

✓ DUHRING (L.A.)

A CASE

OF

INFLAMMATORY FUNGOID NEOPLASM

BY ✓

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DR. DUHRING'S CASE OF
INFLAMMATORY FUNGOID NEOPLASM.

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A CASE
OF
INFLAMMATORY FUNGOID NEOPLASM.

THE case which I have the honor of bringing before the Association in the present communication represents so rare a disease and is of such interest, that I shall not occupy the time with introductory remarks.

The patient is a highly-intelligent lady, 58 years of age, the mother of four children. She is of large frame, and has always inclined to be fleshy, her weight at present being one hundred and seventy-four pounds. She first presented herself to me in October, 1877, ten months ago, when I noted the following history, which I transcribe verbatim from my note-book.

PREVIOUS HISTORY.

Her general health has always been excellent. The catamenia ceased normally at the age of forty-six. She has never had any disease of the skin until the present occasion. Her father was healthy, and died of some acute disease; her mother, at the age of seventy-eight, was attacked with a cancer, which proved fatal. She has no brothers or sisters. Her children (four in number) are all in good health. In August, 1876, fourteen months ago, on one occasion, when very much over-heated, she indulged in a cold bath which was followed the next morning by severe stiffness and pains throughout the whole body. Two days later she again became excessively heated, when the skin of the entire surface appeared very red, for which condition she was bathed with salt and water. Three hours afterwards an extensive rash, in the form of large, elevated, reddish wheals, made its appearance, which remained twenty-four hours. There was no gastric disturbance. This affection was without doubt urticaria. After feeling entirely well for a fortnight, there appeared, without premonition, a quite different eruption, characterized by a red surface with minute, pointed vesicles, which desiccated on the third day, leaving small crusts. It was universal. The attack ter-

minated in about a week in a general scaling of the surface. From the description it is more than probable that the disease was a general, acute, vesicular eczema. About a week later she was awakened out of a sound sleep by a most violent attack of itching, unaccompanied by any eruption, invading the whole integument. The following morning she experienced nausea and general debility, together with repeated attacks of the itching which would frequently announce themselves. This pruritus, for at no time was there any efflorescence, lasted three days and nights, and is described as having been most distressing. It was treated, without favorable result, with baths. A fortnight later (about October 10, 1876) the first lesion of the disease of the skin we are considering was noted. It manifested itself as a "red spot" on the right side of the forehead, above the eyebrow, where the largest lesion now exists. It came suddenly through the night. She had retired in good health, free from any sign of cutaneous disturbance, and awoke in the morning to find, greatly to her surprise, this marked red spot. When first seen it was of a dull red color and not at all inflammatory in nature, perfectly circular in outline, very sharply defined, and the size of a silver dime. To the touch it was as smooth as the surrounding healthy skin, and was not at all thickened. It looked like a superficial burn; so much so that her friends were continually asking how she had burned her forehead. There were no subjective symptoms. No treatment was instituted at this time.

The lesion grew very slowly during the following months, but varied from time to time considerably in color; occasionally it would become so pale that she thought it was about disappearing, when, unexpectedly, it would again assume its deeper color. These changes of color were quite marked, and had the peculiarity of always taking place rapidly, often in the course of a few hours. The spot retained its circular form for five or six months, by which time it had gradually attained the size of a silver half-dollar. After this period, during the summer of 1877, it altered its shape and became ovalish. It did not, however, change in any other way until August, 1877 (at which date it had existed almost a year), when it began to rise slowly, unattended by itching or pain. She states, had she not seen the lesion or felt it with the hand, she would not have been aware of its existence, so devoid was it of all sensation. It rose from the surface in form like a boil, but other than its form possessed none of the characters of a boil. By the end of a fortnight it had risen a full half-inch above the level of the surrounding skin, to the height which it now possesses. The further developments about this patch, to which I shall presently refer, have all made their appearance within the past two weeks, having manifested themselves from day to day with great rapidity, unattended by heat, itching, or other subjective symptom.

To return to the date of the first appearance of the lesion which we have just been considering, we are told by the patient that on the following morning nine distinct wen-like, rounded elevations,

the size of half-cherries, appeared here and there upon the scalp. They came very unexpectedly and suddenly, within a day, but did not reach their ultimate size for about ten days. They were from the beginning very hard to the touch, "feeling like wens or lumps of gristle under the skin." They were not adherent to the tissues beneath, but could be moved about, and were in no degree painful, even upon pressure; but they itched intensely from the beginning until they attained their full size, when this symptom entirely ceased. They disappeared gradually, without treatment, in the course of three weeks, becoming from day to day softer and flatter until nothing remained to mark their former existence, the skin showing no trace of disease or of scar. Some six months after this another attack of the same kind appeared on the scalp, which was similar in every particular to that just described. Two weeks ago a third attack occurred, consisting of one lesion only, situated in the median line of the scalp, near the forehead. It pursued the same course as the former ones.

In June last (four months ago), the lesions on the abdomen and those on the under surface of arm, just beyond the axillæ, made their appearance. They came suddenly, in the course of twenty-four hours, unaccompanied by any subjective symptoms; when discovered they had already reached the size of silver quarter-dollars. She is positive concerning their sudden manifestation. They were, when first observed, circular in form; of a dull pinkish color; on a level with the surrounding healthy skin, and smooth. They increased rapidly in size, enlarging from day to day until they obtained their present dimensions. On one of the patches on the abdomen there appeared suddenly, about a month since, four indistinctly-defined, split-pea sized, hard purplish tubercles. They rose from the surface in the same manner as the original pointed lesion on the forehead, but have shown no disposition to grow.

About the 1st of July (three months ago) three new lesions appeared, situated as follows: one in the left groin, just below Poupert's ligament; another upon the anterior surface of the right thigh; and the third in the left popliteal space. These, like the preceding, came suddenly, within twenty-four hours. When she first noticed the one on the thigh and that in the popliteal space they were both elevated, and were about their present size. These two were the only lesions which were elevated from the beginning. That in the groin was the size of a dime, circular, on a level with the healthy skin, and grew slowly, two months elapsing before it reached its present proportions. These three lesions have always been quite sensitive, pressure, heat or cold or other external agency irritating them. Some four weeks after the patch in the groin had manifested itself there came in its centre a hard, gristly, whitish, glistening tubercle, which grew gradually, occupying six weeks in arriving at its present size. It continued of a grayish, pinkish color until it reached its full size, when it by degrees assumed a reddish color, and then became softer in consistence. The patient is not

aware when the several lesions over the spinal column and on the buttocks made their appearance; they came insidiously.

PRESENT CONDITION.

The lesions existing at the present date (Oct. 25, 1877) may be described as follows: The most conspicuous constitute a patch situated on the forehead, extending from the median line to the external canthus of the right eye, thence to the ear, and from scalp to eyebrow, thus involving the greater part of the right side of the forehead. The general surface of the patch is irregularly uneven, owing to certain prominent elevations and depressions in the form of tumors, tubercles, and furrows. The color varies from a dull violaceous pink to a pale raspberry-red. Here and there are observed small, thin, superficially-seated blood crusts.

Viewing the patch more critically, it is seen to be composed of five lesions, more or less merged into one another. In the centre there rises conspicuously prominent above the rest a firm conical or nipple-shaped tumor the size of a large half-cherry, with a broad base. This is the original lesion, and, it will be remembered, is of one year's duration. It is fairly circumscribed; is raised a full half-inch above the level of the surrounding healthy skin; and is of a pale raspberry-red color, with a glistening light on its summit. To the touch it is soft, and gives the impression of containing fluid. Punctured with a fine knife, however, shows that such is not the case, a few drops of thick blood only oozing forth. The tumor is quite painless even upon pressure, and is unaccompanied by itching, burning or pain.

