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CANCER AND PHTHISIS

*OCCURRING IN DIFFERENT MEMBERS OF
THE SAME FAMILY.*

BY

THOMAS W. BLAKE, M.R.C.S.

[Read at the Annual Meeting of the British Medical Association,
held at Bournemouth, July 29th, 1891.]

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Cancer and Phthisis Occurring in different Members of the same Family.

By THOMAS W. BLAKE, M.R.C.S.

THIS family consisted of a well-to-do farmer, his wife and twelve children—six sons and six daughters. The family history on the father's side gave no trace of either cancer or phthisis. He died in the year 1871, of cardiac dropsy, *æt.* seventy-eight, and till the age of seventy had enjoyed a very active out-door life, and excellent health. He was then troubled with hæmorrhoids, losing daily considerable quantities of blood with each evacuation of the bowels. They were situated on both sides of the gut, within the sphincter. I operated on each side, with clamp and cautery, leaving an interval of a fortnight between the operations to allow one side to heal before touching the other. He made a perfect recovery and went about riding his cob, in his farm duties, again with pleasure, for several years. His wife died of cancer of the liver at the age of sixty-four, and she also had enjoyed good health until sixty years of age.

Her parents lived to a great age, and there was no family history of cancer or phthisis on her father's side. Her mother had an indurated tumour in one breast, with retracted nipple, but it gave very little trouble. I have met with several similar cases in women advanced in years.

I knew this farmer, his wife and their children during

my pupilage with two country surgeons in the north of Hampshire. The younger sons were well made, stout, active young men, and joined in field sports and cricket. The elder brothers and sisters were then all strong, healthy, and good looking, with fair complexions. They appeared to be all without physical or mental defect.

Suddenly, and before my pupilage had commenced, I remember the third son, William, was under the doctor's care—the first illness any of the family had suffered since their ailments of infancy—and before the autumn this broad-shouldered, muscular and handsome young fellow of nineteen wasted to a shadow, and died from repeated pulmonary hæmorrhage the following spring. Repeatedly during his illness he was taken to town to the then noted consultant for consumption, the late Dr. Williams, who pronounced his disease to be phthisis, and on referring to the counterfoil, retained in the old forms of death certificates, which fell into my possession subsequently on taking the practice, the cause of death certified was phthisis pulmonalis, March, 1853.

Two years after this, and during my pupilage, his brother Henry came under the care of my principals, suffering from cough and dyspnœa, and during the haymaking season, after extra exertion, he had excessive hæmorrhage from the lungs. I accompanied one of the doctors six miles to the patient's house, where he had a farm of his own. We found the patient sitting up in bed, with a hand basin half-filled with blood, saliva and froth—and blood was still "welling up." I obeyed the prompt directions of my principal, and bled the patient from the arm until fainting approached and hæmorrhage ceased from the lung. Such treatment was customary then, and patients looked upon it without fear. Port wine and brandy was the after treatment, with beef-tea.

Five years after this, I had scarcely finished my hospital career, when the death of the survivor of my old masters, to whom I had been apprenticed, left their extensive practice open, and my late dear friend, Dr. Samuel Griffith, Lecturer on Midwifery, and one of the staff of St. Thomas's Hospital—with whom I then lived as a resident pupil—advised me to secure the practice, but to discontinue that of bleeding. I took his advice, and again came in contact with the same patient, his parents and their family. This was in the year 1860. I found the old patient, Henry, “notwithstanding the phlebotomy,” going about his duties, taking part in field sports, shooting and fox-hunting—in fact he almost lived out of doors. He was of spare frame and active habits. In the winter and spring of 1864 his old troubles returned, with cough, night sweats, hæmoptysis and rapidly-wasting tissues. He died during the summer of that year. My notes record:—consolidation at right apex, and cavities in both lungs. He was married. His wife outlived him and she married again, this time to her late husband's brother. Her second husband is still living, and he has always enjoyed good health. She died of cancer of the stomach and omentum in 1880. There is no family history on her side of this disease. She was under the care of my successor to that practice (previously my articulated pupil), Mr. J. H. Gilmour.

I now go back to April, 1861, when I was called in to attend the mother of this family, Elizabeth, aged sixty-three years, and she was under my constant care from that time until her death—eleven months. Several weeks before she called me in, her attention was drawn to a swelling by some dull aching pain in her right side, and its more frequent occurrence made her seek advice. She attended, with her daughter's assistance, to the duties of a large dairy, and was vexed that the pain prevented her

going on with this work, butter and cheese making. No case of cancer had appeared up to this time in any member of the family, and it was not till the painful swelling of the anterior lobe had increased, projecting much beyond its natural boundary, that I suspected malignant disease of the liver.

As time went on the persistent pain (which opiates alone could allay), added to the increased swelling, rapid emaciation of the patient, and jaundiced appearance, left no doubt as to the nature of the disease, and in the autumn that year the cancer juice found vent externally between the ribs, and kept up a continuous and increasing flow until the time of her death on March 14th, 1862. Referring to my note book I observe that opium was given her in varied forms *daily*, from June 24th, 1861, until March 12th, 1862.

