Medical Matters.

A NOTE ON MELANOMA.

Mr. Charles R. Keyser, F.R.C.S., writing in the *Medical Times*, says:—Melanotic sarcoma, or melanoma as it has recently been called, is a comparatively rare disease, but of exceeding interest. It may arise in many situations, such as the ovary or epididymis; but the commonest are the skin and the eye. In the former, *i.e.*, the skin, it most often originates in a mole or pigmented spot, and may occur on any part of the body. It also not uncommonly arises at the side of the nail of the thumb or big toe. The growth is usually sessile, but may be pedunculated. The colour varies from a light brown to deep black. The lymphatics and lymph glands are early affected, and the growth rapidly increases in size. It is an extremely malignant type of growth, as a rule, but at times, especially when the primary growth is in the eye, the disease is of a chronic nature. Two or three years is the average length of life after the original growth is noticed, but as long as eleven years has been known to elapse before death intervened.

Of particular interest is the fact that melanotic growths of the eye rarely give rise to enlarged lymphatic glands, but are commonly followed by large secondary deposits in the liver, and the presence of melanin in the urine. The latter can be detected by adding a few drops of a fairly concentrated solution of perchloride of iron to the urine, which then turns grey; if more be added, a precipitate of phosphates falls, carrying the colouring matter with it, and again dissolves with an excess of the solution.

Formerly melanomata were always classified as belonging to the sarcomata or connective tissue type of tumours, and microscopically the cells often present a spindle or fusiform shape, and are arranged as in sarcomata; the pigment appears both in and between the cells. But recently it has become more and more patent that all melanotic tumours are not sarcomata, but carcinomata, for the following reasons:—

1. An alveolar arrangement of the cells is not at all uncommon.
2. The cells are of an epithelioid type.
3. The tumour originates in the skin, usually in a mole.
4. The lymphatic glands are early affected.

Unna stated in 1893 (*Practitioner*, February, 1903, p. 171) that malignant growths originating in moles are the result of the down-growth of epithelial cells, with snaring off of the down-growth by connective tissue cells, *i.e.*, are really carcinomata. The growths which originate in the eye, as stated above, do not as a rule affect the lymphatic glands, but behave more like sarcomata than most melanomata do.

The treatment is early and free excision of the tumour, and, although the prognosis is distinctly bad, yet I have known cases recover after operation, even after recurrence has taken place, especially when the wound has suppurated. This is explained, I take it, in the same way as the sequence of events following a successful treatment of sarcoma by injection of Coley's fluid.

A NEW NAIL PARASITE.

Dr. Dreuw, writing from Dr. Unna's clinic, describes in the *Monats. f. Prak. Dermatol.* a new fungus affecting the nails. The paper is a long one, and includes extensive references to the hitherto discovered parasites capable of producing nail affections. From a description of the parasite it appears to be related to favus and ringworm, but differs essentially from both. The chalky appearance of some of the cultures resembles a fungus which is occasionally met with. On one occasion a photograph of the hands affected by it, and a culture of the fungus, were shown at the annual meeting of the British Medical Association held that year at Cheltenham. The probability is that there are yet many new forms of pathogenic fungi to be discovered and classified. Microscopic botany is yet in its infancy.

ALOPECIA AREATA.

Dr. Richter (*Berliner klinische Wochenschrift*, Dec. 29th, 1902) reports a case which substantiates the view that alopecia areata may be caused by an injury of the second cervical nerve. The patient was a female, fifty-two years of age, who fell and fractured the second cervical vertebra. There developed a persistent neuralgia, and one and a-half years later the development of the characteristic lesions of alopecia areata. In spite of all treatment the latter remained permanent.

CANCER AND COMMON SALT.

Captain Rost, a young Indian medical officer, who for nearly three years has been investigating malignant cancers bacteriologically in

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