The next lesion to be considered is that which followed the one that has just been described, and is of four months' standing. It will be borne in mind that this patch rose up quite prominently a fortnight ago, and then suddenly returned to its present state. It adjoins and is connected with the original tumor, and consists of several indistinctly-defined elevations which have merged into one another, forming a patch of disease about the size of a silver half-dollar, with an irregularly-rounded outline extending from the line of the scalp in a semicircular manner to the eyebrow, where it joins a third patch. Its surface is uneven and tuberculated, and exhibits several conspicuous furrows, one in particular being quite deep. Adjoining this lesion there exist three large split-cherry sized tubercles, which have coalesced at their bases. Merging into these tubercles, just above the eyebrow and involving the temporal region, we meet with the last and largest tumor. It is of a distinctly roundish form; the size of a silver half-dollar; sharply circumscribed, especially around its lower border over the temporal region, rising abruptly here an half-inch above the sound skin. It is firm and fleshy to the touch and of uniform consistence, with no sense of fluctuation. Taken between the fingers, it can be picked up and raised partially from the tissues beneath. It is freely movable with the surrounding healthy integument, and readily glides over the bone. It is a solid and heavy tumor for its size, and drags down the eye-

brow and presses upon the eyelid so as to almost close the eye. Its color is a yellowish raspberry-red, deeper in tint than the neighboring lesions; its surface is smooth and glistening. Pressure exerts but little influence in dispersing the blood. There are no enlarged blood-vessels upon its surface.

Towards the scalp the original lesion and that just referred to merge into each other, and, after becoming flatter, pass imperceptibly into two flat, dull-pinkish patches within the border of the scalp, which are of recent date, having appeared only three days ago. They are olive-sized and shaped, joined together, well defined, raised about a line, quite soft and supple, and can be readily pinched up between the fingers. They are without subjective symptoms. Over the left side of the forehead and over the face and neck generally there are here and there small, mostly split-pea sized, irregularly distributed, erythematous, reddish, violaceous, and yellowish patches, for the most part faint in color and indistinct in outline. The surface of the skin is harsh, and inclines to be slightly scaly. These lesions, she notes, come and go from time to time. The same kind of lesions are found in number over the sides of the trunk, upon the abdomen, and on the flexor surfaces of the thighs as far down as the knees, varying in size from a split pea to a silver half-dollar, irregularly rounded or ovalish in shape, and more sharply defined than on the face and neck. They vary in color according to the stage of their development, the more recent ones being of a pale violaceous color, and the older ones of a pale yellowish-red or salmon color. The skin here, as on the face, is harsh and slightly scaly. The patches somewhat resemble irritated *tinea versicolor* or squamous eczema.

On the inside of the right arm, just below the axilla, there exists an ovalish patch as large as a child's palm, which, it will be remembered, appeared in July last, four months ago. It is very slightly raised above the level of the skin; is sharply defined; possesses a dull-pinkish color; is covered with scanty, minute whitish branny scales; and exhibits the natural lines of the skin in an exaggerated state. In the centre of the patch exist four split-pea sized, firm, violaceous, tubercular elevations, identical with those upon the forehead. The patient states that they appeared yesterday, and that they are of the same character as those on the abdomen which have existed for weeks. Another lesion, olive-shaped and sized, running parallel with the natural lines of the skin, similar in all respects to that just described, but without tubercles, exists on the posterior fold of the left axilla.

On the abdomen, between lower border of mammæ and umbilicus, there are four discrete, circumscribed patches, and one very irregularly-shaped patch made up of a number of smaller, more or less discrete lesions. On the right side of abdomen, three inches to the right of the umbilicus, there is an oval, dull-rose colored patch, as large in outline as a goose egg, which runs transversely across the trunk. It is well defined, except upon its upper border,

where it is notched or indented, which gives it a "kidney shape." It is elevated a line above the surrounding skin, and is covered with a scanty film of whitish, branny scales. Upon the upper border there are three split-pea sized, firm, smooth, pale-purplish, well-formed, rounded tubercles, arranged in a line, and situated so close to one another as to almost touch. They look and feel not unlike tubercles of fibrous or connective-tissue carcinoma. They are very similar to those existing in the patch on the right arm, already described.

On the left side of the abdomen we find three lesions. One is an olive-sized and shaped patch, running transversely across the trunk, beneath the left mamma, with the general characters of the large lesion on the right side of abdomen. The second, situated three inches above the centre of Poupart's ligament, is ovalish in form, running parallel with the lines of the skin, and is the size of a child's palm. It has a smooth, glistening surface, and a mottled, violaceous-red color, and shows a tendency to clear away in the centre and to assume an annular form. The third lesion is a large hand-sized patch, occupying the region between the left mamma and the crest of the ilium, composed of scattered, variously-sized, multiform lesions, varying in character. They are split-pea and bean-sized and shaped; indistinct in outline, so much so that their shape can scarcely be defined; many of them have, moreover, coalesced, and have formed irregularly-shaped patches. They are for the most part elongated lesions, from a half-inch to an inch and a half in length and about a half-inch in width. The most conspicuous, some three or four, are perceptibly elevated in the manner of wheals; are firm; perfectly smooth; pale-purplish in color; and have a ridgy, lumpy feel. In addition to these lesions there are a dozen or more ovalish, slightly-pigmented, dirty-yellowish, salmon-colored, indistinctly-defined spots on a level with the healthy skin. These lesions are also found here and there over the whole trunk and on the thighs. According to the patient, most of them have existed for several months, and have undergone but little change.

We now come to the patch situated in the upper part of the left groin, at the junction of the anterior face of the thigh with the trunk. It is irregularly-ovalish in shape; the size of a large hen's egg; clearly defined, with a distinctly-elevated, rounded, thick, fleshy upper border raised a full quarter-inch; smooth; violaceous; and manifests a disposition to clear away in the centre. It has not changed materially within the past two months. During the summer it was tender and felt sore, but it never became excoriated.

In the centre of the back, directly over and running parallel with the spinal column, at the fourth dorsal vertebra, there is a raised, pale-reddish, olive-sized and shaped patch. It is soft and supple, and can be picked up, but has a harsh surface, and shows the natural lines of the skin very plainly. It has existed four months, and has changed but little. Over the upper part of the right buttock there are four patches identical with those just described.

On the thigh there exists only one conspicuous lesion, situated on

the anterior surface of the middle of the right thigh. It is circular; the size of a silver half-dollar; raised three-eighths of an inch; sharply circumscribed; of a pale raspberry-red color; and has a papillomatous, warty, lobulated, raspberry-like surface, covered with adherent thin scales. It is the most elevated of any of the lesions, and has been so from the beginning. It appeared four months ago, suddenly, in one night, and has increased in size but little since first observed. It has always been scaly, more so than any of the other patches; they are of a dirty-yellowish color, and are cast off daily.

Such was the previous history, and the condition of the patient when she came under observation. She had followed the course of the disease closely, and had noted every symptom from day to day. She had never submitted to any medical treatment, for the reason, as she expressed it, that she had not met with any one who seemed familiar with the nature of the disease; moreover, as the process had made such slow progress and gave rise to no pain, nor indeed to any marked subjective symptoms, she felt disinclined to interfere. Latterly, however, such rapid and unlooked-for developments had occurred that she became alarmed. After a careful examination I was free to confess that the disease was altogether new to me. I advised no treatment until further observation and microscopical study had established its nature.

