by some who do not yet understand the current, who manage it badly, or who try it in unsuitable cases. Thus we hear of attacks of fever, of putrid discharges, and of tumours made to slough—accidents arising from some wrong in the administration or from want of care in the antiseptics. Several had little or nothing the matter with them except the presence of a painless tumour till the electrical treatment was begun to cure it. Though the method may be sometimes abused, or the current managed unskilfully or painfully, the operator, not the electricity, must generally be blamed for these things.

What I now plead for is, that for a time, all bloody operations for the treatment of uterine fibroids should cease, and that Dr. Apostoli's treatment, as practised by him, should have a fair trial. Those who have hitherto most resisted the introduction of electricity are the surgeons who are the best competent to carry it out. They are accustomed to manipulate in the pelvis, and they will not make mistakes of diagnosis, or make them as seldom as it is possible to do. Hysterectomy, remember, which is performed every day for a complaint that rarely of itself shortens life, kills every fourth or fifth woman who is subjected to it. This mortality must cease; it is not a question of surgery, it is a question of humanity. Every time that any disease can be cured without resorting to a bloody and dangerous operation such as hysterectomy, progress is made in our art, and there is a gain to humanity, while surgery is the better for being purged of a deadly operation. Even the fact that in my cases of hysterectomy the removal of the uterus and ovaries was sooner or later followed by insanity in 10 per cent. of the whole number is enough for me to condemn any operation that removes these organs.

It may seem strange to some, that after the results I got in hysterectomy—results that almost made it justifiable—I should now begin to throw stones at the operation instead of trying still farther to improve upon it; and but for Dr. Apostoli, I should now be doing so. I would give something to have back again those sixty-four women that I did hysterectomy for, that I might have a trial of Dr. Apostoli's treatment upon them; and I would give something never to have had the tear and wear of flesh and spirit that these operations cost me, for in scarcely one of them was the operation simple.

I have, in the meantime, said my say, and it must not be forgotten that the opinion here expressed as to the value of Dr. Apostoli's treatment is not that of an unsuccessful surgeon, but is the deliberate opinion of one who was the first to lower to a minimum the mortality that so long followed abdominal surgery, and who, by the best results yet obtained in hysterectomy—results that Dr. Playfair is pleased to call almost phenomenal—still retains the position.

Charles Street, Berkeley Square.

NOTE OF A RARE FORM OF SKIN DISEASE: XERODERMA PIGMENTOSUM.

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THE accompanying lithographic illustration is taken from a typical case of that rare disease which is known under the names of xeroderma pigmentosum; dermatosis Kaposi (Vidal); lioderma cum melanosi et telangiectasiâ (Neisser); melanosis lenticularis progressiva (Pick); angioma pigmentosum et atrophicum (Taylor); and atrophoderma pigmentosum (Crocker), and gives a good idea of the appearances presented.

The particulars of this case are as follows: A healthy-looking boy, nine years of age, came under my observation on June 13th, 1887, with an eruption upon the face, neck, forearms, hands, legs, and feet. His father and mother were in good health, but his only sister was similarly affected, and died at the age of nine of some chest affection. There is no history of any of his other relatives having suffered from the disease.

At the age of two, a number of sun-spots or freckles made their appearance upon his face and neck; they entirely disappeared during the winter months, but returned each summer with increasing intensity. At last they became permanent, and for several years have been very dark—at parts almost approaching black. Soon after the onset of the pigmentation in the face and neck, the other parts mentioned above became similarly affected, and pursued the same course.

Within the last ten months, new features have appeared upon the face, and upon it alone—namely (1) little reddish vascular spots, (2) cicatricial spots, and (3), here and there, small warty-looking nodules.

At present, the characters of the eruption on the face are very typical, and are as follows: The whole skin is very much darker than natural and than it used to be, and is profusely studded with deep pigmented spots, of irregular outline and varying depth of tint; some of them are as small as pin-heads, others as large as peas, and, in some places, they seem to have coalesced, thus forming tracts of larger size. Between the pigmented spots, little red non-elevated patches are to be seen, having a stellate appearance, and composed of dilated capillaries (telangiectases.) On the ears, the capillary vessels are very much dilated and conspicuous. In

FIG. 1.—Xeroderma pigmentosum $\times 50$; tumour from beneath outer canthus. A., "cell nest," highly magnified. B., fibrous stroma.

