to the whole, insignificant. When the operation was concluded, no hope was felt as to any real recovery. The case is of importance not only as to diagnosis, but as an encouragement to operative treatment. We must regard the cure as having taken place under a process of aseptic softening, and finally of suppuration, for antiseptic dressings have been long abandoned.

A very interesting example of patchy Pigmentation of the Lips and Mouth was brought for our inspection by Dr. Dixon on June 23rd. Its subject was a dark-complexioned married woman of about forty. Her lips, both upper and lower, showed on the prolabia blotches of bluish-black pigment, most of them about the size of split peas, but not accurately rounded. Others were seen inside the lips, in the cheek pouches, and very conspicuously on the hard and soft palate. There were none on the gums or tongue. The woman was not obviously out of health, and had no indications of Addison's disease. She was a dark brunette, and said that in youth she had been much darker, and very prone to tan on exposure. The spots on her lips had been first observed about three years ago, and were increasing. They caused her no inconvenience. Simultaneously with their appearance a small coal-black spot not bigger than a pea had made its appearance on her forehead over the left eyebrow. It might have been supposed to be melanotic sarcoma were it not for its very small size and the absence of thickening.

In illustration of this case I produced some portraits showing senile, infective freckles on the face, and mentioned a case which I had seen on the same morning in which black patches had formed on the lips of an elderly clergyman who had been a great smoker. The portrait of Dr. Conner's twins was also brought forward. In these latter I was able to state, on Dr. Conner's authority, that since the portrait was taken, now two years ago, there had been no obvious increase in the pigmentation. The chief feature of similarity to our present patient was in the location of pigment patches and in the very dark complexions of the
subjects of them. Clearly it may be suggested that the amount of pigment congenitally present has something to say to the production of these pathological patches.

The portrait which, however, seemed most closely to bear upon our case, is one which was copied by Mr. Willett's permission from one taken in St. Bartholomew's Hospital, showing the mouth of a woman under his care. In it pigment patches on the lips, cheeks, and gums had been aggressive for many years, and had finally been accompanied by the production of a sarcomatous growth, not pigmented, in the upper gum. This development of sarcoma in association with infective pigmentation is exactly what I have observed in several of the cases which I have recorded under the name of "semile freckles."

Dr. Fletcher, of Camden Road, brought us on June 9th an interesting example of the form of Dupuytren's contraction which occurs in Children. The patient was a girl of about twelve. As usual in these cases the little fingers were alone affected, and the band was in front of the first phalanx and metacarpo-phalangeal joint, rather than, as in the adult form, in the palm itself. It was attributed to "rheumatism," and was stated to have developed within the last three or four years. It was, however, quite certain that the joints were not stiffened, and that the deformity was caused by a broad band which, like the string of a bow, held the second phalanx in a bent position. The Museum possesses a valuable series of casts illustrating this curious affection, the gift of Mr. William Adams. The evidence which I have obtained suggests, as in this case, that it occurs in association with the inheritance of rheumatism and gout. Mr. Adams, however, doubts this.

Dr. John Dixon, of the Temperance Hospital, sent us a very exceptional illustration of Gland Disease. The patient was a German Jew. In Scarpa's triangle in each thigh there was a large mass of very hard glands. The glands were adherent to some extent, but were not inflamed, and showed no tendency to suppurate. They were exactly in the posi-
tion of what is known as Hebra's Bubo, a form of gland disease which occurs in association with pruriginous eruptions on the legs. In the present instance, however, only the most trivial patches of eczema could be found on one leg. Nothing whatever which could have been supposed adequate to explain gland irritation could be seen anywhere. The glands were hard enough for sarcoma, but then not only could no primary disease be discovered, but the condition was symmetrical. A parallel case to this had been several times under our observation some months before. In it the patient, a comedian, had large gland masses in both sides of his neck. The glands were very hard, and adhered together, but showed no signs of suppuration. The man was near fifty, and no primary disease could be discovered anywhere.

To Dr. Stocker, of Forest Gate, we were indebted, on June 23rd, for a good example of the Multiple Fatty Tumour of the Extremities. The patient was a healthy man of fifty, who stated that his father had had similar growths. There were five or six on each forearm, and one on the front of the right thigh. The last was the largest, being as big as a small fist, whilst the others were not larger than chestnuts. They were all, as usual, of firm structure (fibro-fatty), and adhered loosely to the skin without involving it.

Two examples of Melanotic Sarcoma have been recently under our observation. In one a young man had numerous secondary subcutaneous growths in various parts. They had followed a growth in a mole, which had unfortunately been neglected in the first instance. It had been excised when too late, and with it several secondary ones. It was clearly too late to do anything further. A very important fact in the history of the case was supplied by a letter from Mr. Nettleship, which informed me that he had excised one eye from the father of the patient on account of a melanotic growth, and that he, the father, had subsequently died of the disease.

In the second case I could produce only the specimen
after excision, the patient being unwilling to attend. The specimen was a nodule of coal-black growth, not larger than a pea, which had been excised from the temple of a young lady of eighteen. It had not been preceded by any mole. There was a history that one of the girl’s uncles, a young man, had had his arm amputated by Sir Bénjamin Brodie for fungus hæmatodes, and had died of secondary growths, and that a grandmother had died of cancer.

In connection with these two cases, both of them remarkable examples of heredity of tendency to cancer, I took occasion to discuss the probable nature of such inheritance. Avowing absolute incredulity as to any parasitic cause of malignant action, I remarked that it was very certain that the primary growth could originate germ-elements of an infective character, which could travel through the lymph spaces or in the blood-vessels, and develop in parts more or less distant. Two questions would occur for consideration before we could decide as to the nature of the inheritance. First, how nearly molecular may such elements be in size; and next, how long may they remain living whilst wholly dormant. Both of these might probably be answered with the utmost liberality. The contagious particles may probably be infinitely minute, and thus capable of passing with sperm or germ; and next they are probably capable of remaining latent and dormant, yet still susceptible of development, for indefinite periods of time. I mentioned in support of these theories some cases in which, after the removal of a primary cancer, the patient remained for years without any sign of return, and then developed a growth in close anatomical proximity to the original one. In such instances we can but believe that germinal matter had lain dormant. In favour of the belief that it is not mere tissue proclivity which is inherited but actual particulate elements, I recalled certain cases in which, as in the first of the two just mentioned, the offspring developed precisely the same form of cancer as that from which the parent suffered. In this instance it was pigmented sarcoma (a rare form) in both father and son. In another instance, photographs of which were shown, the father had his face destroyed by rodent
cancer, and his son displayed the same disease at the un-
predentedly early age of fourteen.

Amongst the Drawings which have been added to my collection during the last quarter are the following:—

Symptoms of Congenital Syphilis actually present at Birth. The infant was born in the Whitechapel Infirmary, and survived only three hours. Its extremities showed an abundant bullous eruption. Mr. Herbert Larder, the medical superintendent, to whom I was indebted for the opportunity of obtaining the drawing, tells me that he has never seen such marked symptoms present at birth. The mother denied any knowledge of syphilis, but admitted that she had during the last year attended at King's College Hospital for an eruption.

A valuable series of Photographs of Yaws has been sent me by Dr. Daniel, from Georgetown, British Guiana. Two of them show the secondary eruption fully out, one patient being a negro and the other a European. They both exhibit a symmetrical eruption affecting the limbs, trunk, and face. The eruption is of a papular and frambresoid type, and there is certainly nothing in the portraits to enable the observer to distinguish it from syphilis.