Oct. 26.—The patient to-day shows a new lesion situated on the border of the left mamma near the axilla. It made its appearance last night. I examined this region yesterday, when there was no sign of any disease. Even when she retired there was nothing to be seen. Upon awaking in the morning it was present, and was then of the same size and color and had the same general features as now. It is the size and shape of an olive; remarkably circumscribed; slightly raised, so that its outline can be felt in passing the hand over it; possesses a somewhat harsh surface; and is of a dull-pinkish color. It can be readily taken up between the fingers, is quite soft and supple, and does not feel very different from the surrounding healthy skin. Feeling it with the eyes closed one is surprised to note how slightly the skin differs to the touch from normal integument. It is not inflammatory in the ordinary use of this word, there being neither heat, itching, nor pain. The patient indeed was not aware of its existence until when performing her toilet in the morning she happened to see it. It does not disappear in the least degree nor change color under pressure. The view of its being hemorrhagic does not suggest itself. In appearance it may be compared to a superficially-seated vascular nævus without perceptibly-enlarged vessels. It bears some resemblance also to a circumscribed patch of squamous eczema.

Oct. 27.—The patient experiences for the first time a slight burning sensation in the patch upon the forehead. The lesion on the inner surface of the arm has since yesterday increased in size about a line uniformly around its entire circumference. The enlargement

is shown by the fact that the recent growth is of a shade brighter red than the old, the line of difference being quite plain. The growth occurred through the night. The tubercles in the centre of this patch have not undergone any change either as to size or color.

Oct. 28.—The small, diffused, reddish lesions in the cheeks are paler and fainter in outline. The patch in the left groin is also paler, less prominent, softer, and is inclining to clear in the centre. A new patch, similar to that which exists on the left mamma, made its appearance last night on the inner surface of the left thigh near the perineum. It is the size and shape of a small pecan-nut; raised a quarter of an inch above the level of the surrounding skin; of an uniform dull pink color; and is freely movable with the healthy tissues and can be drawn out into any shape, showing that it is superficially seated.

Nov. 4.—The changes this week have not been so remarkable as during the previous week. The large tumor on the right side of the forehead just above the upper eyelid has increased perceptibly in size and is of harder consistence. On its upper border it is now continuous with the flat lesions of the scalp. Two of the smaller tubercles of the forehead have likewise enlarged. The recent patch on the left breast, near axilla, is more raised and of a deeper red than a week ago, but it has not increased in size. To-day I punctured with a fine-bladed knife three of the most prominent lesions of the forehead, the operation in each instance being followed by a few drops only of dark, thick blood, which under the microscope showed red corpuscles in profusion, and a limited number of white corpuscles, but no other cell elements. The fluid dried very rapidly upon the slide.

During the past three days there has been for the first time considerable itching about the forehead. The tumor in the centre of the back has undergone marked diminution in size within the week, being now less than half its former size: it is also paler and more scaly. It seems to be drying up or shrivelling, in the manner that a wart might disappear. There has been no treatment of any kind up to the present date.

The following was to-day ordered: *R.*—Sodii Sulphatis, ℥iss; Potass. Sulphatis, ℥ii; Potass. Bicarb., ℥iii; Lithii Carb., ℥ss. Sig. Half-teaspoonful with a gobletful of water before breakfast.

Nov. 11.—The patch upon the forehead as a whole is softer, flatter, and paler than last week. It looks as though it were about to undergo gradual absorption. Within the week there has appeared a distinct, deep crease or furrow through the centre of the tumor over the right eye, which runs vertically and at a right angle to the eyebrow. It is manifest that these furrows (which have been referred to as existing elsewhere), which form upon the tumors as well as between them, constitute a striking feature of the disease. From a study of the one recently formed it is obvious that they cannot be regarded as exaggerated natural lines. They are formations peculiar to the process.

Night before last the patient was awakened from a sound sleep by pain in the large tumor over the right eye. At first there was a distinct sensation as of expansion and contraction taking place through the growth. She describes it as though many threads were drawn rapidly to and fro through it,—like the opening and closing of the mouth of a sack by means of draw-strings. It lasted an hour and subsided gradually, to be followed by a sharp pricking sensation, as though needles were being forced through the tumor. This continued for a few minutes only, and was succeeded by intense itching. During the morning (four or five hours later) she scratched the skin open at one point, when about a dozen drops of blood oozed forth. This was the first occasion of any bleeding, whether here or elsewhere. With the cessation of the bleeding the itching abated. The evening before these symptoms manifested themselves the tumor appeared to be in its usual condition, and did not exhibit any sign of turgescence; it was indeed, as has been stated, even considerably softer than a week previous. The other lesions upon the forehead or elsewhere did not in any way sympathize with the changes just noted.

Nov. 20.—The recent small, flat, indistinct lesions which appeared here and there over the face a week or ten days since have completely vanished within the past few days.

Dec. 1.—During the past three weeks a marked change has taken place in the tumor over the right eye; it is less prominent, smaller, softer, and paler, and is undoubtedly undergoing absorption. A rounded, hazel-nut sized, firm, pinkish tumor appeared last night on mastoid region behind the right ear. The patient was not aware of its presence until I called her attention to it. It is of the same character as those which have from time to time occupied the scalp, and which have been already referred to in detail. The treatment was ordered to be discontinued.

Dec. 11.—The large tumor over right eye is still decreasing in size, and is flattening materially. It has, moreover, cleared in the centre, and shows here a spot of almost normal skin. A new lesion is to-day appearing behind left ear; it is identical with that which was noted two weeks since behind right ear.

Dec. 27.—A small, circular, firm, raised, reddish lesion, accompanied with soreness and heat, was observed this morning on the anterior surface of the right thigh, to the left of and close to the large lesion already described.

Dec. 28.—Hard, irregular, lumpy elevations, the size of split peas, smooth, glistening, and pale-violaceous in color, have since yesterday appeared behind both ears on the border of the scalp. On the left side they consist of a chain-like series of small lesions which extend down into the neck. Behind the right ear they form a cluster and incline to coalesce. They are itchy.

Dec. 31.—The single tumor behind the right ear has doubled in size within the past fortnight, and has flattened. It has, moreover, become distinctly divided or lobulated, consisting now of three

irregularly-shaped parts separated by deep furrows identical with those described in connection with the forehead lesions. The circular patch on the anterior surface of the right thigh has increased in size, and has become sensitive, and is even painful when touched. It is the seat of distinct shooting pains, which extend up and down the limb.

The following external treatment was ordered: Equal parts of lead and mercurial plaster, to be applied, spread on a cloth, to the large tumor over the right eye; and calomel ointment, one drachm to the ounce, to be rubbed twice daily into the lesion on the left breast and into one of the flat scalp lesions.

Jan. 3, 1878.—Patient observed this morning, on combing her hair, three flat, firm elevations, the size of dimes, situated on the right side of head above the ear; they were dull-pink in color, were covered with minute, thin, whitish scales, and were intensely itchy.

Jan. 7.—This morning a small, finger-nail sized, circular, firm, slightly-elevated, pinkish lesion was noted on the left breast. It came through the night, and is unaccompanied by any subjective symptom. Four small, raised, smooth, violaceous lesions, situated closely together, have come on the right thigh near the large circular patch. This latter lesion is growing markedly from week to week, being now two and one-half inches in diameter, and still remains raised and covered with a dry crusted scale. It is, however, no longer the seat of pain, nor is it even sensitive, as was formerly the case.

