percentage of recoveries. The total of the four operators give 455 cases, with an average of about 70 per cent. of recoveries. Total number of cases in the United States, 739.

The total number in Great Britain at the same date was 1006, the list being headed by Sir Spencer Wells with 440 cases, recoveries 74.54 per cent.; Charles Clay with 250 cases, recoveries 72+ per cent.; Thomas Keith 136 cases, recoveries 81+ per cent.; T. Baker Brown 120 cases, recoveries 70+ per cent.

In France up to 1867, there had been only 116 cases reported, with only 40.51 per cent. of recoveries. In Germany up to 1870, there were 180 cases, with 41.66 per cent. of recoveries.

The gravity of all these cases was greatly increased owing to the pathologic changes incurred by delay, as the rule then was not to attempt operation, because of the great fatality resulting from peritoneal injuries, until after twice tapping. Thus, extensive adhesions, reduction of vitality, etc., were the rule rather than the exception.

It is not my present purpose to follow the history of abdominal surgery beyond the advent of antiseptic teaching and practice. Owing to the indomitable heroism of the few already referred to, whose memory will be cherished, the battle over ovariectomy had been fought and won before our knowledge of wound infection had been placed upon a scientific basis. To a considerable degree this was also true, in favorable cases, of uterine tumors.

To Drs. Burnham and Kimball, of Lowell, belongs the undisputed honor of being the first deliberately to plan and successfully carry into execution that which is now justly considered one of the greatest triumphs of modern surgery—the comparatively safe removal of uterine myoma.

All along the lines, however, the details of operative measures were actively contested; the treatment of the pedicle, the closure of the wound, the use of drainage, the character of sutures, dressings, etc. It is true that the mortality was still large, which has been so extraordinarily lessened by modern aseptic methods, the chief of which has been the making and maintaining of a wound free from septic infection.

Our profession has been and is justly a very conservative one, and, as a rule, new teaching, no matter how scientific the demonstration, has ever encountered adverse criticism. When I was a pupil of Mr. Lister, in Edinburgh, in 1870, he had a following of scarcely a half dozen pupils, and not a single professor but looked upon his methods with distrust and criticism. My own was the first case of ovariectomy with successful issue in Cambridge, and this as late as 1872, and even this did not meet the approval of my seniors, who declared it unfortunate, lest a number of fatal cases should result from the overweening enthusiasm of a young devotee to a new faith. About this date I found it difficult to obtain the presence even of a physician at my first operation, deliberately planned for the cure of hernia, lest it might be construed into a quasi-approval of that which was necessarily looked upon as a most dangerous operation.

In 1880, when I exhibited to a medical society the specimen of my first resection of the pylorus for cancer, it was met with universal criticism, as beyond the pale of legitimate surgery. My first intercurrent operation for appendicitis was in December, 1886. This was upon Dr. S. N——, to whom was due, quite as much

as to myself, the credit of working out the problem, with the deduction that the danger to life would be sufficiently less by operating between the attacks to warrant the operation upon an individual when in a fair state of health. The problem was then a new one and chanced to be the first operation of the kind reported. The danger was generally considered too great to warrant the approval of surgical intervention.

The removal of a biliary calculus from the common duct with immediate suture, followed by easy recovery, October 26, 1889, the first case of this character on record, was criticised as a surgical improbability, although attested by several reputable surgeons who assisted me in the operation. These instances are cited to show the difficulties encountered by pioneers in that which is now considered the every-day work of hundreds of surgeons. It is said that the adventurous innovator of to-day in new fields of research becomes the conservative of to-morrow. Different periods of life have doubtless much to do in bringing about such changes of opinion. However, it is wise to consider, in some directions at least, if the pendulum of surgical opinion may not have swung already too far away from the central truth. It may be well to inquire, if we have not too many surgeons, unless indeed they are better ones, and if the training and preparation for this special work should not be more thorough and critical, since the surgeon should be the good physician and something more. A special training in pathology, bacteriology, a familiarity with anatomy that must ever be an unfaltering guide, and in addition to all, should not the surgeon be the mechanic, artisan, and artist—rare gifts, especially molded to fitness by long years of training!

