

## SECOND PRIMARY GROWTHS IN THE REMAINING BREAST AFTER AMPUTATION OF THE OTHER FOR CARCINOMA.

BY

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CANCER of both breasts is not infrequently met with either where the original growth has not been removed and dissemination of the disease has taken place, or where the original trouble has been removed, but in spite of treatment recurrence takes place. In both conditions the growth in the second breast is part of the process of general dissemination, and is usually associated with other local and internal deposits.

In my experience it is extremely rare to find a second solitary growth developing in the remaining breast after the lapse of two or three years, the patient being in good health and careful examination failing to reveal any evidence of secondary deposits in any other region. I have two such cases under my observation at the present time.

### CASE I.

M., aged 53. First operation May, 1912; left breast. Remained well till August, 1915 (thirty-nine months), when the right breast was removed for a small growth in the breast tissue which had been present only a few weeks. The growth was a spheroidal cell carcinoma.

On examination of the patient, November, 1916 (fifteen months after the second operation), no evidence of any recurrence could be found either locally or internally.

### CASE II.

A doctor's wife. First operation October, 1912; right breast. Remained free from trouble till about May, 1914, when a nodule was noticed in the left breast. The patient was very adverse from a second operation, so a tube of radium was inserted into the growth through an incision. No benefit resulted, so the patient was persuaded to have the breast removed; this was done in July, 1914 (twenty-one months after the first operation), and the patient is in active health at the present time (October, 1916), twenty-eight months after the second operation. Both tumours were spheroidal cell carcinoma.

These two cases are not brought forward as "cures," as only fifteen and twenty-eight months have elapsed since the second operation.

The question is, whether one is justified in regarding them as examples of a second outbreak of cancer, or, as I have described them, as a second primary growth.

Inasmuch as the interval between the first and second operation was only thirty-nine months in the one case and twenty-one months in the other, so that in neither case would it be correct to speak of a "cure," exception may be taken to the title that the growths in the second breast in the two cases were really of the nature of fresh outbreaks of the disease, but that they should be regarded as solitary secondary nodules.

Were this the correct explanation we should have expected to find other secondary growths in distant organs, the infection being carried by the lymph stream; if, on the other hand, the growth in the second breast was due to "permeation," it is almost certain that there would have been other local manifestations, so that I think the conclusion is justified that in each case it was a fresh outbreak of cancer.

It is interesting to note that in spite of the removal of so much of the skin of the thorax, together with both pectoral muscles on each side, the movements of the arms in each patient are practically unimpaired.

## NOTE ON AN ORGANISM PRESENT IN THE BLOOD OF PATIENTS SUFFERING FROM "TRENCH NEPHRITIS."

BY

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RECENTLY the blood of all cases diagnosed as "trench nephritis" admitted to No. — Casualty Clearing Station has been examined from the cultural point of view. The results have proved somewhat striking in that, with one single exception, every one of twenty-seven cases examined has shown the presence of an identical coccus.

About 10 c.cm. of blood are drawn direct from a vein into 10 c.cm. of a liquid medium, whose composition and method of making, as given to me by Sergeant H. A. H. Howard, B.Sc.Lond., R.A.M.C., is as follows:

To every 750 grams of minced heart muscle, from which all fat and large vessels have been removed, add 1 litre of water. Heat to 75° C. to destroy antitryptic ferments. Cool to 37° C., make alkaline to litmus, and add 1 per cent. liquor trypsin co. (Allen and Hanburys). Incubate for four hours at 37° C., acidify with acetic acid, bring to the boil, filter, make reaction + 15, and sterilize in the steamer for ten minutes on each of six successive days. To this add 5 per cent. "saline pea extract" and 3 per cent. sodium citrate.

The resulting medium is tubed and sterilized at 100° C. for fifteen minutes on three successive days. On no account must the autoclave be used.

To make the saline pea extract, mix 50 grams peaflour and 100 grams sodium chloride with 1,000 c.cm. water, steam for half an hour, and filter. The filtrate is sterilized at 100° C. for ten minutes.

The blood tubes are put into the hot incubator and examined about the fifth day. Strong haemolysis is a marked feature of growth.