FIG. 2.—Xeroderma pigmentosum $\times 35$; tumour from beneath outer canthus. A. A., cell nests—peripheral irregular epithelial cells with large nuclei. Central cells—cornified and arranged round centre in a laminated fashion. B. B., fibrous stroma—here and there between epithelial masses in stroma collections of round cells. C. C., cell nests, from which central cornified masses have fallen out. D. D., epithelial masses of large size, central cells of which have become, to a certain extent, cornified, the nuclei being indistinct. Peripheral zone of irregular epithelial cells with large deeply stained nuclei.

Macdonald & Co. Ltd. Glasgow

To illustrate case of Xeroderma Pigmentosum,
by Professor McCall Anderson.

addition to these, though much less numerous, are observed small, white, glazed, atrophic areas, mostly surrounded by a zone of dilated capillaries. These are very irregular in shape, and vary in size from that of a split-pea to that of the finger nail. Lastly, a few small, rounded nodules are scattered over the face. These are very distinctly elevated, and have a diameter of from one to two lines. Some of them are papular in character, while others have ulcerated, and are more or less covered with crusts. The largest and most striking of these little growths appeared upon the inner side of the left eyeball, and was removed by Dr. Reid. It soon, however, reappeared, extended rapidly, and destroyed the eyesight. Finally, the eye had to be enucleated. The nodules on the face have been decidedly kept in check, and a few of them have completely disappeared as the result of the application of salicylic plaster.

Sections from the growth on the eyeball, as well as from one of the nodules removed from the forehead, leave no doubt as to their nature, showing as they do the typical epithelial processes and laminated capsules of epithelioma. (See accompanying woodcuts.)

This boy, after remaining in the Western Infirmary for some months, went home, but was readmitted at my request about five months ago. There is no material alteration in the appearances, and his general health remains excellent.

This very rare disease was first described by Kaposi in 1870,¹ and a very excellent account of it, with statistics of thirty-four undoubted cases, was published in the *Medico-Chirurgical Transactions*, vol. lxvii, page 69, by Dr. Radcliffe Crocker.² As these occurred among seventeen families (and twenty-six of them in nine families), the influence of family predisposition is well-marked, although in no instance has the disease been hereditary. It seems to attack males and females with equal frequency, but, when more than one member of a family is attacked, it is usually limited to those of the same sex. The most remarkable illustration of this is reported by Ruder—that of a family of thirteen, eight boys and five girls. All the girls escaped, while seven of the boys suffered. There are, however, exceptions to this rule, of which my own case is an illustration. The disease has a tendency to set in in spring and summer—so much so, that Vidal and Neisser are of opinion that insolation may be an exciting cause. It almost invariably commences in early life, generally within the first two years; but, in two cases in Dr. Crocker's table, the patients were nine and sixteen years old respectively at the onset.

Four sets of lesions are usually observed in fully developed cases, and, as they generally follow one another in the order about to be mentioned, they may almost be regarded in the light of four stages.

The first is characterised by the development of little pigment spots, identical in appearance with, and sure to be mistaken for, ordinary freckles, all the more as they are found upon the uncovered parts—namely: face, neck, hands, arms, and legs, although the trunk of the body occasionally suffers later on. In some cases the pigment spots are preceded for a few days by the development of little congested spots, somewhat like those of measles, although this is the exception. By degrees the pigment spots tend to become much darker in colour; and sometimes, by aggregation, they may become irregular in shape, and attain the diameter of an inch or more.

Sooner or later, it may not be for months or even for years, the second stage is reached, which consists of the formation of little congeries of dilated capillary vessels (telangiectases) between the pigment spots, and about the same size as they, though they are not nearly so plentiful; occasionally they are slightly elevated.