Jan. 10.—The mercurial plaster caused excoriation on the fourth day. The calomel ointment likewise proved irritating. One minim of liquor potassii arsenitis, twice daily, was ordered. Upon rising this morning the patient observed two new lesions on abdomen.

Jan. 22.—Patient is under the toxic influence of arsenic, and has been in this condition for several days. The disease is everywhere the seat of considerable irritation, as shown by increase in the size of the lesions, great heat, and intense itching. Arsenic discontinued, and a carbohc acid lotion ordered.

Jan. 29.—The lesions upon the forehead have of late been growing, and within the week have changed their character. The epidermis has macerated, and has been scratched off in places, especially from the larger tumors, leaving excoriated, oozing surfaces upon which a dark-brown thin crust quickly forms. Half-minim doses of liq. pot. ars. were again ordered.

March 1.—The changes during the past month have not been so numerous nor so decided as formerly. New lesions have appeared and old ones have disappeared, leaving more or less marked dirty-yellowish discolorations, while others have remained in statu quo. A few of the more remarkable changes may be specially referred to. The forehead lesions have softened. Those behind the ears are being absorbed and are rapidly disappearing. One of the scalp tumors has enlarged, and now stands raised a full half-inch above the level of the healthy scalp, while another immediately alongside

of this one has softened and flattened. A rounded tumor is growing rapidly in the centre of left cheek. On the lesion which occupies the flexor surface of the right arm near the axilla the following has taken place: Four weeks ago the outline of the patch broke at a given point on its inner border and began to clear away. This patch is now the same size as formerly, but in the place of being a solid mass of disease shows a strip of healthy skin, a half-inch in width, which runs in the form of a "cul-de-sac" from a point in the circumference to the centre of the patch. The skin here is restored to health and is sharply defined against the disease. Just beyond this "cul-de-sac" of sound skin, in the centre of the patch, there are several hard, smooth, violaceous, nipple-shaped elevations or tubercles, of the same character as those on the forehead and in the groin. No subjective symptoms are noted. Several quite large abdominal lesions have entirely disappeared, without leaving scars or even pigmentation. Arsenic in half-minim doses soon again produced constitutional and cutaneous disturbance.

March 6.—A fortnight since the large tumor on the scalp was accidentally struck with violence. It became painful and soon suppurated, discharging about a fluidrachm of pus and blood, after which the wound healed kindly. The tumor in the left popliteal space has grown considerably of late; it is irregularly rounded, with the central mass elongated, running parallel with the flexure, and thrown up into several thick, fleshy, rounded folds or welts with corresponding marked deep furrows. The patch in the left groin has increased to the size of a small hand and is irregularly elongate in shape; it is broken up, and consists of small and large patches of disease in the form of flat and raised, diffused and circumscribed tumors in all stages of evolution. Here and there are islands of healthy skin, where former lesions have existed and have since been absorbed, while the centre of the patch is quite clear and shows normal skin. None of the lesions, upon the surface generally, are itching so much as a month ago.

The disease has up to the present time in no way affected the general health of the patient; the appetite is good, and the various functions continue in order. Urine normal. No involvement of lymphatics.

April 9.—A week ago five grains of iodide of sodium, thrice daily, was prescribed. The patient states that on the second day she experienced an unfavorable change, and that she felt uncomfortably warm and excited, and had a hot, dry skin. These symptoms increased from day to day. The disease, moreover, became everywhere redder, the lesions enlarging markedly and itching intensely. Within the last two or three days many new lesions, of both the flat and elevated variety, have appeared upon various regions of the body. Upon examination I find the disease to be in a manifestly active state, all the symptoms being aggravated. The remedy was discontinued, and acetate of potassium substituted.

May 1.—The general condition for the past month has not been

so favorable. She has experienced a weary state of the body, together with frequent flushing and heat of skin. Ten days ago an attack of diffuse urticaria made its appearance and continued five days. The large tumor of the scalp is flatter, softer, and possesses a sense of fluctuation. The older formations on the forehead are likewise flatter and softer, and have recently become abraded and crusted with a thin yellowish coating, the result of a slight oozing which has quite lately appeared accompanied with intense itching. The kidney-shaped lesion on the side of the forehead has become much smaller, flatter, softer, and paler, and is undergoing absorption; it is less than half its former size. The tumor at the root of the nose has grown rapidly, and is now the size of a half-cherry, and is circumscribed, firm, smooth, glossy, and of a bright raspberry-red color, and is unaccompanied by subjective symptoms of any kind. The growth in the left cheek (which started, it will be remembered, three months ago) has increased in size until now it is as large as a large cherry; it has been repeatedly punctured with a fine knife-blade by the patient, but the procedure rather aggravated the process. An alkaline saline aperient has been ordered in place of the acetate of potash. Locally, a carbolic acid ointment affords relief to the excessive itching.

June 1.—Three weeks ago an attack of general discrete and confluent urticaria again made its appearance, similar in its course to the preceding manifestation. It continued five days, during which period the patient was feverish, and experienced general malaise. The patches of the disease, however, were not invaded.

June 14.—Another attack of urticaria has occurred. As before, there was no gastric derangement, but the eruption was marked by accompanying depression of spirits and by pain in the head and back. The lesions were unusually numerous, every portion of the surface, even the patches of disease, being invaded; they remained, as before, five days, disappearing gradually.

The following marked changes, in addition to those which have been referred to, have occurred during the past three months. The patch under the right arm has increased but little in size, but its border is considerably raised, and exists in the form of a ridge, with here and there lumpy, tubercular elevations from a quarter to a half-inch in height. The whole patch, moreover, has become thickened and indurated, and at the same time smoother and in some places even glossy. The color has become more violaceous. Itching is marked, and at times is even intense. The palm-sized patch under the right breast has doubled its area, and here and there shows ridges and tubercular, lumpy formations identical with those on the arm just described; one particularly conspicuous tumor, the size of a half-walnut, arises from the border of this patch; it is excoriated, and oozes bloody serum, and itches violently. This tumor is of two months' duration, having made its appearance during the period that the iodide of sodium was taken. The patch on the right thigh has grown to double its former size

(being now circular, and four inches in diameter), and has at the same time cleared away in the centre to the extent of a silver dollar, the skin here being quite normal.

The large scalp tumor, which has been softening for some time past, began to discharge some three weeks ago, and has since been discharging about a fluidrachm daily of a bloody puriform fluid.

Fluid extract of ergot, in half-fluidrachm doses, to be increased, thrice daily, was ordered.

June 25.—The numerous flat purplish lesions on the sides of the thorax, extending over the ribs and as far down as the thighs, disappeared rapidly as the urticaria vanished. They faded with remarkable rapidity, so that within a week there was scarcely a trace of their former existence to be found beyond a general dusky-yellowish pigmentation.

The lesions on the forehead are much softer, and bleed easily and copiously once or oftener in the day. The large tumor on the left cheek, which has been growing steadily for the last three months, for the first time shows signs of softening, and displays a slight depression in the form of a furrow in its centre, such as has been noted in connection with other lesions. The tumor measures in circumference at its base three and six-eighths inches, and around its greatest circumference five inches. The scalp tumors have lately become excoriated, and are now discharging a full half-ounce of puriform fluid in the course of the twenty-four hours; they are materially smaller, softer, and flatter. Their surfaces are either excoriated or are covered with a thin or thick brownish crust, which can be readily removed (very often entire) in the form of a concave shell.

The itching which has been such a prominent symptom of late has everywhere entirely ceased within the past week.

