in three years as they are in a furnace in the course of an hour;" but he adds: "How rarely are these conditions fulfilled in our mode of sepulture! We often find in cemeteries that twenty years are not sufficient to effect the change." And he sums up his reflections in these words: "The grave cannot be looked upon with the eye of knowledge except as an evil to the living and a dishonour to the dead."

Very few people seem to be aware that it is now very easy to ensure the cremation of a dead body, provided that satisfactory proof can be given that death has been produced by some natural cause. I have here a form of declaration which has been prepared to enable those who prefer cremation to burial to record in precise terms their wishes and directions in relation thereto. The form should be signed, dated, and witnessed in duplicate. One copy should be deposited with the will, or with the signer's executor or next of kin; and the other sent to the Honorary Secretary of the Cremation Society of England, 8, New Cavendish Street, London, by whom it will be preserved and regarded as confidential.

"I hereby express to my survivors my earnest desire that, on my decease, my body shall be cremated according to the system employed by the Cremation Society of England, and under the arrangements made by the Society for the purpose.

Signature.

Address.

Date.

Witnessed by.

Signature.

Address.

Date.

In any case where no such document has been signed, but the cremation of a deceased person is desired, all the necessary forms may be obtained at the office of the Cremation Society, and the cost of the funeral, conducted by any respectable undertaker, will be much less than that of ordinary burial, where a grave must be purchased or opened, and a more or less expensive coffin or basket must be paid for. So long as bodies are conveyed to Woking there will be unnecessary expense in transport; but as the revived practice spreads, and crematoria are erected in a number of districts or parishes, or in cemeteries where the choice of burial in the earth or of cremation may be left open, the expense of cremation will be very small, and the economy of the process afford another example of the truth of the wise saying for which we are indebted to our President, Dr. Richardson, that "national health is national wealth."

The time allotted me has so nearly expired that I cannot do more than refer all those who desire information on this subject to the small book just published by Sir H. Thompson, entitled *Modern Cremation, its History and Practice, with Information relating to the recently improved Arrangements made by the Cremation Society of England*; and to another very cheap work, very well illustrated, by Mr. Robinson, now in the press, and about to be published by Cassell and Co., entitled *Cremation and Urn Burial, or the Cemeteries of the Future*. In these two books I believe the reader will find a great deal of information which is very important and thoroughly trustworthy. Both contain extracts from an address delivered ten years ago by Dr. Fraser, the late Bishop of Manchester, at the opening of the Social Science Congress in that city. Coming from such a man, and from a Bishop of the Church of England, it has had immense influence for good. I will now read a report of some of his remarks, and I trust they will again be widely spread by the press as the thoughts of a wise and good man, who, "though dead, yet speaketh." The Bishop said:—

"I now draw attention to the provision made in our cities for interment of the dead. On Friday last I consecrated a portion of a new cemetery, provided by the Corporation on the south side of Manchester, fully five miles from the centre of the city, containing ninety-seven acres, at a cost, including the land, the fencing, the laying out, and the inevitable three or four chapels, of £100,000. It is very beautiful; but two thoughts occurred to me as I was consecrating the portion of it assigned to those who desire to be buried according to the rites of the Church of England. In the first place, this is a long distance for the poor to bring their dead; in the second place, here is another hundred acres of land withdrawn from the food-producing area of the country forever. I do not think we always observe or calculate how much this area is being gradually contracted by the infinite number of works and processes requiring space, but not producing food, which are en-

croaching upon it more and more every year; nor to what extent the power of the country to support its population is reduced thereby. *Jam pauca aratro jugera regie moles relinquent.* In times of peace and plenty we can afford to be indifferent to this consideration; but I can easily conceive the existence of circumstances which would make this a very serious condition indeed. I feel convinced that before long we shall have to face this problem, 'how to bury our dead out of our sight,' more practically and more seriously than we have hitherto done. In the same sense in which the 'Sabbath was made for man, not man for the Sabbath,' I hold that the earth was made not for the dead, but for the living. No intelligent faith can suppose that any Christian doctrine is affected by the manner in which, or the time in which, this mortal body of ours crumbles into dust and sees corruption. I admit that my instincts and sentiments—the result, however, probably of association more than of anything else—are somewhat revolted by the idea of cremation. But they are perhaps illogical, and unreasonable sentiments. Sir Henry Thompson has stated the case in a calm and thoughtful paper, which shows how little ground there is for the somewhat morbid sentiments that indeed prevail in relation to the whole subject of the interment of the dead. All I call attention to is that it is a subject that will have to be seriously considered before long. Cemeteries are becoming not only a difficulty, an expense, and an inconvenience, but an actual danger."

