are not seen in lupus. Epithelioma and blastomycosis could also be excluded. The medication indicated in such a case is potassium iodid and mercury and mercurial plaster.

DR. R. A. MCDONNELL, New Haven, agreed entirely with Dr. Zeisler as to diagnosis and treatment.

DR. HENRY J. F. WALLHAUSER, Newark, N. J., also agreed with Dr. Zeisler's diagnosis. He asked Dr. Shoemaker if the microscope showed the tubercle bacilli. Both in the disease referred to by Dr. Zeisler and in tuberculosis, the microscope shows plasma and giant cells, so that, unless the tubercle bacillus was found, the histologic findings would not be of any value in the differential diagnosis between the disease mentioned and tuberculosis.

DR. A. RAVOGLI, Cincinnati, said that he saw two cases similar, the result of lupus. One patient had since died; the other is still living. In both the disease began with a small nodule of lupus affecting the auricle of the ear, then extending to the zygomatic arch, involving the temporal and occipital bones, and in the patient who is still living the nerves and blood vessels of the parts have become exposed. A part of the temporal bone had been destroyed. Death is expected.

Dr. Ravogli believes the case shown by Dr. Shoemaker to be one of true tuberculosis, and the microscopic examinations thus far made seem to confirm that diagnosis. Tubercle bacilli affecting the papillary layer or derma remain limited there, and form what is called lupus vulgaris, but when they extend beyond the domain of the derma and affect the subcutaneous tissues, then true tuberculosis exists. Even if in the case presented no tubercle bacilli were found that would not prove that it is not a case of tuberculosis. In the skin it is very difficult to find the tubercle bacilli, even after an examination of hundreds of sections. In these cases, the micro-organism is in spore form, and we are unable to stain it as when it is found in the lungs. He said there seems no doubt that in the case presented the tubercle bacillus is the essential agent, and that it has left the derma and invaded subcutaneous tissues.

DR. JAY F. SCHAMBERG, Philadelphia, said that while one can not be positive beyond doubt as to the nature of the lesion in the patient presented, the condition looks so strongly luetic that nothing but the failure of vigorous doses of mercury and potassium iodid would negative that diagnosis. Potassium iodid alone would not prove an adequate therapeutic test.

DR. J. B. KESSLER, Iowa City, agreed with Dr. Zeisler that vigorous specific treatment should be given a trial in this case. It seemed to be a promising case for the use of injections of either the soluble or insoluble preparations of mercury.

DR. GRANVILLE MAC GOWAN, Los Angeles, Cal., said that if the patient presented came to him for treatment he would not restrict himself to the use of mercury and potassium iodid. The lesion is evidently rapidly destroying the face, and from the appearance and history, it is tuberculous. The statement, frequently made, that the diagnosis of luetic disease can be established or excluded by the use of potassium iodid and mercury is only a half truth. No two other drugs are more valuable than these in the treatment of tuberculosis of the skin, and then it is possible to have tuberculosis engrafted on pre-existing syphilis. He suggested that further sections be taken and submitted to a competent bacteriologist, and if the bacilli are found, or the microscopic picture is characteristic of tuberculosis, surgical means should be resorted to. This would include a thorough curettage of the bones, and the removal, as completely as possible, of all the diseased tissues. After this a 50 per cent. solution of chlorid of zinc should be applied, at the same time giving intradermic injections of the soluble salts of mercury, with potassium iodid internally. The case seemed to him a surgical one.

DR. R. W. TAYLOR, New York City, said that there might be a syphilitic basis to the lesion, and he would be disposed to try Zippmann's decoction.

DR. J. V. SHOEMAKER, Philadelphia, said that he saw the patient in this case only two or three times while she was in the hospital, and did not see her again until he presented her to the Section. Her physician had informed him that she had been under all forms of anti-syphilitic treatment, and that it had had no effect on the course of the disease. When the patient came to the hospital she had a good deal of pain, which may have been due to the exuberant granulations or the disease itself; at all events, it was very severe, and the only internal remedy that allowed her to sleep was paraldehyd, in one or two dram doses. Dr. Shoemaker was led to believe, by the result of the pathologic findings, that the necrosis and changes in the tissues were of a tuberculous character.

ABDOMINAL PREGNANCY.

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Patient.—Mrs. J. S., aged 28, was seen June 2, 1907, and the following history obtained:

History.—Married in 1903, always enjoyed perfect health. No history of pelvic disease. Menstruation regular until July, 1906, when menstruation ceased. Soon the usual symptoms of pregnancy appeared. Fetal movements were manifest in December, continuing till April, 1907. About April 14, pains simulating normal labor occurred, followed by a bloody and vaginal discharge. Her physician told her the normal period for labor had not arrived and gave sufficient morphin to stop the pains. From this time all fetal activity ceased and the general health of the patient became bad. May 21 three physicians in consultation decided that the woman was not pregnant (despite her insistence to the contrary), but was suffering from abdominal dropsy, and arrangements were made to tap the abdomen the following day. This operation the patient declined. When I saw her on the date mentioned her abdomen was enormously distended, pulse 140, temperature 103 F., respiration 44. The picture suggested infected ovarian cyst, but the history pointed to pregnancy.

Operation.—After removal to the hospital examination showed the uterus to be empty and not over four inches deep. On palpation a mass could be felt on the left side of the abdomen. A diagnosis of abdominal pregnancy was verified by operation the following day. A medium incision was made down to the gestation sac, which was closely adherent to the parietal peritoneum. The next cut opened the sac from which gushed a huge quantity of stinking amniotic fluid, doubtless infected by the colon bacillus. The incision was enlarged and a badly decomposed but mature male child weighing nine pounds extracted, which from the history must have been dead for about seven weeks. The gestation sac was flushed with physiologic salt solution, mopped dry and loosely packed with sterile gauze. For fear of hemorrhage and the danger of opening the general cavity no attempt was made to remove the placenta which was attached to the abdominal wall and apparently to the under surface of the liver.

Postoperative History.—On the day following operation the condition of patient was much improved—temperature 100 F., pulse 108. Every second day the sac was cleaned with gauze and repacked. On June 16 placenta was found to be detached and was readily extracted without hemorrhage. Sac now collapsed and healed rapidly. Bowels moved freely by the use of salines. By July 1 obliteration of sac and closure of wound was complete, pulse and temperature normal, Considering the patient safe, I left the city for a few days, and was amazed to find on my return, July 5, that complete intestinal obstruction had occurred. Non-surgical measures proving ineffectual, I reopened the abdomen, but on account of patient's condition did not persist in effort to locate obstruction, but brought up a loop of colon which was stitched into wound and opened; considerable fecal matter escaped. Patient was returned to bed in bad shape and died at midnight.

It is impossible to say whether this case could be classified as a primary abdominal pregnancy. The absence of previous pelvic disease and the location of the placenta suggests the probability of that rare condition. The uterus, tubes and ovaries could be felt outside the sac, but did not participate in its formation. If the condition had been recognized in time the life of the fetus could doubtless have been saved, as it was alive at full term.