Slides stained with carbol-fuchsin for ten minutes will be seen to contain minute cocci.

Subcultivations can be made on to ordinary agar or pea extract trypsin agar.

### Microscopical and Cultural Characters.

Examined under the highest powers, the organism is seen to be an extremely minute diplococcus, with adjacent surfaces flattened against each other. It is usually seen singly or in groups, seldom in chains. They are non-motile, have no capsules, and do not stain.

It grows readily, as stated, on ordinary agar as a fine growth not unlike *Micrococcus melitensis*. It does not liquefy gelatine, on which it grows readily. It ferments glucose, lactose, mannite, sorbite, and saccharose within forty-eight hours, but not dulcitol. There is no formation of gas in any of the sugars.

Agglutination tests performed against it with meningococcic and *M. melitensis* antisera were negative in a dilution of 1 in 10.

A rat and a guinea-pig were each inoculated intraperitoneally with 1 c.cm. of a strong emulsion of the organism, which had been cultivated from a severe case. The rat was "sick" for twenty-four hours, and then appeared to recover. It was chloroformed on the third day. *Post-mortem* examination showed considerable enlargement of spleen, from which and from the heart's blood this coccus was recovered in pure culture. The kidneys were apparently normal. The guinea-pig appeared to be immune.

I hope to report further data shortly.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### RHEUMATOID ARTHRITIS APPARENTLY CURED BY "AUTO" COUNTER IRRITATION.

THE treatment of chronic rheumatoid arthritis by counter irritation and keeping down the ulcerated surfaces has, I consider, received substantial support from the following case.

L. H., aged 45, had suffered from rheumatoid arthritis in very bad form for nine years; nearly every joint was affected; he was only able to get about on crutches, and there was considerable emaciation. He came under my care two years ago. He improved considerably from the administration of arsenic, iron, strychnine, and iodides internally, good stimulating diet, fresh air, residence in a high altitude, and avoidance of all thermal water treatment.

Six months ago he developed glandular swellings in the neck, one on each side, about two and a half inches above each clavicle; they rapidly suppurated, and assumed the dimensions of large walnuts. He refused to have them opened, and I then explained to him that as it was his wish to allow them to break, it would be an opportunity for treating the arthritis by counter irritation in keeping the ulcerated surfaces open. The patient was much interested in the proposition, and gladly accepted the suggested treatment. The abscesses, after discharging,

broke down at their edges, until an area of about two square inches on each side remained for granulating. From the first, no irritating measures seemed called for to keep the surfaces open, so that I advised him to keep them antiseptic with alternato applications of boracic ointment and weak carbolic oil. They have not yet healed, but are doing so slowly, and, in a letter received from him on November 3rd, he wrote: "The abscesses are gradually going, the discharge is much less, and I have hope now that they are nearing the end of their journey. One marvellous thing is, of arthritis I have none."

Although the above counter irritation (if such it was) was not carried out on the recommended surfaces contiguous to the spinal column, I think that the remarkable disappearance of the arthritis suggests at least the effect of a cause, the cause being obviously here (in view of the fact that all other treatment for arthritis was suspended) the ulcerated surfaces caused by the abscesses.

London, W.

C. T. GRIFFITHS.

#### THE ETIOLOGY OF LEPROSY.

IN each of twelve definite instances of leprosy, both nodular and anaesthetic varieties, I was well acquainted with in my practice there was absolute evidence to prove that the malady was not infectious. These lepers were not kept isolated, and the co-members of the family were quite healthy, and never showed any tendency to be infected during a little over two decades over which I have had them under my observation.

Two of the recent cases are of some interest to me. One is a girl, aged about 16 years, infected with nodular leprosy. She is now in the leprotic asylum near Panggon, Lower Perak, F.M.S., and her mother and other near relatives with whom this girl lived for years in India are out here as labourers, and are in good health. The nodules were faintly visible in the chin and lobules of the ears in this girl, and the disease was not quite apparent until the leprotic bacilli were detected in the nasal secretion.