July 1.—The large tumor on the left cheek so annoys the patient that she desires its removal at any risk. In consultation with Dr. Maury, the base of the growth was transfixcd by two stout pins inserted at right angles to each other, and strangulated by a silk ligature. The surface of the tumor oozed minute drops of bloody serum, but showed no disposition to rupture.

July 2.—The tumor is coal black, and the seat of throbbing pain; oozing still continues.

July 4.—The pain has subsided. The growth being offensive, it was ablated close to the base. There was considerable hemorrhage which sprang from two arterioles. Upon the knife entering the formation resistance was encountered, the structure proving to be firm and solid. The cut surface presented a homogeneous yellowish-gray color. No blood or serum oozed from the tumor after removal. It weighed one ounce.

July 5.—The swelling about the upper part of the cheek continues and the part looks as though attacked with ordinary erysipelas of a mild form, but the eyelids are not involved. Suppuration is taking place freely.

July 7.—To-day the wound looks healthier and vastly improved. A hard base still remains in the centre of the wound, which it will be necessary to destroy. The general condition and spirits of the patient are excellent.

July 11.—The hard base referred to was cauterized with caustic potash and quite thoroughly destroyed.

July 20.—The wound granulates slowly. A trace of the disease in the form of a hard, pea-sized mass deep in the centre of the wound was to-day removed with caustic. The operation, unlike the previous one, gave but little pain.

Aug. 27.—The wound granulated favorably, and closed entirely three weeks since, leaving a quite insignificant scar. Four weeks ago a new tumor made its appearance on the inside of the middle of the right thigh, which in a fortnight grew to the size of a small hazel-nut. It was excised; was followed by scarcely any hemorrhage, the wound healing kindly and rapidly. Three weeks ago a lesion appeared over right scapula, which has within a fortnight grown to the size and shape of a small horse-chestnut. The tumor at the root of the nose has lately attained its full development as indicated by the central furrowed or V-shaped depression, and by a disposition to soften; it is rounded, stands out boldly an inch and a half from its base, and has the exact form of a young mushroom before it has begun to expand. This tumor is identical in size, shape, and in every other respect with that which occupied the left cheek.

The changes which have taken place during the past two months with other lesions, excepting those to which special reference will presently be made, have not been remarkable. Many new flat and more or less raised ones have from time to time appeared, and in many instances have completely disappeared; many of the older ones remain in statu quo; others have coalesced; some have broken up and have cleared away in their centres or on their borders; while still others have been entirely absorbed and have vanished. The skin therefore presents tumors, flat patches, and pigmentary discolorations in all stages of evolution, there remaining scarcely a square inch of skin upon the trunk that has not at one time or another been the seat of disease.

I desire to refer in particular to three lesions which have existed for some time, and which on account of their size and other peculiarities have been more than once mentioned; they show phases of the natural course of the disease. The large, horse-chestnut sized tumor on the temporal region, which manifested itself about a year ago, and which eight months since began to soften and decrease in size, has latterly been completely absorbed, leaving the skin normal with the exception of a slight, yellowish, fatty degeneration, looking not unlike small areas of xanthoma here and there. The large tumor of the scalp has in like manner been absorbed, and is now nearly upon a level with the healthy skin. The same fatty, xanthomatous deposit is here observed in the skin as upon the remains of the forehead lesion just referred to.

The lesion in the left popliteal space which on March 6 was described as being "irregularly rounded with the central portion elongated and running parallel with the flexure, and thrown up into several thick, fleshy, rounded folds or welts with corresponding marked deep furrows," has increased enormously in proportions. It now includes the whole of the popliteal space, being quite four inches in diameter, is irregularly rounded, and broken up into areas of disease and of comparatively normal skin (where former lesions existed which have undergone absorption); and consists mainly of an irregularly-shaped, firm, projecting, distinctly and deeply furrowed, lobulated, warty, fleshy, fungoid, dark-reddish mass, secreting a viscid fluid which dries into crusts. It stands out from the patch an inch and a half, and is proportionately bulky. Around its base here and there are a half-dozen variously-sized, violaceous tubercles similar to those encountered on other parts of the body.*

MICROSCOPICAL EXAMINATION.

Some months since a piece of tissue about three lines square was excised from the large tumor of the scalp. It was taken from the periphery and included a small portion of healthy skin. It was removed with a knife, and was immediately placed upon the disk of a freezing microtome and frozen. The sections were cut by my friend Dr. Morris Longstreth, to whom I am also indebted for the accurate drawings. They were at once stained with carmine, and were examined in a weak saline solution.

Under a low power the whole section is seen to be well infiltrated with a cellular formation. With a power of three hundred and fifty, the following condition is noted: the horny layer of the epidermis is thin but preserved and distinctly defined; the rete mucosum is well developed and clearly marked; the papillary layer is quite sharply defined against the rete; some of the papillæ are

* Since the case was presented to the Association the large, horse-chestnut sized tumor at the root of the nose has been excised. There was considerable hemorrhage which was only arrested by the use of ligatures. Two quite large arteries were found on either side of the base of the growth. The edges of the wound were brought together by pins and interrupted suture. The wound suppurated freely and healed remarkably rapidly and favorably. Within a fortnight it closed, there remaining but a faint reddish ridge to mark its site. At present writing even this has disappeared; there is no contraction of the tissues, nor is there the least disfigurement resulting from the operation. The rapidity with which the wound healed is worthy of special remark, more particularly as the tumor was not isolated but adjoined and was merged with the original mass of disease, the incision; therefore, on one side being through diseased tissue. The diseased surface showed readiness to unite with the opposite side of the wound composed of healthy skin, and as stated granulated most favorably to complete recovery.

In regard to the treatment, I would say that at one time it was thought benefit was being derived from the use of ergot, but subsequent experience showed this to be an unwarrantable conclusion. It was in time abandoned as being of no value. No internal remedy used has appeared to exert any influence in controlling the disease. Excision of the circumscribed tumors can, I think, be safely recommended.

materially shorter and broader than normal, while in some places they are so flattened out as to be almost obliterated; the whole of the corium, from the apices of the papillæ to the subcutaneous connective tissue, and even as far down as the specimen extends, is almost solidly infiltrated with a new growth composed of small, well-defined, rounded, indifferent cells; the infiltration is remarkably dense, taking complete possession of the normal tissues; it exists in the papillary layer as high up as the summits of the papillæ, and in great quantity throughout the whole corium; the cells are more numerous and closely packed in the lower strata of the corium than in the papillary layer. While they may be said to be disseminated, showing no marked disposition to arrange themselves in any definite arrangement, they are, in some localities, noted to be more abundant, being here and there heaped together. Along and parallel to the walls of the follicles, and occasionally in other places, but to a less extent, they are arranged in irregularly-formed rows. But the arrangement is not striking, and cannot be compared with that found in the cheek tumor, to be presently described. The walls of the follicles are packed with the new growth, as are also the parts of cut glandular structure that here and there come into view. Cut blood-vessels are encountered in the upper as well as in the lower strata of the section, some of them being of unusually large size. In the walls of these vessels are imbedded in profusion elongated and round, new and old, cells.

The cells are, as a rule, not distinctly nucleated; some have punctate, quite undefined nuclei, while others show a larger, round nucleus; others are without nuclei, being composed simply of a more or less granular substance. None appear to have more than one nucleus. The cells are variously sized, sharply-defined, compact cells, similar to those found in lupus and scrofuloderma. They are variously shaped; some are rounded and oval, while not a few are elongated and even spindle-shaped. They are imbedded loosely or securely in a connective-tissue stroma, which is for the most part faint and delicate in structure. In many places the cells are so numerous and so closely packed that scarcely a vestige of the corium remains. (See drawing Fig. 1.) But few marked connective-tissue bundles and elastic fibres are present.