In the third stage, many of these telangiectases are replaced by an atrophic condition of the skin, although some hold that the telangiectases succeed, and are consequent upon, obliteration of vessels in the atrophic areas. The latter are for the most part from the size of pin-heads to lentils; but they may assume various shapes and sizes, and the skin of these parts is very white, and either smooth and cicatricial in appearance, or thin, dry, and wrinkled.

In the last stage, which may not appear for a good many years (in one case, not for thirty), at some parts, especially on the right side of the face (Crocker), the vascular or pigment spots become warty and ulcerate; and fungoid growths develop, which, sooner

or later, terminate the life of the patient. Some hold with Taylor and Crocker that these are papillomatous, while others consider them to be epitheliomatous in character, as they certainly are in my case. Probably they are sometimes the one and sometimes the other. It is only in this last stage that the general health suffers. The ultimate prognosis is, therefore, grave, although, in some instances recorded, the last stage was not reached when they were reported.

We know little or nothing of the true nature of this curious affection, and we are equally in the dark as to its treatment, which must, therefore, be conducted on general principles.

LARVÆ OF A DIPTEROUS INSECT (ANTHOMYIA CANICULARIS OR SCALARIS)

PASSED ALIVE IN SWARMS

FROM THE BOWEL OF

A MAN.

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REPORTS of the larvæ of insects being vomited or passed from the bowels are always looked on with a certain amount of suspicion, and properly so. No doubt many of the cases recorded were based on some accident or error, and it is almost certain that some were due to wilful imposition. The actual occurrence, however, of larvæ in human excreta is quite recognised in the various textbooks on helminthology. The Rev. F. W. Hope¹ has an elaborate paper in the *Transactions of the Entomological Society*, vol. ii, p. 256, plate 22, London, 1837-40 "On the Insects and their Larvæ occasionally found in the Human Body." There is a paper by Dr. Bateman in the *Edinburgh Medical and Surgical Journal*, vol. vii, Edin., 1811, entitled, "An Account of the Larvæ of two Species of Insects Discharged from the Human Body." In this paper many references to old cases are given by Dr. Bateman. One of the most extraordinary cases on record was well authenticated, as the larvæ were vomited as the result of the administration of an emetic in the presence of medical witnesses. This case, M. R., is reported by Dr. Pickels in the *Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland*, vols. iv and v, Dublin, 1824 and 1828, "Case of a Young Woman who has Discharged, and continues to Discharge, from the Stomach a number of Insects in different Stages of their Existence." The larvæ in her case were chiefly those of coleopterous insects, but some larvæ of dipterous insects, although not of the anthomyia, were also found.

The case now to be recorded was that of a man, about 30 years of age, a member of the medical profession, residing in the outskirts of a small town in the west of Scotland. His symptoms began with a feeling of general illness, accompanied by pain in the back and side with rigors; all this was associated with obstinate constipation, resisting the use of aloin pills taken repeatedly; but after a large draught of mineral water a copious loose motion was obtained, and it was found to be swarming with larvæ, probably about thirty moving about with great activity in the fluid motion; they seemed very tenacious of life. This motion occurred on July 13th, 1887. For the next three days the bowels were moved repeatedly by means of croton oil, mineral water, and enemata containing turpentine. All the motions thus obtained contained larvæ, many of them in great abundance. The later motions, however, did not contain so many of the larger sizes but more of the smaller. The motions with the larvæ were noticed to have a peculiar smell.

Specimens of the larvæ were sent to me for my advice as to the treatment to be followed; and it was by my instructions that turpentine was used, both by the mouth and by enemata. I encouraged the patient to believe that with the clearing out of the present lot of larvæ there would be no farther trouble.

On July 20th, however, I was called to see the patient, as a new complexion was put on the case by the development on the previous day of all the signs of a pleurisy on the right side. By

¹ Hebra on Diseases of the Skin. Syd. Soc. Translation, vol. iii, p. 252.

² Including the case mentioned above, we have only records, up to this time, of forty-one instances of the disease.

¹ Hope's tables are reproduced in the *London Medical Gazette*, vol. xx, 1837. He is there called the Rev. J. F. Hope. Tables 4, 5, and 6, "Dipteral Larvæ producing Myasis," are of special interest in connection with our present case, see pp. 207, 255, 287.