thus affording an additional confirmation of the identity of the two diseases.

Stanley on Diseases of Bone. London: 1849. Page 65, Case 1 and 2; page 360 to 367, Case 1 to 6.

Ormerod's Clinical Collections. London: 1846. Page 55.

Descriptive Catalogue, Museum, St. Bartholomew's Hospital. London: 1846*

Pathological Catalogue, Museum, Royal College of Surgeons, Vol. II., Nos. 639, 640.

In conclusion, I will refer to a lecture by Mr. Humphry, "On Epithelial Cancer," recently published in the *Provincial Journal*, (No. xviii., 1851, p. 477,) in which he has given an excellent and clear description of this form of cancer, and alluded to the analogy between it and this warty disease of cicatrix.

CASE OF RETENTION OF BILE AND DISTENDED GALL-BLADDER.

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Read at the Quarterly Meeting of the Bath and Bristol Branch, Dec. 17, 1851.

THE following case, as being at once rare and involving a nice point of practice, may be considered worthy of being placed on record:—

John Morgan, aged 35, a man of spare habit, and by trade a butcher, was brought to the Bristol Royal Infirmary, on the 22nd of September, 1851, in a state of imminent danger. He had already been ill three weeks, and severe pain and urgent vomiting, from which, during the greater part of that time, he had little or no respite, had at length reduced him to a condition of extreme collapse. To judge from his looks, one would

* Page 10, Nos. 29 and 30.—Page 13, Nos. 42, 42a.—Page 29, Nos. 124, 125, 126, 127.—Page 445, No. 40.—Page 453, No. 54.