The other case was in a young adult suffering from the worst type of the nodular variety; and as his appearance was so frightful and hideous no stranger dared to approach him. But his own mother, brothers, and their wives and children were all living in the same house in Madras, and every one of them was free from the disease. The mother, who was so much attached to this leper, he being her eldest son, was in constant attendance on him in the way of bathing him, washing his clothes, and attending to his other personal comforts. She was perfectly healthy, and I was an eye-witness to this for a pretty long time.

Isolation of the lepers in India was not compulsory some years ago, and consequently lepers were found scattered everywhere, and it will be a pity if the same state prevails even now. There has been ample evidence to show that a leprotic father can transmit the disease to the offspring without infecting the mother; and in some instances the other children, presumably through the same father, have been known to be quite free from the disease, and in these the fidelity of the mother was quite unimpeachable. How leprosy actually spreads needs therefore further investigation and scientific research by competent people who can spare themselves to such undertakings.

T. A. R. AIYAR,

L.R.C.P. and S.Edin., L.F.P. and S.Glasg.

Sitiawan, Lower Perak, F.M.S.

#### CONCURRENT MEASLES AND CHICKEN-POX.

I was greatly interested in the cases described under this heading in the JOURNAL of November 25th, p. 722, and I can give the following case in corroboration:

A few days after her return from school my daughter Phyllis, aged 12, developed chicken-pox April 14th, 1915, and measles April 17th. My daughter, Frieda, aged 9, developed chicken-pox April 27th, but had no attack of measles.

P. LAMBERT BENSON, M.D., D.P.H.Camb.

Steeple Claydon.

IT is proposed to establish a psychopathic institution in San Francisco for the treatment of the victims of the drug habit, defectives, temporarily insane persons, and alcoholics. The estimated cost is £100,000.

D

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### PROGNOSIS AND TREATMENT OF SYPHILIS.

AT a meeting of the Southern Branch of the British Medical Association at Portsea, on November 23rd, Mr. G. COOPER FRANKLIN, ex-President of the Association, opened a discussion on syphilis. He began by referring to the causes of phagedaenic ulceration, and quoted Cooper's opinion, expressed in Miller's *Surgery*, that in prostitutes it was due to deficient food, uncleanness, and alcoholic and sexual excitement. In the case of men, Mr. Franklin, speaking from experience at the Dreadnought Hospital, attributed it to the men contracting the disease before a long voyage, during which they had no suitable treatment. Mr. Franklin then cited ten cases of syphilis, all in men, which had been under his observation throughout their entire course in the years 1875-1900. He illustrated the effects of the disease on the patient himself; on his wife, if he married; and on his children, if he had any.

*Case 1* contracted the disease at the age of 20, whilst a student in hospital. He was well treated, and married ten years later, having had no symptoms for five years except throat trouble in early winter months. He had no family, became alcoholic and died, aged 45, of liver and kidney disease. His wife is still alive and in good health.

*Case 2* contracted a sore at the age of 20; he was well treated, married at the age of 30, had two children, both living; the elder was delicate for four or five years, but is now fairly healthy; the younger is well developed, but was subject to skin affection for the first two years of life. The wife has had good health throughout. The man had a sore on his leg two or three years after infection, which still gives him trouble, but he is still, after thirty years, in fairly good health.

*Case 3*, infected when aged 25, married four years later, when apparently in good health. Five years afterwards he developed general paralysis of the insane, and died in two years. His wife is healthy, but had no children.

*Case 4*, always a delicate man, contracted the disease at the age of 25. He was thoroughly mercurialized. He suffered much from his throat and from neuralgia of head and neck; a typically syphilitic ulcer discovered behind uvula. Twenty years after infection he had severe pains in the head, became melancholic, and died by his own act. He did not marry.

*Cases 5 and 6* both contracted the disease under the age of 30. Neither married. *No. 5* had liver disease and dropsy, and died aged 45. He was in good health until the last two years of his life. *No. 6* was never strong. He died of pneumonia at the age of 48. He had suffered from a sore on the leg which rarely healed, and also from alopecia.