In conclusion, we may summarize the contribution of gynecology to surgery as primarily the entire domain of pelvic, abdominal, and intestinal surgery. Gynecology, which only a quarter of a century ago was looked upon with disfavor and criticism by surgeons who stigmatized it as the "art of puttering," has become the chief cornerstone in the new edifice dedicated to surgery. Its contributions indirectly benefit every unfortunate sufferer from accident or injury, until indeed it is itself lost in the common weal to humanity and bids fair in the future to be relegated to the past simply as a name, a sort of structural hypothesis, upon the scaffolding of which, one series of earnest workers labored, until they met and joined hands with other zealous rivals, in giving to the twentieth century the surgery of to-day, a sure Art, well builded upon a well-established science.

A CASE OF LEPROSY—A CASE OF MULTIPLE NEVUS PIGMENTOSUS.*

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The following case was seen in consultation with Dr. E. Boeckmann, March 13, 1901. The patient, J. J., 20 years of age, was born in Minnesota and has never been out of the state. His father, mother, two sisters and one brother are living and well. The other brother, older than this patient, died in May, 1898, of leprosy, from which he had suffered for about eight years. In infancy this brother had been nursed by a

* Read at the Fifty-second Annual Meeting of the American Medical Association, in the Section on Cutaneous Medicine and Surgery, and approved for publication by the Executive Committee of the Section: W. T. Corlett, L. Duncan Bulkley and W. L. Baum.

woman who had two brothers, both of whom were lepers and were known to be such in that community. It should be stated that the father of my patient came from a leprosy district in Norway forty years ago, but that there is no leprosy in the family history. The mother was born in Minnesota.

The patient presented the ordinary type of anesthetic leprosy, there being eruptions scattered about on different parts of the body. There was, however, a distinct tuber on the right wrist; there was marked thickening of the ulnar nerve on both sides, and numerous areas of marked anesthesia on different parts of the body. The patient had lost a great deal of hair and his eyebrows had nearly disappeared. He suffered from occasional attacks of fever and acute eruptions. A section cut from a nodule in the skin, which I have here for your inspection, shows numerous leprosy bacilli. This case is probably an instance of the anesthetic form of leprosy, which, as is so commonly the case among the lepers in this part of the world at least, is becoming tuberculous. I regret very much that I have not been able to present the patient.

My chief reason for reporting this case is that I desire to put it on record as the only case of leprosy known to have been born in the State of Minnesota, or indeed in this part of the country. You are all familiar with the statement, so frequently made, that all the cases of leprosy in the Northwest have had their origin in some leprosy district of some other country, and that for some unexplained reason, the disease was never communicated to others here, although there has been abundant opportunity for such communication. This case puts the matter in a new light.

MULTIPLE NEVUS PIGMENTOSUS.

The history of this remarkable case may be told in a few words. N. G., aged 21, was born in Sweden; his family history is negative. He is a strong, well-developed young man, apparently healthy in all respects. The condition here presented existed at birth, and has not altered since, except that the large growth on the back has spread slowly during the last few years. There is a slight secretion from the deeper fissures of this growth and it has an offensive odor. With the exception of the large growth the moles are nearly all smooth and flat, with here and there a growth of hair, notably on the shoulders and right buttock. The question of malignancy must be answered by the future clinical history. The accompanying photograph portrays the appearance better than any description; hence, I shall attempt nothing further in that respect.

The microscopic report was made by Dr. J. C. Johnston,¹ from sections submitted taken from the large growth between the shoulders. Hematoxylin alone was used in staining.

Unna² has made a thorough investigation of these growths; so thorough, in fact, that it only remains for later investigators to confirm or disprove his findings on minor points. The tumor in question belongs to his class of "soft moles," which are carcinomata, and not endotheliomata, as claimed by Von Recklinghausen; these are developed, according to Cohnheim's theory, from epithelial cell nests, detached from the epidermis in fetal or early life. In many places in these sections connections can be traced between the cell masses and the covering epidermis, there being, apparently, no basement membrane.