A large number of sections were carefully examined by Dr. Longstreth and myself, all of them yielding the same result. The disease was quite uniformly distributed throughout the entire excised fragment of tissue.

Since the above examination, Dr. Longstreth and myself have quite recently resumed microscopical study upon a large tumor which was excised from the cheek, and have obtained results so different from those just described as having been found in the scalp tumor as to be equally worthy of record.

A section a quarter of an inch square was cut from the side of the tumor in such a manner as to include sufficient disease, and a

portion of sound skin about the border. It was, as in the previous examination, frozen upon a microtome, the sections being cut vertically from the periphery towards the centre. They were stained with carmine, and examined in a fifty per cent. glycerine solution.

The horny layer of the epidermis is remarkably thin, so thin in some places as to be scarcely recognizable with a low power. The rete is only fairly developed. The papillary layer is flattened out to such an extent that for the most part indications only of the papillæ remain; while the follicles are shorter and broader than normal, or they are contracted, their walls being squeezed together. As in the scalp tumor, the whole structure from the papillæ to the lower strata of the subcutaneous connective tissue consists of a profuse multiform cell infiltration, contained in a delicate network of connective tissue, arranged in a peculiar manner. (See drawing Fig. 2.) It will be remembered that the cells in the sections of the scalp tumor showed no marked peculiarity of disposition. Here, the arrangement of the new growth is striking, being in the form of numerous, distinct, long, narrow, similarly-sized and shaped, trabeculæ or columns situated about equidistant from one another. They incline to run vertically, but in this respect are subject to variation, some of them running at angles to one another, while others meet and cross at right angles, thus forming a sort of basket-pattern arrangement. Many of them converge and meet at an angle as represented by the shape of the letter V, the apex, however, pointing upwards instead of downwards towards the periphery of the tumor. Between these trabeculæ there are apparently open, translucent channels or spaces, but which on close inspection are noted to contain very faint, delicately-formed, gelatinous-looking connective tissue, recognizable only with a high power. These apparent spaces everywhere accompany the trabeculæ, and are about as long and as broad as the latter, and are quite as distinctly defined, the whole structure consisting of alternate trabeculæ and spaces. While this arrangement, as just stated, prevails throughout the bulk of the section, it becomes less striking towards the papillary layer, and again, as the deeper strata are approached, where the cells take on the form of a diffuse infiltration, as in the case of the scalp tumor. Beneath the rete the corium in many localities is still preserved, the cells being by no means so abundant as in the deeper portions. The cells constituting the trabeculæ are closely crowded together, and are in many places even fused or united, constituting a quite solid column or mass of formed material.

Partially adherent as well as great numbers of free cells are also seen here and there, in aggregations or disseminated, throughout the field. The cells vary considerably in size, more so than in the sections of the scalp tumor, and are, moreover, decidedly larger. They likewise vary in shape, being round, rounded, ovalish, and even spindle-shaped. Their contents are for the most part non-granular; distinct nuclei, however, are only occasionally encoun-

tered. The picture thus presented in this part of the tumor is suggestive of fibro-sarcoma.

A vertical section taken from the centre of the base of the tumor shows a structure quite different from that of the upper part or periphery of the growth. (See drawing Fig. 3.) It exhibits very beautifully the earliest stage of the process. The tissue is materially looser, and is made up of subcutaneous connective tissue, abundance of elastic tissue in the form of single fibres and variously-sized bundles of fibres, fat-globules, blood-vessels, and here and there striped muscular fibre. The whole structure is infiltrated with cells which are either disseminated or arranged in variously-sized, irregularly-formed, loose or dense aggregations. The cells differ from those found in the upper portion of the growth in being more granular, more succulent, and much larger. They vary greatly in size, some being more than twice as large as others. They resemble simple granulation cells which have just made their escape from the vessels. They are numerous, being found here and there, singly or in aggregations, in almost every portion of the section, but they are by no means so abundant as in the upper strata of the tumor. It is manifest that in this specimen we see the cell in its earliest or most recent form, and from a careful study of its features, it is found to differ but little, if at all, from the corpuscle which characterizes simple inflammation.

The three specimens show plainly the several pathological stages of the disease, and particularly the character of the cell as it exists in the earliest and in the oldest portions of the growth. The difference between the large, granular, irregularly-formed, succulent cell in the base, and the small, hard, persistent, rounded cell in the periphery of the tumor is certainly quite striking. From the results thus obtained I think we are warranted in regarding the growth as being in its early career simple inflammatory, as being, in fact, a kind of granuloma; while later (after distinct, firm, fleshy tumors have formed) it assumes such a state as to suggest the term fibro-sarcoma.

My friend, Dr. C. Heitzmann, of New York, who examined the patient at the meeting of the Association, has taken interest in the case and has recently been kind enough to make a microscopical examination of sections of the large cheek tumor. In a letter just received from him he reports :

“The sections of the tumor exhibit as follows: The epidermal layers thinned, otherwise unchanged; the papillary layer mostly flattened, the papillæ being shallow or not present at all; the derma partly built up of bundles of fibrous connective tissue, demonstrable both in longitudinal and transverse sections, partly infiltrated with mainly globular elements closely packed together, producing clusters of varying diameters, or they are arranged in longitudinal strings, according to the former strings of the fibrous connective tissue. These run a course parallel to the outer surface in the former papillary layer and obliquely through the main mass of the derma.

“The elements are of the size of lymph-corpuscles, compact, shining, or coarsely granular, devoid of nuclei in their smallest representatives, and vary from this size up to that of human colorless blood-corpuscles, or even surpass the size of the latter. The larger elements are coarsely granular, and exhibit nuclei in varying number.

“There are transitions from the fibrous connective tissue into the protoplasmic condition of this tissue, and from this into the newly-formed elements of the tumor. Nerve-fibres also demonstrate a transition into the morbid elements, and so do striped muscle-fibres in the lower portions of the tumor.

“The subcutaneous tissue is in some places crowded with the above described elements, and here transitions are traceable from fat-tissue into that of the tumor. Numerous blood-vessels, of capillary nature, in their early stages of development, traverse the tumor everywhere.

“Some hair-follicles, being rid of their hairs, demonstrate a transformation of both the connective-tissue part and the outer root-sheath into elements of the above description; such changes are also seen on the epithelia of some sebaceous glands.

“From this description it is evident that the new-formation is not due to an inflammatory process, but rather to a lively new-growth of elements, which bear the character of *sarcoma*. As a large number of fibrous connective-tissue bundles has formed, before a transformation of the latter into sarcomatous elements has taken place, the tumor deserves the designation *fibro-sarcoma*.

“Tumors of this kind are little, if at all, malignant in their early development, but rather prone to recur after extirpation, hence the old-fashioned term, recurrent fibroma. They are not rare in the derma and the subcutaneous tissue. After growing for years without injuring the patient, they lastly often assume properties deleterious to the patient's health, therefore turning into decidedly malignant tumors. My impression is that, owing to the strong constitution of the subject, as evidenced by the amount of living matter in the sarcomatous elements, the result will sooner or later be deleterious for your patient.”

I refrain from making any comment upon Dr. Heitzmann's report, but I regret that I was unable to furnish him with sections taken from other growths representing an earlier stage of the disease,—decidedly more inflammatory in character. There are many points of interest in the pathology to be considered, so many, indeed, that in the light of one or two cases it is scarcely prudent to arrive at a definite conclusion as to its precise nature. For the present, therefore, I forbear proposing a more specific name for the disease than that which I have bestowed.