You cannot need my assurance that if the Bishop was right ten years ago, his fear of the cemeteries becoming an actual danger to the public health is every year proving more and more manifest. The Church of England Burial, Funeral, and Mourning Reform Association has done a great public service by so repeatedly and powerfully impressing a sense of danger upon the Government, that an official inquiry has at last been ordered into the condition of the London cemeteries. There are many of our large towns where inquiry is at least equally necessary. In some, as at Leicester, the necessity has been felt and acknowledged, and has led to steps towards the erection and maintenance of a crematory.

But while a Government Commission is investigating and reporting—while cemetery companies are being shamed by exposure into a tardy obedience to scientific denunciation and popular indignation—without waiting for Parliamentary or municipal action, we may at least determine that as members of a Health Congress we will not be content with meeting a great evil by any feeble remedy, but will endeavour to avert impending danger by the timely adoption of a simple, economical, but efficient safeguard.

ON THE TREATMENT OF UTERINE TUMOURS BY ELECTRICITY.

By THOMAS KEITH, M.D., LL.D.

I AM unfortunately old enough to have had to do with the experiments in the application of electricity performed by Sir James Simpson, in the so-called "discussion" of uterine and ovarian tumours. It so happened that I was the last of the Edinburgh medical apprentices who had a regular legal indenture, and, amongst the odds and ends of work that fell to me was the keeping of some of these patients under chloroform when the electric current was supposed to be sent through their tumours. The patient was put to bed in one of the top rooms of his house, and placed under chloroform. Two huge steel needles, the thickness of a No. 6 catheter, and eight inches in length, were stuck fearlessly into the tumour. The current was then turned on, and this was continued for half an hour, more or less, till some one came upstairs and removed the needles. A piece of plaster was then put on each puncture; the patient got up, dressed, and was allowed to go home. I doubt now if any electricity got into the body at all, and, if this did so happen, no good could have come of it, for the interrupted current was always used.

The first case I saw thus treated made a deep impression upon me. She was a healthy woman; the tumour was large, and was supposed to be ovarian. Only a single application was made, and the same afternoon the patient crossed to Fife, where she lived. After some weeks Dr. Duncan was sent over to make the *post-mortem* examination. The tumour was everywhere so adherent that he had to remove the surrounding parts with it. It turned out to be a soft uterine fibroid, and was at that time looked upon

as a curious and rare form of tumour. In no single case was any benefit derived from this treatment, and disasters were so common that it was speedily given up. After a number of sounds, forceps, and other instruments had been silver-plated—the only practical good that resulted—all the batteries were swept away for a time. Is it to a practice such as this that many allude when they speak of Dr. Apostoli's method as nothing better than the revival of an old process?

Since those days I have carefully watched the various attempts that have from time to time been made to introduce electricity into the treatment of uterine fibroids. There was nothing to encourage me to try any of them; everything, till lately, has made me avoid the practice. Dr. Kimball and Dr. Cutter certainly cured some, but I retained too lively an impression of the risk of inserting large needles through the abdominal wall into the tumour to think of adopting this way of treatment, for the mortality was high. I have had to do with these tumours every day of my life. I have tried everything for them, and have only met with disappointment. It is rare to see a well-marked case of uterine fibroid disappear during the active stage of its existence; indeed, I am not sure if I have seen a very decided case of it. The tendency is to grow, and this tendency goes on even sometimes during the whole life of the patient. Curetting the uterine cavity—a safe operation if carefully performed—gave the best results, but these were rarely permanent; indeed, the benefit seldom lasted beyond a few periods. Though I have not had in my own hands a death from hæmorrhage, many have come very near it from this cause; but plugging the vagina, or, better still, the cervix, or even sometimes the simple injection of hot water, has always saved them. It is most difficult to account for these sudden floodings that nearly all women who have a fibrous tumour of the uterus seem to be liable to at some stage or other. I saw one quite lately, where, after five years' absence of menstruation, and when it was supposed that all danger was over, there was such a sudden rush of blood that the patient nearly lost her life, and, but for plugging, would probably have done so. I have never seen any permanent good come from repeated visits to the mineral watering-places that it has become a sort of routine treatment to send such patients to, at least not a greater improvement than might reasonably be accounted for by change of air, for nothing agrees so well with cases of uterine fibroid as change of scene, especially if they are sent into hilly air. What we had most to trust to, however, was the change of life. It was the one great hope that patients had to look forward to; the difficulty was to get them over the last few years, for the three or four years before menstruation ceases are the most trying time for a patient with a bleeding fibroid, and the periods have a tendency in the worst cases to linger on year after year till it is often long after 50 that, in the majority of cases, the troubles caused by a uterine tumour come to an end.