The epithelium is not, as a rule, greatly thickened, although there is some increase in all its layers, but the rete pegs are enormously prolonged and form an anastomosing network. The basal layer is deeply pigmented in certain areas, however, not uniformly. In the meshes of the network and in the papillary body generally, are seen the rounded, snared-off masses of cells. Their borders are clearly demarcated, generally by connective tissue. The cells show oval, vesicular, deeply staining nuclei, their contours being made out with great difficulty. Further down in the cutis are seen columns of epithelial cells, oftenest horizontal, between the con-

nective tissue bundles. The cells are closely packed; their nuclei are smaller, more elongated and less vesicular. More deeply, but still in the cutis, the cells are arranged in loose masses, more widely separated from each other, their outlines more clear and the nuclei larger than in any other situation. The appearances here strongly suggest a malignant carcinoma, except that there is no mitosis. Pigment is irregularly scattered through the cell masses and cords lying within and without the tumor elements. The appearance in the former case is often that of a nucleated clump of pigment granules. Vacuolation of the nucleus is frequently apparent, both in the new growth and in the epidermis.

1. Jour. Cutaneous and G.-U. Dis., March, 1899.

2. Histopathology, p. 1129.

In the cutis the lymph spaces are enormously dilated, but there is no proliferation of the lining endothelium. There is considerable proliferation of connective tissue cells. Careful search failed to show any trace of coil-glands or ducts; here and there, however, attached by solid cords to the surface, were groups having the structure of sebaceous glands, evidently tumor cells pursuing their physiologic course. In this tumor there is both epithelioma and acanthosis, i. e., epithelial proliferation with and without fibrillation, the latter, of course, occurring in the epidermic meshwork.

LUPUS VULGARIS?

I will ask you to help me make a diagnosis in the following case. The patient is 27 years of age, apparently perfectly sound, but for the cutaneous trouble, in physique is almost a giant; he is an operator with a publishing company here. At the age of 3 he began to have ulcers and sores on his body, which have never healed. They have pursued a varying course, sometimes the ulceration has been quite deep. When I first saw him it was for an ulceration on the wrist. There was not very much discharge, but there were two or three jelly-like nodules, which resembled lupus vulgaris. Some nine years ago this young man was treated with tuberculin and the eruption entirely disappeared, but it returned in about six weeks. My first thought, toward which I am still inclined, was, that this is a case of lupus vulgaris and lupus erythematosus combined. I want you to note particularly the character of the scar on the wrist which, as you observe, is very soft and pliable. This was the result of treatment by superheated air after the Hollander method.

DISCUSSION.

DR. WILLIAM ALLEN PUSEY, Chicago—It seems to me this is a case of lupus vulgaris. Dr. Foster is in a better position to offer an opinion about the erythematosus element than we are.

In connection with the leper case, I know of one interesting case of leprosy, in regard to development. It was a gentleman in good position who had lived in Chicago most of his life. He lived in New Orleans for two years, under good hygienic conditions. I saw the case several years ago with a typical tubercle of leprosy on his face. After that he went to Dr. Zeisler. He had lived in Illinois all his life except the two years he spent in Louisiana ten years ago.

DR. JOSEPH ZEISLER, Chicago—I believe with Dr. Foster that this is a very remarkable case. In my recollection of lupus I fail to remember a case where the disease was so remarkably free. It is unique to see a primary affection of the arm. Like Dr. Pusey I am not in a condition to see the erythematosus element at present; the lesions are typical lupus.

DR. FOSTER—How about the scar?

DR. ZEISLER—I should say it was an unusually excellent scar for lupus.

DR. FOSTER—My diagnosis of erythema was from the scar.

DR. ZEISLER—As to treatment, I should use surgical means—cauterize each individual lesion.

DR. DOUGLASS W. MONTGOMERY, San Francisco—This I believe to be a case of lupus vulgaris. In regard to the nevus I should think that a pigmented sarcoma had developed from the nevus.

The case of leprosy is to me the most interesting of the three. The development of leprosy in this country is quite an important question, for it seems to be capable of developing over quite a large section of the country. We have always with us in California, and in San Francisco particularly, a great number of lepers, who are almost all immigrants, however, and it is very rare to find an instance of leprosy that has developed on the Pacific Coast. I have had two cases that could be said to have developed on what is called the Pacific

Coast. A third case that I thought at first had developed there shows the difficulty of obtaining accurate histories. The patient was a physician, a woman, who had typical leprosy. She steadily denied ever having lived in what is called a leprosy country and said she had lived in California only, and California can not be called a leper country. That remained as a fixture in my history of the case until some years later I found that her father had lived in Mexico and that she had been brought up there. Here was a patient, who was a physician, who knew about leprosy, who had studied her own case and knew the importance of the history, and yet told me that she had always lived in California and never admitted having lived in a leper country.