*Case 7* was twice married. He contracted syphilis during his early married life. His first wife died young of some uterine disease (metrorrhagia), having had two children. Of the children by his second wife, one died, aged 2 years, covered with skin eruption. The next (twins) both died within six months also covered with eruption. One boy lived to the age of 10 or 11. He was blind from optic neuritis for one and a half years before he died from meningitis. The last baby, which only lived a few months, had a skin disease like the earlier ones. During early months of her last pregnancy the mother developed an abdominal tumour which grew to the size of a fetal head, believed to be renal or splenic. She took large doses of potassium iodide and had a normal delivery. The father became alcoholic, attempted suicide, and is now demented. One of the children underwent tracheotomy done for laryngitis.

*Case 8*, who contracted syphilis at the age of 23, was well treated, and married four years later. Shortly after marriage he had jaundice for two or three weeks. He has had two children, aged respectively 10 and 8, both markedly syphilitic. Two years after marriage his wife had psoriasis of both hands. The man developed diabetes, which, however, is very tractable to codeine and potassium iodide.

*Case 9* contracted the disease at the age of 25. He was well mercurialized, and married about two years after the appearance of the secondary rash. He had no children. His wife had a mysterious illness. The patient became alcoholic, and is now mentally afflicted.

*Case 10*, a married man, aged 38 to 40, with two children, contracted syphilis four years ago, and infected his wife. He had psoriasis and sore throat; his wife sore throat only. No child has been born since the infection.

Of these cases seven married, one twice, infecting both wives. Three had no children; of the four who had children three had only two, the other seven or eight, of whom only four or five are living. Of the seven wives four were distinctly infected, as evidenced by skin disease and sterility. They are all alive. Of the seven syphilitic husbands two are dead, two alive but insane, one living but

## Medical News.

THE library and offices of the Royal Society of Medicine will be closed from 2 p.m. on Saturday, December 23rd, to Thursday, December 28th, inclusive.

THE Lasserre Prize for 1916 has been awarded to Dr. Alexandre Yersin, director of the Pasteur Institute of Indo-China, for his work on antiplague serum.

A SUBSCRIPTION throughout Mexico for the establishment of a Red Cross Society with its headquarters at Vera Cruz recently closed. The total amount contributed was nearly £500,000.

THE British Fire Prevention Committee has reissued its warning handbill as to Christmas entertainments, and any hospital that requires copies for posting can receive them on application to the Registrar of the Committee, 8, Waterloo Place, 1 all Mall, S.W.

THE City Council of Boston, Massachusetts, has established a medical department and a psychological laboratory in connexion with the city police-court. The opinion of the experts as to the mental condition of offenders will be taken into consideration before sentence is passed. Dr. Victor A. Anderson is the head of the department.

THE operation of the circular of the Local Government Board issued on December 17th, 1915, dispensing with applications for sanctions or reports in certain specified cases in order to reduce the work normally falling upon Poor Law authorities and the Board, has been extended for another year.

At the ninety-first annual commencement of Jefferson Medical College, Philadelphia, on June 3rd, the degree of doctor of medicine was conferred on 162 candidates. This is said to be the largest graduating class in the history of the college. There were representatives of thirty-four States of the American Union and of Porto Rico, Nova Scotia, England, Persia, and Syria among the graduates.

A ROYAL proclamation was issued on December 11th prohibiting the importation of cocaine and opium into the United Kingdom except under licence. "Cocaine" includes all preparations, salts, derivatives, or admixtures prepared therefrom or therewith, or any solid or liquid extract of the coca leaf containing 0.1 per cent. (one part in a thousand) or more of the drug. The word "opium" means raw, powdered, or granulated opium, or opium prepared for smoking, and includes any solid or semi-solid mixture containing opium.

It is announced in the *Pensiero Medico* that Professor Luigi Devoto, Director of the Clinic for Industrial Diseases and of the Clinical Institute of Milan, has been appointed Consulting Physician to the Third Army Corps, with the rank of Major General. Our contemporary speaks of this as a well deserved appointment, and one which will give Professor Devoto opportunities of rendering important services to the army. Since the commencement of the war the Milan professor has taken the greatest interest in the health of the soldiers. In recognition of this and for his important contributions to medical science the King recently conferred upon Major-General Devoto the title of *Commendatore della Corona d'Italia*, an honour equivalent practically to knighthood in this country. We offer our hearty congratulations to the Commendatore.