The only treatment—not surgical—worth speaking about that I have seen do any good, and which, at the same time, is one free from danger to life if the treatment be undertaken by one who has respect for a strong electrical current, is that brought before us by Dr. Apostoli. If anyone should have held on firmly to hysterectomy it is myself, for my results after it are better than those of any other. I have, however, thrown over all surgical operations for this new treatment, and the longer I follow it the more am I satisfied. About two years ago, finding that the mortality after hysterectomy performed in the Edinburgh Royal Infirmary was steadily rising as the hospital got older and more crowded, I was obliged to cease operating there in cases of uterine tumour on account of the frequent outbreak of erysipelas in my wards. I make a great distinction between such operations performed in private and those performed in the heart of one of the largest surgical hospitals in the country. The private operations were done in ordinary lodgings, private hotels, or in a small private hospital. The death-rate there was one in twenty-eight—3.8 per cent.—whereas in the hospital cases it was four times as great. Nothing seemed to be wanting to equalise the results of the two classes of cases but a change in the external conditions under which these operations were performed. I therefore set myself to establish a special place for hysterectomy where the poorer patients would have the same advantages as those who were well to do. For this purpose one of the largest houses in Edinburgh was given by one whose left hand does not know what his right hand doeth, and many generous friends supplied ample funds to carry it on. It would have accommodated from thirty-five to forty patients, and hysterectomy could have been done on a large scale. It was also intended amongst other

things to test thoroughly the merits of the intra- and extra-peritoneal methods, for I had lately abandoned the extra-peritoneal one. That I should have succeeded in lowering the mortality I have little doubt. About this time Dr. Apostoli's treatment was being more fully explained to us by Dr. Webb in the pages of this JOURNAL. I felt it my duty to try this method, which commended itself on account of its simplicity. My son went over to Paris for some weeks, and had the fullest information given him by Dr. Apostoli. I also went, and the day spent at his clinic was a sort of revelation. To me the trial was comparatively easy, for my son, who has done most of this work, is a good electrician. The first two cases thus treated were private patients with bleeding fibroids, and I had already made arrangements to remove the ovaries in both cases. The results got in these two first attempts convinced me of the value of this treatment, and I ceased thenceforth from doing hysterectomy or even removing the ovaries for bleeding fibroids. The arrangements, which were almost perfected for going on with our scheme for a special hospital, were suspended, and after a few months were abandoned altogether. It would have been simply an unnecessary addition to the already too numerous Edinburgh charities, for such cases but rarely require confinement to bed during the time that the treatment is carried on.

To the surgeon, no doubt, hysterectomy is the good and simple plan. He may have his bad quarter of an hour at the operation, but then he is practically done with the case, and he gets his result quickly, sometimes more quickly than he cares for. If the patient recover, there is pleasure all round; if things go badly and the patient die, he bewails his bad luck, as it is called, more or less, according to his temperament, waits a little, and then, though rather unwillingly, does another. He resents any other treatment than that by the knife. He especially resents Apostoli's treatment of fibroids by electricity, for the result is long in coming; it is a slow treatment, requiring great patience, great tenderness of manipulation, and much thinking. A knowledge of electricity is also essential, and the more knowledge on this subject the better, for without it no progress or improvement can be reasonably expected. Two or three months, if the intervals between the periods be short, may pass away quickly without much sign of amendment, and the patient and friends are apt to be discouraged; or the patient, from the tonic effect which electricity has upon some, feels better, becomes inclined to do too much, overtaxes her strength, gets a chill, with perhaps pain in the tumour, and a temporary disturbance of temperature; but with patience the result is certain, and more or less of improvement takes place. The patient becomes able to walk about and enjoy life. She has no longer the dread of the period constantly before her; she no longer takes to bed days before its appearance; and she no longer needs morphine to relieve pain before or during it. The flow soon slips on without her knowledge; she is not in bed at all, or only in the worst cases for a day or two, and that more as a precaution than that there is any need for so doing. Then there is no mutilation, a thing abhorrent to most women. This is what Apostoli's treatment almost always does if carefully and intelligently carried out to the end. It puts a woman with a fibrous tumour, who suffers much, into the position of a woman with a fibrous tumour who does not suffer, or may be even unaware of its presence. It does not bring about the disappearance of the tumour, or it does so very rarely, but the size is lessened more or less—one-half, one-third, two-thirds. Tension is taken off everywhere all round, and bladder irritability from pressure, a common cause of distress, is relieved. In a word, the woman is made well, her whole life is changed. All this can be done without danger to life, and if there be pain during the time the current passes, the fault is in the operator. What more does a reasonable woman who has suffered much desire or need?