Of the two instances where I found leprosy to develop on the Pacific Coast, one was a man from Vermont or Massachusetts who had never been out of the United States except once for a few hours on the Canada Southern railway going West, the only part of that country he had ever visited. It was a long time after first getting his history that I found he had lived in a Chinese railroad camp, and I have no doubt that he then contracted the disease. Another instance was a woman born in Ireland. She came to New York and afterwards to San Francisco. Her husband was born in Ireland, had lived in Ireland, Boston and San Francisco and nowhere else. Their children were all born in San Francisco. The woman developed eruptions and when I saw her she was in the full bloom of tubercular leprosy. She denied any intercourse with lepers and denied knowing anything about leprosy, and denied association with Chinese. I found out afterwards that she had had for years in her house, as a boarder, a well-known leper, an American who had acquired leprosy in Hawaii. These instances show the difficulty of getting at the source of contagion. These are the only instances I have ever found of leprosy developing on the Pacific Coast, but that it does develop there is a very important finding.

DR. W. T. CORLETT, Cleveland—In regard to the first case, I agree with those who consider it a peculiar case of lupus vulgaris. I do not, however, see any erythematosus element in it. The scar is very peculiar. I have in mind a case of symmetrically distributed eruption leaving a scar similar to this, which was the result of syphilis.

In regard to the nevus, it is a very striking case and I quite agree with Dr. Foster that it is at the present time a case of very marked nevus which will probably result in sarcomatous changes later on.

In regard to the case of leprosy reported by Dr. Foster, about three or four years ago there was reported before this Association two cases of leprosy occurring in the vicinity of Columbus, Ohio. I think in Dr. Morrow's article in the "Twentieth Century" these cases are regarded as leprosy. I have seen the cases and after careful consideration must differ from his diagnosis. If they be cases of leprosy they are ones which have developed in the State of Ohio, the patients never having left the state. The father had some mysterious eruption, which seems to give more direct history of syphilis than anything else. The only time he left the State of Ohio was during the war of the rebellion, when he was in the Southern states. I do not report these as cases of leprosy, for I think they are a peculiar form of syringomyelia, closely simulating the lesions of lepra.

DR. L. DUNCAN BULKLEY, New York City—I dislike to connect lupus vulgaris and lupus erythematosus in any way; for, while the nodules of lupus vulgaris have sometimes developed in the lesions of lupus erythematosus, there is in reality no connection or relation between the two diseases. In the present instance I should regard the whole process as that of lupus vulgaris, and think the scarring is quite compatible with this diagnosis; there are certainly some quite characteristic nodules of lupus vulgaris here and there.

In regard to the nevus, I quite agree that there is danger of the development of sarcoma. I believe that this will occur if he lives long enough.

As to the question of leprosy developing outside of leprosy countries, there are enough cases now known to have originated in the United States to make it certain that this may

happen. The subject was pretty well thrashed out last year at Atlantic City. I have seen at least two such sporadic cases in New York City, and others have seen similar cases, where the patient had not been in a leprous country and no source of infection could be traced; these cases are, of course, very rare.

DR. SCHULER, Pittsburgh—I only wish to speak of the migration of patients with leprosy. A case came under my care some years ago, of which I was perfectly ignorant at the time, but after looking it over I made up my mind that it was a case of tubercular leprosy. As soon as I intimated to the lady what was the matter with her she immediately left me and put herself in the hands of some other person, and continued passing from one to another until she landed in Johns Hopkins Hospital, where she died about two years ago. When I was trying to elucidate where she had lived and how she came by the leprosy, she denied ever having been out of the states of Pennsylvania and Ohio, but when she came near to death she told the rest of her history; that she had spent several years in the West Indies, and no doubt from that source she contracted her leprosy. I wanted to speak of the difficulty of getting a truthful history that you can trace back to a possible origin.

DR. WILLIAM FRICK, Kansas City—All seem to agree that this is a case of lupus vulgaris, and I did hope that the gentlemen would speak of the treatment by *x*-rays. I have had a case which was treated that way and with marked benefit.

I believe I have at present a case of leprosy in Kansas City and it has developed in the United States. The woman was born in Ireland, came very early to the United States, went around from one place to another, including Vicksburg, and for several years has been in Kansas City. She has had the disease for five years. It is principally in the face, with some nodules on the back. I have not been able to corroborate the diagnosis, but the clinical appearance seems to be that of tubercular leprosy.