DR. E. D. PLASS has published a statistical study of 635 labours with the occiput posterior (*Bulletin of the Johns Hopkins Hospital*, June, 1916, p. 164). The presentation (either oblique or direct) occurred in 11.57 per cent., although the actual proportion originally in this position was, he suspects, considerably higher. Rotation of the occiput into the hollow of the sacrum, which occurred in 14 per cent. of the cases, was favoured by too slight degree of flexion, small size of the head, and funnel-shaped pelvis. Contraction of the pelvic inlet favoured anterior rotation. Hodge's theory of ischial spines and inclined planes was the most acceptable theory to account for internal rotation. Premature rupture of the membranes was not especially frequent in Dr. Plass's series of occiput posterior presentations. Spontaneous delivery was the usual outcome. The total operative incidence was 22.9 per cent., but in only 11.02 per cent. was the need for intervention possibly due to the position. Labour was not prolonged, independently of whether the occiput rotated to the symphysis or into the hollow of the sacrum. A contracted pelvis did not increase the incidence of the posterior positions. There was no additional maternal morbidity or mortality, or infantile mortality.

## Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the **BRITISH MEDICAL JOURNAL** are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

THE telegraphic addresses of the **BRITISH MEDICAL ASSOCIATION** and **JOURNAL** are: (1) EDITOR of the **BRITISH MEDICAL JOURNAL**, *Atiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER, *Advertisements, etc., Articulate, Westrand, London*; telephone, 2640, Gerrard. (3) MEDICAL SECRETARY, *Mediscra, Westrand, London*; telephone, 2644, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

Queries, answers, and communications relating to subjects to which special departments of the **BRITISH MEDICAL JOURNAL** are devoted will be found under their respective headings.

### QUERIES.

J. M. is anxious to hear whether any reader knows of a case in which a child has been vaccinated on the foot, and if so whether injurious consequences have been noted.

H. T. P. Y. wishes to know the results obtained by the hypodermic injection of creosote for common colds, what dosage is used, how often injections are given, and where. He also asks if the treatment would be likely to have a beneficial effect in chronic antral (maxillary) suppuration which has defied operative and vaccine treatment.

### INCOME TAX.

P. J. G. inquires whether he cannot postpone payment of his income tax on the ground that the Government owes him £257 18s. 6d. in respect of National Insurance work.

\* Income tax is payable on or before the dates fixed by statute, and payment can be enforced at any time thereafter. These dates are laid down by Section 82 of the Taxes Management Act of 1880 as modified by Section 33 of the Finance (No. 2) Act, 1915, and are, January 1st for unearned income, and January 1st and July 1st (moiety) for earned income. Our correspondent has no legal right to postpone payment of the tax, but we suggest that he might lay the facts before the local surveyor of taxes, with a view to obtaining some further time for payment, as an act of grace rather than of right.

### ANSWERS.

#### A CASE OF ARSENIC CANCER.

HISTORICUS writes: In the abstract of a lecture delivered recently by Sir John Bland-Sutton (see **BRITISH MEDICAL JOURNAL**, pp. 788-9), he is made to say: "The woman with cancer at the knee had with great faith swallowed liquor arsenicalis at intervals for thirty years with the hope of curing her psoriasis, until one day a crack appeared at the edge of one of those curious skin patches, and in a fortuitous way the germs of cancer entered, took root, and led to the formation of a large, stinking, cancerous ulcer." But is not this theory entirely at variance with the generally accepted opinion as to the etiology of arsenic cancer?

### LETTERS, NOTES, ETC.

#### SCHOOL RUNS.

PARENT writes: In the **JOURNAL** of November 25th, p. 748, I read with considerable surprise your correspondent's inquiry as to public school treatment of "stitch." The boy, following his natural instinct to remove the pain, stops running, and is promptly caned for so doing. Continuous and violent exercise immediately following a heavy meal will produce a fatigue spasm or localized cramp of the diaphragmatic or intercostal muscular fibres, generally known as "stitch." To coerce boys to "run this off" is surely a dangerous practice, and to punish the unfortunate victim by caning is reprehensible to a high degree. Imagination staggers at the type of punishment in vogue at this school for the boy who may contract mumps or measles!

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