

The double opening in the chest did not in any way seem to interfere with the respirations, as the number fell to 24 or 25 per minute, such a number not being very rapid considering the circumstances.

The pus was thick and creamy, being formed from broken-down plastic effusion, large pieces of which came away with the fluid discharge.

The delay in the pus-formation on the right side seemed to be due to the fact that it was an apical pneumonia, and probably the plastic effusion took longer to become purulent in that situation. However, the plastic effusion was found lying in large masses on the diaphragm when the chest was opened.

In this connection, it may be of interest to remark that out of 274 cases of pneumonia occurring in the Town's Hospital between 15th November, 1901, and 15th May, 1902, only 6 developed empyema, and these all recovered.

Dr. Johnston's usual practice is to resect the rib and wash out, using a long spoon, if necessary, to remove the broken-down plastic effusion, which is always present in varying amount in such cases. The patient is usually quite able to go about at the end of three weeks from the date of operation.

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## CORRESPONDENCE.

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### "CANCERODERMS."

*To the Editors of the "Glasgow Medical Journal."*

SIRS,—Dr. Brand, in a recent and suggestive address on the "Etiology of Cancer," reported in the *British Medical Journal* for 26th July, alluded to the presence and significance of surface growths and pigmentations in cancer, and suggested the possibility of such being in the nature of a "canceroderm" in the same way as one speaks of a "syphiloderm."

Bearing on this question, I have just had under my care a lady, aged 70, who suffered from a chronic sinus in the loin. The sinus led, by a circuitous course, to a carious spot on the inner surface of the last rib.

According to her statement, an abscess formed in the loin, after an attack of pleurisy, four years ago. The abscess was opened, and left a sinus which never quite healed.



The carious area of the rib was removed by me about a month ago, and the sinus dissected out. The operation wound has healed. The interesting feature of the case, however, is the presence of numerous bright red and bluish-red spots, studded principally over the abdomen, but also on the chest and back. The "spots" are angiomatous in character, number in all about sixty, do not disappear on pressure, and in size vary from "a pin's head to a lentil." (See illustration.)

They have all developed within the last twelve years, and she states positively that no trace of them was noticed before that date. They give rise to no inconvenience.

As far as I know, she is free from cancer. It is open to anyone, of course, to say that she may be affected by some latent form of cancer, but she has at present no symptom or sign suggesting any such change.

She bears, however, distinct evidence of her years. Her hair is grey, almost white; there is marked arcus senilis, and the vessel walls are hard and resistant.

Her only brother and sister are alive and well, aged 67 and 73 respectively; her mother died of "cancer of the breast" at the age of 45.

Are these spots to be taken simply as an evidence of senility, or are they to be regarded as a "canceroderm?"

I have seen similar spots in elderly people before, apart from cancer, and I have also seen them in cases of cancer.

Since the publication of Dr. Brand's paper I have carefully examined over 100 cases, irrespective of age and condition; and though in several of these there were to be found isolated and solitary surface excrescences and pigmentations, in only two, exclusive of the present case, could it be said that these were sufficiently pronounced and definite to attract attention.

One of these was a man of 50, an advanced case of carcinoma of the rectum; the abdomen was dotted here and there with bright punctate angiomata, small in size, and likely to be overlooked if not searched for specially.

In the other patient the surface growths were warty in character, and scattered all over the body. They had developed within the last ten years, and were possibly due to her want of cleanliness. She was over 70 years, and bore no trace of cancer.

One of the cases examined was a man, aged 47, who was suffering from epithelioma of the larynx. No surface growth or pigmentation of any kind was observed.

If such surface growths and pigmentations occur in elderly people, apart from cancer, and this seems to be the case

(Leser, De Morgan, Marmaduke Sheild, Höllander, and others), their presence can be of little value from a diagnostic point of view; in younger persons, on the other hand, their occurrence might, as Dr. Brand suggests, indicate a special vulnerability or presenility of tissue—a state of tissue which is supposed to court the onslaught of malignant disease. Can they then, under these circumstances, be in the true sense a “canceroderm?”—I am, &c.,

GRANT ANDREW.

GLASGOW, *September, 1902.*

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Obituary.

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RUDOLF VIRCHOW.

AT 2 o'clock on the afternoon of 5th September last Virchow died at Berlin in the eighty-first year of his age. On 3rd January of the present year (1902) in alighting from an electric car in the Leipziger Strasse he slipped and fell heavily, sustaining a fracture of the neck of the femur. Since then, notwithstanding temporary improvements, he had been slowly failing in bodily strength; and he passed peacefully away in the presence of his family a few days after returning to Berlin from Harzburg, whither he had gone in search of rest and change.

Thus closed one of the most remarkable careers in the whole history of medicine. It is, perhaps, not too much to say that Virchow's influence on the progress of medical science and thought was greater than that of any other man in the nineteenth century. In Germany his power as a master mind in medicine was widely felt even before the first half of the last century had been completed, and during the last fifty years his name has been a household word in every medical school of the civilised world. Men of every country, now grown grey in the practice of their art, heard in their student days his writings quoted and his opinions expounded as those of a great master of the type of Harvey, Morgagni, or John Hunter; and, in this country at least, they were astounded, when, on his delivery of the Huxley Lecture at the Charing Cross Medical School in 1898, they were reminded