HARTZELL: FIBROMA MOLLUSCUM.

A CASE OF FIBROMA MOLLUSCUM.

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In July of this year, G. J., a young, unmarried woman, aged twenty-six years, came to the Skin Dispensary of the University Hospital for advice concerning a disease of the skin characterized by the presence of a large number of variously sized tumors distributed over the entire cutaneous surface. These tumors were covered by normal skin, and varied in size from a hempseed to a pigeon's egg; they were soft and inelastic to the touch, the largest feeling like empty sacs, and, according as they were small or large, they were hemispherical and sessile, or pedunculated. While all parts of the skin were affected, the tumors were most abundant and largest upon the arms. The history of the affection, very briefly, was that the tumors began to appear in infancy—it was asserted most abundantly by other members of the family that none were present at birth—and rapidly increased in number, now lesions continuing to appear up to the present time. Her general
health was in no way affected. The patient, while a physically well-developed woman, was evidently defective mentally.

Sections were made of a small tumor excised from the back, and examination of these showed that the epidermis was in no way altered, except that the interpapillary prolongations of the reticulum had to a large extent disappeared over the centre of the growth, owing to the flattening out of the underlying papillary layer of the corium. The substance of the tumor consisted of fibrous tissue which at the periphery was arranged in a loose mesh-work, while the central portion was quite compact. Many round and spindle-shaped deeply staining nuclei were observed, which were appreciably larger at the periphery of the growth than in the centre. With the employment of appropriate staining a considerable number of “mastzellen” could be seen. A few apparently normal hair-follicles and sebaceous glands, and a moderate number of small blood-vessels were present.
While not an extremely rare disease, fibroma molluscum is nevertheless quite uncommon, since, according to the statistics of the American Dermatological Association, it comprises but 0.000 per cent. of all diseases of the skin.

The etiology of the affection is extremely obscure, but heredity seems to play some part in its production, since it has been observed to occur in several members of the same family and in successive generations. Virchow has reported that a patient having fibroma molluscum stated that his grandfather, father, brothers, and sisters were likewise affected. The subjects of this form of tumor are often imperfectly developed physically and mentally, Hefren stating that all the cases observed by him "were stunted in bodily growth and of more or less limited mental capacity." Later observations, however, have shown that there are numerous exceptions to this rule.

The number of tumors varies from a few to many hundreds. Mr. Hutchinson has reported a case, with a portrait, in which the face was the seat of hundreds of lesions, producing hideous deformity.

While there is a general agreement among those who have studied these tumors as to their anatomy, there is considerable diversity of opinion as to the part of the skin in which they have their origin. Rokitansky traced them to the deep part of the corium; Virchow believes that they originate in the connective-tissue framework of the
fat-lobules, and v. Recklinghausen asserts that they start from the fibrous sleuth of the nerves. It is extremely likely that each one of these structures may serve as the starting-point for the fibrous hyperplasia, and that in some cases all these are involved.

Where the number of tumors is limited they may be removed by excision or the galvano-cautery, but when there are hundreds of them the treatment must be limited to the removal of the largest and most annoying.

HERPES ZOSTER AND ITS RELATION TO INTERNAL INFLAMMATIONS AND DISEASES, ESPECIALLY OF THE SEROUS MEMBRANES.

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In September, 1890, I read a paper in the city of Denver, before the American Climatological Association, entitled "Is Herpes Zoster a Cause of Pleurisy and Peritonitis?" In that paper the histories of two cases were reported, one associated with pleurisy with effusion, and the other coming on with an attack of localized peritonitis. After reporting these cases I asked the following questions:

1. Was the internal disease a zoster eruption of the serous membrane?
2. Was the inflammation of the internal filaments of the nerves communicated to the pleura and peritoneum?
3. Did the internal inflammation cause the zoster?
4. Were both troubles independent and simply coincident?

I have since that time had the opportunity of observing other cases which may assist in settling at least two questions, and perhaps the third. I will repeat the two cases given in that paper, and then proceed to give other histories collected since which serve to bear upon this subject.

Case I. Herpes zoster with pleurisy and effusion. (Quoted from my former paper.)—Some time ago I had under my care a maiden lady who, in answer to the question "How old are you," replied, in a low voice, "To you I am sixty, but to other people I am fifty-six." She was in the last stage of locomotor ataxia, so that she could scarcely walk. While in this condition she was attacked with a short, intermittent, neuritic pain in her side, at the left base of the chest. A careful examination failed to develop any physical signs of pleurisy. In time the pain was followed by a well-marked zoster, which satisfied me that the pain was preliminary to the herpetic eruption. About the time this eruption appeared I noticed a pain with every inspiration, like the "catching pain" of pleurisy, associated with considerable constitutional disturbance, and a dry, hacking cough. A little later my attention was called to the diminished movement of the