Now taking the remainder of the children in the order of seniority, Eliza died of cancer, recurring after removal of the breast for that disease by the late Dr. Coates, of Salisbury; age not procurable, but said to have been about the menopause.

Thomas died of phthisis under my care in the year 1866, the disease in his case extending over six or seven years. He was married. His wife died before him of phthisis. There was no family history of phthisis on her side; she was an only child. I attended her parents; they died of extreme old age.

Thomas left one daughter, his only child, who is still living and married. Jane died this year, 1891, of cancer of the stomach and omentum, aged seventy. She was married, outlived her husband several years, and has left four children. There is no history of cancer or phthisis on her husband's side. Mary died in the year 1886, aged fifty-seven, after the removal of an ovarian tumour by Sir

T. Spencer Wells, weighing twenty-five pounds, the solid parts of which were found to be malignant. She was married and has left seven or eight children. Her husband is still living and well ; he belongs to a healthy family.

James—Mr. Gilmour reports of him thus : “ Living and well, but not in this district. I attended his wife (who was the widow of his late brother Henry); she died without issue in 1880, of cancer in the stomach and omentum, early diagnosis confirmed by Dr. J. S. Bristowe. Joan died of cancer of fundus of uterus in 1881 ; age not given, but said to have been about the menopause. Mr. Gilmour also reports of this case : early diagnosis difficult, proved eventually by dilatation of the os uteri. Patient saw Dr. George Lush while visiting at Weymouth ; subsequently a consultant at Women’s Hospital in London, who confirmed the diagnosis.”

Annie—phthisis—died in 1870 ; married, had three sons, all living and well. Husband since dead. Mr. Gilmour writes me on this case :—“ Do you think it possible that, concurrent with her phthisis, she might have had suprarenal cancerous disease? I was not in the profession then, but I have not forgotten her intense bronzing of skin, like a Red Indian. I was particularly fortunate in seeing such cases while clinical to Dr. Bristowe. I am only asking for your own opinion, because every girl had cancer, and why should not she, as well as phthisis, both of which diseases have been fearfully prevalent in this family? I should like to hear you tell me of this case purely in interest.”

Mr. Gilmour is right. Annie I attended several years for lung disease, with hæmoptysis, winter cough and expectoration ; she had old cavities in the left lung, which partially healed, and she eventually died of Addison’s disease associated, I suspect, with tuberculosis.

Dr. J. S. Bristowe expressing his opinion on this case of

Annie's, has said that, according to his experience and knowledge, cancer of the supra-renals does not lead to symptoms of Addison's disease; and he scarcely thought this could be one of cancer.

"John," Mr. Gilmour reports of him, "is living and well, but not in this district. His wife came to me; I diagnosed cancer of the breast; should have seen the case six months earlier. Breast removed by Sir Wm. MacCormac; recurrence three months later, and death ten months after operation. She died in 1890 and leaves a large family." There is no family history of cancer on her side. There are two others, a brother and sister, living away from their old district. They are well and both married, and have healthy children. This appears to be the case with the progeny of all these brothers and sisters—their children are healthy and it would be interesting for those who survive us professionally to keep an eye on them, as I have done upon their progenitors. This cannot be done in special hospitals for these diseases—the clue kept intact; and I trust Mr. Gilmour and others will bear this in mind.

The great interest to me in these cases is, that they illustrate, so to speak, the great preference of cancer for the female; also the probability of both these maladies—cancer and phthisis—being conveyed from one to the other sex through the generative organs. I have a great belief in the possibility of this occurring.


In the cases of both Mrs. James and Mrs. John they died of cancer, but there is no family history of that disease on their side. The wife of Thomas died of phthisis, with no family history of that disease on her side. The marriage of these women into a family where the two diseases existed appears like transmitted disease in the manner I have suggested. Of the subjects of my paper, four out of six daughters died of cancer, one of them, Annie, of

Addison's disease, after suffering six or seven years with pulmonary phthisis. Of the sons, three died of pulmonary phthisis, three are still living.

In these cases the two diseases appeared to co-exist, but my impression is, that the cancer germs were the irritants on the male side, causing in them lung disease and consolidation, as many other indestructible irritants and foreign bodies do when lodged in the lung, and that these cancer cells may irritate tuberculous lung to breed bacilli; but that they do not, [the cancer cells] often germinate and thrive till they find their favourite nidus through the lymphatic system in a distant gland, and especially those of women, where the glandular system is more fully developed than in man, attacking the feeble and anæmic, but remaining torpid in the robust and strong. This last remark applies to both diseases, tuberculosis and cancer.

I have to thank Sir Spencer Wells, Dr. J. S. Bristowe, Sir Wm. MacCormac, Mr. Gilmour, and one of the survivors of this afflicted family for the information that has assisted me in recording these cases.

I have altered the Christian names of the survivors and withheld the surnames—a point of honour we should always observe when the feelings of the survivors are to be considered. Under these conditions they have generally no objection to the cases being quoted in the interest of science.



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