DR. BURNSIDE FOSTER, in reply—I have been well aware of the fact that this was a case of lupus vulgaris, but not a typical one; and I had thought, on account of the appearance presented by the scars, that this might possibly be one of those cases which we sometimes see where lupus vulgaris and lupus erythematosus co-existed.

REPORT OF A CASE OF EPIDERMOLYSIS BULLOSA HEREDITARIA.*

L. E. SCHMIDT, M.S., M.D.
CHICAGO.

On account of the comparative infrequency of these cases, but not for any unusual circumstances in connection with it, the case is reported. W. Beatty, in 1897, gave a most complete review of the cases and literature up to that time. Rona, in 1899, was able to collect but 18 cases in the literature.

As in one case of Dr. Elliot, we find from the history that apparently this affection originated in the patient and was not inherited. In regard to this we know that there must be a starting point, and should there not be any hereditary influence in this case we can not point out why the boy is affected, as the clinical history does not differ from any one of those where we know an hereditary influence is present. Nevertheless, some authorities persist in calling it an hereditary disease.

In my case from its inception the second week after birth the parents believed that traumatism played a rôle in the causation of the bullæ. Nevertheless, after the greatest of care, but especially after the boy commenced to walk, the efflorescences continued to appear.

The course in all these years has been about the same, neither does it vary as to the time of year.

As has been noticed by Elliot and others, the lesions do not leave any pigmentation, as we find so commonly among bullous eruptions. In these cases epidermal cysts, especially noted by Rona, are frequently seen after a bulla has healed, and these in turn quickly disappear and leave but a smooth, glossy, bright-red surface with the creases of the skin absent.

Edwin B.; age 9 years; presented himself for examination April 15, 1899.

Anamnesis.—Both the father and mother denied any hereditary nervous or blood diseases. All that could be ascertained was that their relatives had never been affected by any other than the ordinary diseases. The father is the third in a family of five, and was married at the age of 24 years. The mother is the fourth in a family of seven, and was married at the age of 23 years.

At present (June 1, 1901), they have been married thirteen years, and previously and since then have never been treated for any disease. Both parents regard themselves as perfectly well, although the mother for some years past has irregularities with her menstruations. Beyond this, nothing further can be elicited.

Two healthy boys, the second twenty-three months previous to the one in view, were born. This one was in all respects a normal labor, no forceps or other instrumentation required. Two years later, without any apparent cause, a miscarriage in the beginning of the fourth month occurred. The fourth and last boy was born four years ago. The three other boys seem to be perfectly well. They have had the ordinary diseases of childhood.

The boy under consideration was under 9 years of age; he was never seriously sick, although had measles and whooping-cough some years ago. At time of birth the patient was regarded as normal. No eruption on skin was noticed. Not until about the end of the second week, then commencing in the soles of the feet, just around the heels especially of both feet "water blisters," about the size of a split-pea, made their appearance. These were opened and treated with dusting powder. About the third month, small, regular, from pinhead to size of Lima bean, blisters appeared at irregular intervals on the dorsal surface of the hands and fingers. When he became old enough to walk, which was the usual time, bullæ up to the size of a large thumb-nail began to show themselves around the anterior surface of the knee, around the ankles, apparently especially over tendo Achilles. Beginning at the time, hemp-sized and small vesicles appeared on the dorsal surface of toes and both feet. Likewise bullæ about the elbow, especially over extensor surfaces, commenced to appear.

Apparently all these became more exaggerated since patient is able to walk and since he is open to traumatism; that is, these blisters came with more frequency, and usually became of quite large size. His mother states that the larger number of these blisters broke usually shortly after their appearance, and remaining contents would dry and in several days only the outer border of a blister would remain. The contents were usually clear, light yellow in color and slightly tenacious. But rarely would the contents become turbid or milky in appearance. If so, the parts became painful and swollen. It is only during the past four years that the contents of some bullæ occasionally become dark, bluish-purple in color. Both the nails of fingers and toes are affected

* Read at the Fifty-second Annual Meeting of the American Medical Association, in the Section on Cutaneous Medicine and Surgery, and approved for publication by the Executive Committee of the Section: W. T. Corlett, L. Duncan Bulkley and W. L. Baum.