What have those to offer in place of all this who have so bitterly opposed this treatment, who, with unlimited material, stand aside, and will not take the trouble to investigate the matter for themselves, but who wait till someone else does it for them, who make only an outcry if by chance they hear of any accident during the progress of the treatment in any case, and who grow frantic over the rumour of a death, or, worse still, who proclaim they know of deaths that never happened? These men have absolutely nothing whatever to offer in the bad cases, and only hysterectomy in such tumours that will come out more or less easily, so as to be treated by the extra-peritoneal method of operating. I have seen not a few cases of bad bleeding fibroids since I came to London; almost every one had consulted one or other

surgical authority on the subject of operation. These were invariably told that nothing would do them any good but the removal of the tumour; but in their special case the local difficulties were too great, or they had let their strength go down too far for such an operation. The very feeble and bad cases, with masses of tumour blocking the pelvis, with absence of cervix, and opened-out broad ligaments, would seem to be let alone. Hysterectomy then, at best, would appear to be a most doubtful remedy for a certain number of cases, and these not of the worst sort. On the other hand, the worse the case, the more feeble the patient, the greater the loss of blood, the more marked is the result of electrical treatment. Given a woman with a large bleeding fibroid, blanched almost to death from years of hæmorrhage, and see her some months after this treatment is completed, you would scarcely recognise her, the improvement is so great.

And what is the true mortality after hysterectomy performed by those surgeons who condemn Apostoli's treatment? Performed as all their operations are in private houses or in small special or private hospitals that have practically all the advantages of a private house—by far the best and safest place for any surgical operation—they ought to show a result of under 4 per cent. No one but myself has till now given an account of every operation of this kind done by him. Last year I put the mortality at 25 per cent.; if in these be included deaths from imperfect operations and exploratory incisions, I would now place the mortality at a much higher rate.

It is apt to be forgotten that only a small proportion of fibrous tumours need any treatment at all. A number of women go through life unaware of the existence of any growth till it is revealed by some accidental circumstance. A patient's fears are generally easily allayed as she feels quite well, and when the matter is fairly explained to her, she is satisfied to let well alone. Yet these simple cases constantly come to one in great alarm, having been told that without some operation they would not live more than a few months; such cases do not need to be treated by electricity or by anything else; they are best let alone. There are some women, however, especially, so far as I have seen, American women, who are intolerant of the idea of having anything wrong with their bodies, and such are more difficult to deal with. Some years ago an American lady—a fine specimen of womanhood—came to me from San Francisco to have a moderate-sized uterine fibroid removed. It gave her no trouble whatever, and had been discovered by accident only a short time before, though it must have been growing for many years. She made the journey easily across America without stopping, and came to me without having rested anywhere. She was in perfect health. I advised her to have nothing done, to have no operation of any kind, and I assured her that in a few years, when menstruation ceased, the tumour would cease to grow, and would probably more or less disappear. She argued the matter for a long forenoon, saying that she would take all responsibility upon herself, if I would only remove the tumour, and it could easily have been removed. She went away unwillingly, returned home, and from time to time wrote pleasant letters. She continued in good health, and had apparently got over her fever for an operation. I heard no more of her till the summer before last, when Dr. Cushing told me of her fate. She had started off again to see me, having heard that I was performing hysterectomy oftener than before. She stopped in a provincial town on her way, had an operation at once, and died in twelve hours. A little more than a year ago I saw, in Edinburgh, a lady not very far from the menopause, with a moderate sized fibroid tumour. It gave some trouble—not much. It did not seem to me to require any treatment, and she was well able to take good care of herself. It did not bleed much, and practically it was only an inconvenience. It was a tumour easily removable. Electrical treatment was not even recommended, simply because no treatment was necessary, and she was advised against any operation for its removal. She had arranged to spend the winter in London, and I told her that if she got very much worse she might try the electrical treatment when she returned in spring. In London she was told that such treatment was all nonsense and would do her no good; that the tumour could be easily removed, and that the risk was not much greater than that of having a baby. Fortified by such encouragement, she had the operation, and died five or six days after it. I would as soon have cut off that woman's head as have performed hysterectomy upon her. Whoever induces any woman to have such an operation, and tells her that it is nearly as safe as having a baby, should stand in the dock.