REMARKS.

I have given the full notes of the case for the reason that the disease has, up to the present time, never been described with the detail which it deserves. It is, as I shall presently show, an almost unknown form of skin disease, but two cases appearing in literature. It is, moreover, a grave and at the same time a very remarkable manifestation, in all respects worthy of a complete record. I may here remark that the observations noted are particularly valuable, from the circumstance that the patient is an unusually intelligent and accurate observer, whose statements I believe to be entirely reliable. The account of the disease, it will be remembered, extends over two years, half of which time the case was under almost daily notice, a period sufficiently long to enable the process to be fully studied. The disease has from the beginning been a most singular one, the development and course of the lesions being quite at variance with what we know of other kindred affections. The variety of lesions; the numerous and remarkable changes that have from time to time taken place; the sudden appearance and the rapid and often unexpected disappearance of many of the lesions; the capricious invasion, cessation, and recurrence, as well as other peculiarities of the subjective symptoms; and the singularly arbitrary course of the process, are all points irreconcilable with the nature of the disease as shown by the microscope.

Inasmuch as the account of the disease which I have given is a lengthy one, and mainly in the form of notes extending over a long period, and for this reason difficult to grasp, I shall endeavor to present a succinct description of its chief features. It may be described as being characterized by several kinds of lesions, which may occur simultaneously or consecutively, in the form of more or less flat patches, or of distinctly raised tumors or fungoid formations. The flat patches vary in size from a finger-nail to the palm of the hand, and are either sharply circumscribed or diffused, oval, round, or irregularly rounded in shape, and either on a level with the surrounding healthy skin or elevated from a half line to several lines above it. They have a smooth and glossy, or a dry, harsh, chapped, more or less scaly surface, with usually well-marked lines, or even furrows; or they are excoriated and crusted. They are superficially seated, thin, supple, and can be readily pinched up between the fingers; or they are deep seated, thick, and fleshy. The prevailing color is a dull-rose or violaceous-red, taking on as the lesions undergo involution varied, yellow, salmon-colored, dirty-reddish tints, due to pigmentation.

The tumors are round or ovalish, circumscribed, tubercular or nodular, or fungoid in character, of a light or dark raspberry-red or violaceous color, varying in size from a split pea to an egg. They are soft, firm, or solid, and when fully developed are here and there more or less distinctly furrowed and lobulated and depressed in

their centre. They have a smooth and glossy surface, or they are excoriated and ooze a thin, serous, bloody discharge, or a thick puriform fluid, which dries into dark yellowish or brownish crusts.

The lesions show no disposition to symmetry. All regions are liable to its invasion, the face being particularly involved in the present case. The subjective symptoms, consisting chiefly of itching, are variable, and by no means constant. The course of the disease is likewise extremely uncertain. It is essentially chronic. The lesions follow no regularity or order of development, flat patches and tumors not infrequently appearing simultaneously side by side, while tumors often develop from previously flat patches. They make their appearance either suddenly, often most insidiously, and at times within a few hours, with or without itching; or gradually, in the course of weeks or months, with or without subjective symptoms. Some pursue a rapid, others a very slow and at times capricious course. Having attained a definite size, they, as a rule, soften, diminish in volume, and undergo sooner or later spontaneous involution, without marked pigmentation and without scar. The process up to the present time has been of a benignant nature, but I should be cautious in giving a prognosis.

The microscope at the present period shows the disease to be a peculiar inflammatory new growth, consisting of a profuse disseminated infiltration of small round cells, having their seat in the corium and subcutaneous connective tissue. What further developments or changes in the nature of the process will in future take place remains to be seen.

The disease is, without question, a very rare one. I have never before encountered it. Cases of "fungoid disease of the skin," as they are loosely designated, while they are quite rare are yet from time to time met with, and have always occupied a certain (more or less obscure) place in literature. With few exceptions, however, they are so vaguely reported as to convey to the reader no conception of the disease; or they are upon examination found to be nothing more than vegetating or papillomatous, exuberant manifestations of some well-known pathological process, as, for example, of syphilis. Reports of such cases, unless most accurately and minutely recorded, are of no value to science nor to literature. Some years since Köbner* collected and reported five obscure cases of fungoid disease of the skin that had been observed in the wards of the Hôpital St. Louis, Paris. He reviews the subject in his paper, and comes to the conclusion that until our information as to the nature of these uncommon manifestations is more definite, all such cases had best be designated under the general title of "multiple, fungoid, papillomatous tumors of the skin," a term which he proposes. Two of these five cases were under the care of Hardy; two under the care

* Klinische und experimentelle Mittheilungen aus der Dermatologie und Syphilidologie, Erlangen, 1864, p. 37.

of Bazin, who himself reports one of them in his treatise on diseases of the skin* with the name of "mycosis fungoïde;" while the fifth case had been noted some time previously by Alibert, and is likewise recorded in his work on diseases of the skin.

I have read with care the reports of these cases, and while several of them possess certain symptoms in common with the case I have described, I fail to recognize that they represent the disease under consideration. In reviewing the literature of the subject, it also occurred to me that the affection figured in Dr. Fox's work on diseases of the skin,† and called by him a case of "fibroma fungoides," might be a phase of the disease we are considering, but as we are told that the woman "appeared to have been suffering from syphilis," it must be excluded. Dr. Fox speaks of "fibroma fungoides" as a variety of fibroma differing from fibroma molluscum in its "tendency to ulcerate, to rapid growth, and to vascularity." The disease, however, is very briefly described, and I am unable to establish any relationship between the cases he alludes to and my own.

The only cases on record which manifestly represent the same disease as that under consideration are reported by Hebra. He first met with the disease in 1872, a case having presented itself at the department for skin diseases of the Vienna General Hospital, a short account of which was given in the annual report of that hospital for 1873, under the diagnosis "Neoplasma," it being there stated that the disease was a new one, and that for the time being no other name would be given it.‡ Later, in 1875, the report of this case was republished by Hans Hebra, in the *Vierteljahresschrift für Dermatologie und Syphilis*,§ under the title "Ein seltsamer Krankheitsfall." The title selected was an unfortunate one, for the case did not attract the attention due so important a disease. The bare history was given, and this very briefly. Quite recently Geber|| has again brought forward this case, with additional notes and with remarks, to which are added a chromolithographic portrait and drawings of microscopical sections of the disease. In 1874, Hebra encountered a second case,¶ designating it as before simply "Neoplasma." These two cases are the only examples of the disease on record that I am aware of.

The first case, of which (thanks to Professor Geber) we have an excellent chromolithograph, was that of a man, Stephen Ruisz by name, an Austrian, aged 47, and a tailor by occupation. I shall

* *Leçons sur les affections cutanées artificielles et sur la Lèpre, les Diathèses, etc.*, Paris, 1862, p. 375.

† Second American from third London edition, New York, 1873, p. 352.

‡ *Ärztlicher Bericht des K. K. Allg. Krankenhauses zu Wien, vom Jahre 1873.* Wien, 1874.

§ *Zweiter Jahrgang, erstes heft*, Wien, 1875.

|| *Deutsches Archiv für Klinische Medicin*, xxi. Bandes, ii. and iii. Heft, Leipzig, März, 1878.

¶ *Ärztlicher Bericht des K. K. Allg. Krankenhauses zu Wien, vom Jahre 1874.* Wien, 1875.

avail myself of Geber's description of the case, inasmuch as it is fuller than that given by Hebra.

The disease began two years before, without apparent cause, accompanied with violent itching. At the time of the first appearance of the eruption the patient was feeling generally unwell. Up to that date he had always been healthy. He had never had syphilis. The first manifestations upon the skin were in the form of aggregated, small vesicles upon the face, which owing to the itching were scratched, whereupon they spread. From the face the eruption subsequently extended over the neck and chest, and backwards over the back of the neck and back, and so by degrees over the whole body. Certain patches are said to have undergone complete involution, and, on the other hand, new lesions to have appeared from time to time on unaffected regions; so that within the last half year a noticeable increase of the disease had taken place. The first tumors appeared six months before, on the face, those on the other parts of the body having followed at irregular intervals. The patient discriminated between the several lesions upon the skin, and stated that the tumor-like growths made their appearance upon previously diseased skin, and that other lesions came suddenly and often disappeared.

The patient when he came under observation was in average health and was well nourished. The most recent lesions consisted of scattered pin-head sized papules and pustules seated upon a reddened base and covered with a brownish crust. Where the process was more advanced there were hand-sized and larger, discrete and confluent, vesicular and crusted, or excoriated and moist patches.

Where the disease was evidently undergoing involution, the more or less infiltrated skin was scaly. In such places there was but little disease, the swelling had disappeared, and the dark pigmentation was almost the only remaining symptom of the previous persistent eczema-like eruption. Scattered over the whole body, for the most part on normal skin, but also in the middle or about the circumference of the patches just referred to, there were large and small, some an inch and a half in length, raised to the height of several lines, bright red, firm, fungoid elevations. They were smooth on their surface, and were only occasionally cleft. Pedunculated tumors, varying in size from a hazel-nut to a goose-egg, existed on the neck about the region of the larynx, on the arm and about the folds of the axillæ, and on the thigh below Poupart's ligament. They were somewhat lobulated and furrowed; richly vascular; and had an elastic feel. They were in part deprived of epidermis, and were covered with brownish-yellow crust. The lymphatics were everywhere swollen, especially over the mastoid region, where there also existed a moist eczema.

The disease remained under notice five months, during which time many changes were observed, consisting mainly in the development of new lesions and in the disappearance of old ones. The course of the disease was similar to that noted in my case. Toward

the fifth month of the patient's stay in the hospital fever and uncontrollable diarrhœa set in, followed by erysipelas migrans, which proved fatal. An autopsy was made, but showed nothing abnormal in the internal organs.

The microscopical examination of the tumors is thus given by Geber: Beneath the well-marked and preserved cells of the epidermis there existed a sharply-defined, moderately-developed papillary layer. Owing to the cell infiltration as well as to the increase and swelling of the connective tissue of the papillæ, these bodies were elongated and broadened. The corium below had in the same manner increased in volume. The number of the imbedded cells was relatively large, and their manifold form noticeable. There existed disseminated or aggregated round, roundish, oval or elongated lymphoid cells, with all transitional stages to spindle form. The latter were noticeable through their strongly-granular protoplasm and relatively-large nucleus. The connective tissue showed in places the several stages of its development; the bundles of the same were swollen and œdematous, their borders ill defined, and the fibrillar character scarcely perceptible. Elastic fibres were scanty. Vessels were present in abundance, their volume being upon the average markedly enlarged.

Beneath a relatively well-preserved rete there was found, in the best developed portions of the disease, in the papillæ and throughout the corium, a profuse cell infiltration. As this was viewed more closely, it was observed that the first changes, namely a noticeable increase of round cells, took place in the papillary layer and upper strata of the corium, and particularly along the vessels of the same. As the process intensified, the cells increased, and in such a manner that they not only destroyed the tissues attacked but extended themselves into the subcutaneous connective tissue, where both small and large collections of cells were still to be seen. In general the increase of cells was found to be in inverse proportion to the amount of intercellular tissue; on the periphery, for example, a diminution was scarcely perceptible, while the nearer the centre was approached the more marked it became, so that ultimately the merest trace only of stroma remained. This became plain, more particularly in sections that had been well shaken, in which after the cells had fallen out there appeared variously-sized, formed spaces, surrounded by delicate connective tissue. The cells themselves, as stated, were round, ovalish, and occasionally elongated; as a rule their substance composed of a coarsely-granular protoplasm contained a large nucleus, and the presence of two nuclei and of corresponding nucleoli was not uncommon. About the lower border in the subcutaneous connective tissue a large number of enlarged blood-vessels cut in various directions were seen; near by also well-preserved sweat-gland ducts.

The second case was a merchant of Warsaw, 36 years of age, who had always lived in good circumstances, and had seldom been sick. He was of average size and of frail build, but is said to have been

formerly stronger. The disease of the skin had begun a year and a half before, upon the head, and had spread rapidly, but for several months had been in statu quo. Upon his admission to the hospital, the scalp, face, thorax, upper extremities, abdomen, and lower extremities as far as the knees, were reddened and covered with quite large scales, presenting the characters of eczema squamosum, accompanied with violent itching. Above the umbilicus, reaching around the waist, there were six, variously-sized, from a dollar to the size of a hand, compact, doughy, raised, to the height of three lines and more, excoriated infiltrations, covered with loosened or abraded epidermis. Where this had been destroyed there was a moist surface. These tumors were the seat of no pain, and annoyed the patient merely on account of their size.

The growth pursued a slow course. Through a period of weeks there was scarcely any change. The functions of the body were in no way impaired, and the appetite remained good, but sleep was interfered with, owing to the intolerable itching. The patient was rubbed twice daily with *ol. rusci*, for a period of nearly two months, during which time the itching diminished, but on ceasing the application it returned, though in a milder degree. Two of the tumors were destroyed with caustic potassa. The edges of the wound were clean, but the healing process proved an extremely slow one; the secretion was abundant. The patient was under observation eighty-eight days, during which period the disease manifested but little change. The microscopical examination of excised portions of the tumors, it is stated, afforded no information concerning the nature of the disease, inasmuch as nothing more than an increase of the normal elements of the skin were found (*sic*).

It will, I think, be readily admitted that both of the cases just reviewed present many features in common with our case, and that there can be no question but that the three cases represent the same disease. Hebra's first case, in particular, is indeed identical in almost all of its features with mine, including the history; the irritability of the general integument previous to the development of the disease proper; the evolution and the general character of the lesions; the subjective symptoms; the course of the disease; and lastly, the microscopic appearances of the formation as given by Geber. The points of difference in the clinical history are so insignificant as scarcely to be worthy of special remark. I am quite at a loss to account for the statement of Hebra, Jr., to the effect that in their second case he was unable to discover anything abnormal in the excised piece of skin submitted to the microscope.

In corroboration of the view of the simple inflammatory nature of the process which I have put forth, we have the clinical facts that both arsenic and iodide of potassium seriously aggravated the disease on the several occasions on which they were prescribed, producing symptoms identical to such as we should expect from their employment in simple acute inflammatory diseases of the skin, as, for example, in eczema.

In regard to the diagnosis of the disease, I cannot see that any difficulty could possibly arise, for the features are so striking and peculiar that they must impress themselves forcibly upon the observer. The several diseases with which I conceive it might be confounded are the vegetating, hypertrophic or fungoid varieties of syphiloderma, lupus vulgaris, carcinoma, leprosy, and lymphadenoma of the skin ("mycosis fungoïde" of Gillot*), and with frambœsia (yaws).

It seems scarcely necessary after all that has been said to add that these diseases have all been carefully excluded in the present case. The disease is without doubt one sui generis.

* Étude sur une affection de la peau décrite sous le nom de mycosis fungoïde (lymphadénie cutanée), Paris, 1869.