I do not propose to go into the details of cases. There is, however, one that I must shortly mention here, as it is the only one in which anything like harm followed the treatment. I do not say that the treatment was of itself the cause of death, which, I am satisfied, need not have happened; and in this I am borne out by the opinion of the patient's brother, a medical man.

An unmarried lady, 40 years of age, came for treatment in the middle of February, 1888. She had a large soft fibroid, extending well under the ribs on either side. The tumour was first noticed six years before, when it was already of some size. She had neither pain nor hæmorrhage, and treatment was undertaken simply with the view of reducing the size of the tumour. The case was one which never gave me a moment's anxiety. The uterine cavity was only $3\frac{1}{2}$ inches. It was a case of soft fibroid coming off from the fundus of the uterus. On March 2nd it was noted that the tumour was already free of the ribs, and there was then observed a swelling which at first was thought to be an enlarged spleen; this turned out to be an outgrowth from the tumour itself. On March 21st the tumour was smaller all over and completely free of the ribs. On the 13th careful measurements were taken, and the diminution was found to be very marked. Indeed, I could almost push the now much softened tumour to the left side of the middle line. This caused a little pain, and she then told me that for a day or two she had felt tenderness in the left side over the portion that we at one time looked upon as a big spleen; so I proposed not to give the current that day, but she made light of the pain, and, as this was to be the last application in Edinburgh, it was given, though only half the strength that she usually bore so well. She had had in all eighteen negative applications, and she intended to come South and continue the treatment if necessary. I never saw her again. Sixteen days after I came to London I had a letter from a medical friend in Edinburgh who had been asked to see her. She had gone about a good deal, the weather was bitterly cold, and she had got a chill. She had severe pain over the region of the spleen, with fever. This continued for four days, and was followed by vomiting and some diarrhoea. She then began to improve, was sitting up, and talking of going South as soon as she was able. The night before I heard of her she was seized with two floodings during the night, so severe that she was for some time pulseless after the second attack. The hæmorrhage then ceased, but there was a sudden return of it next day, and she died during it. Scarcely any alarm was taken. One cannot help thinking that plugging the cervix or vagina, which in her case was extremely small and short, might have saved her, as I have seen it save many others. The lesson this unfortunate case has given me is to impress upon patients the necessity of great care during the time that electrical treatment is being carried on, especially when negative electricity is being used.

The old spirit that at one time would have no abdominal surgery still unfortunately lingers amongst us. Electricity in any form, when applied to the cure of disease, is set down as pure quackery by many medical men, simply because they know nothing about it, and won't take the trouble to learn for themselves what to many is rather a hard study. We are at the beginning of a great change in the treatment of many diseases by electricity in some form. My confidence in its powers and in its capabilities in relieving the disturbing symptoms of uterine fibroids, as well as in curing many chronic inflammatory conditions in the pelvis, continues to increase. I venture to predict that the gynecological bag, as at present filled, will have soon to be reconstructed, and that most of its present contents will be thrown out. I have no fears for the future of electricity. It would indeed be strange if the power that has given us the telephone and the phonograph could not in some way be rendered available for the curing of some of our many diseases. I do not say that the work is easy. I have already seen enough of it to know that it requires excessive care and much patience. It has already given us disappointments in some things, due probably to our ignorance, and difficulties have been met with, but such as merely stimulate one to overcome them. It unfortunately takes up much of one's time, and this is a great trouble in carrying out the treatment in the meantime in the way that it should be done, more especially in a place like London, though almost every day's experience helps us in some way, either in the saving of time or in making the applications more certain and more easy to the patients. From not a few cases that have lately come to me, where the patients have got scared by the pain produced after two or three applications, I am inclined to think that it is being tried

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.

By T. MCCALL ANDERSON, M.D.,

Professor of Clinical Medicine in the University of Glasgow.

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); liodermia 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.