was used in this case. Marked improvement at once set in. After a month, the progress having become somewhat tardy, a moderately strong sulphur-resorcin paste was substituted, under which rapid and complete recovery ensued, the patient's complexion becoming rather exceptionally delicate. It has remained so ever since, although occasional rosaceous flushings have occurred from time to time as the result of errors of diet.

It would be a matter of supererogation for readers of this Journal to labour the points of differential diagnosis between this condition and others, which by the tyro might be mistaken for it.

MYCOSIS FUNGOIDES.

By J. H. STOWERS, M.D.

Being the Presidential Address delivered at the Dermatological Society of Great Britain and Ireland, October 22, 1902.

Gentlemen,—It is my pleasure and privilege to welcome you here again after the summer vacation, and I trust you are all fortified and invigorated by the benefits of holiday and rest. The time has come when we must devote ourselves again to the consideration of subjects appropriate to our Society. At our last meeting I briefly described to you the plan of procedure which I think is calculated to secure both the convenience of members and the comfort of the patients brought for exhibition. I may confidently appeal to you to help me, and the honorary secretaries to carry out that method as exactly as possible, in order that an equal opportunity may be afforded to all intending exhibitors, and that time may be economised. Perhaps those who were not present at the annual meeting in May will kindly refer to the report published in the *British Journal of Dermatology* of July, and read the preliminary remarks I made to you when, through your favour and indulgence, I was permitted to occupy this chair, as your President, for the first time.

I will repeat, however, that it will be of much benefit to us all if brief communications are occasionally read on points of interest

connected with a single disease, or class of diseases, as a basis for discussion, and also that the most important subject of treatment may be considered at greater length than hitherto.

It is very striking to note the advances that have been made of late years in practical dermatology.

This department of medicine which for so long a time was regarded with indifference, and treated I might almost say with the spirit of exclusiveness, has now by the diligence of its workers and their improved scientific methods of investigation been raised to a level which compares favourably with all other branches of the healing art. Its basis has been widened and its foundations strengthened proportionately as observers have realised the necessity of regarding diseases of the skin not merely as accidental to the surface of the body, but as expressions also of derangements of the whole economy consequent upon and inter-dependent with the innumerable disorders of function and structure to which the human subject is liable. The text-books we now possess include among their number treatises as detailed and complete as recent investigations will allow, and it is only fair and right that we should acknowledge the great and increasing usefulness of the *British Journal of Dermatology* which, under its accomplished editors, have proved so valuable a means of diffusing knowledge obtained from sources previously beyond our reach.

I need not here refer in detail to the numerous cases, some of great and unusual interest, which have been exhibited at this Society of recent years, but on reviewing the list it occurred to me that I might select one form of disease of special gravity which, from its very nature and the fact that no tried remedies have yet proved successful in coping with it, pleads pathetically for consideration. I refer to the disease known as Mycosis fungoides.

I exhibited here last session a patient suffering from this terrible malady whose history I will briefly repeat as it is quite a representative case.*

A curate in a large London parish, unmarried, aged 31 years, has been under my observation since November, 1901, having been sent to me by Dr. Kerr. His parents are living and in good health.

* Reported *Brit. Journ. of Derm.* (Society Intelligence: Derm. Soc. of Lond.), Vol. XIV., p. 63. (1902.)

Four brothers and four sisters are alive and well. None are affected by cutaneous disorders. The patient, who is an exceptionally well-developed and muscular man, was born in Somersetshire, and educated at Trent College and later at Broxham. In 1887 he went to Canada and engaged in farming occupations, and returned to England at the end of 1889. In 1892 he proceeded to Durham University to prepare for ordination.

At the time he was reading many hours a day, although in apparently perfect health and taking a fair amount of out-door exercise, a "red patch" appeared on the right forearm and remained. In 1893 "patches" of the same character developed symmetrically over the front of the chest and back. He was treated for psoriasis at Frome, where he stayed for several weeks. Not making satisfactory progress, he came to London for special advice and consulted several dermatologists, one of whom suspected the existence of leprosy, and prescribed chaulmoogra oil, and shortly afterwards another (Dr. Pringle), who suggested an early stage of Mycosis fungoides. Subsequently for three years he lived and worked at Exeter, during which time he was under medical care for what was taken to be urticaria. A limited patch of thickened skin upon the right cheek was thought to be of the nature of lupus by his attendant, but this disappeared entirely in a few months. In 1899 he came to London, since which date he has suffered, in addition, from a persistent subacute eczema involving the forehead, eyelids, cheek, and neck. When seen by me in November, 1901, his general health was good. He was well-nourished and complained only of anæmia and chronic constipation, both of which soon yielded to remedies. His urine was slightly phosphatic, but otherwise healthy. My notes at the time were as follows :—

A limited eczematoid eruption exists upon the face, especially involving the forehead, eyelids, and right cheek.

Upon the front of the chest and abdomen there is an extensive development of symmetrically arranged thickened patches with defined edges of different degrees of redness, varying in size from a sixpenny-piece to a florin. Some are discrete, but most of them are irregularly circular and show a tendency to coalesce. In parts where coalescence is complete the whole integument is infiltrated several inches in extent, the sharply defined edges being maintained.

Discoloured portions of skin exist, having a dullish red or pigmentary brown appearance, conveying the impression of former infiltrations in which absorption has taken place, the skin having a shrunken surface. The mottling is a striking feature of the case.

The shoulders, back, loins, buttocks and thighs are similarly involved, but to a lesser degree. In some patches the bright red or pink-coloured edges contrast considerably with the browner centres.

The integument of the legs exhibits an increasing tendency to the same abnormal change, but the thickening is less marked and numerous indications of recent scratching are present. The patient states that on one occasion an infiltrated patch above the navel exuded a whitish fluid of serous nature and partially subsided. There has been no ulceration at any time. For a long period the itching about the chest and abdomen particularly was "agonizing." Recently this has greatly diminished, but his rest at night is occasionally disturbed by the irritable condition of the skin of the thighs and legs. The face, hands and feet are free, but the condition of the forearms in point of severity and extent stands midway between the abdomen and lower extremities. The mucous membranes are not implicated.

Although to some extent his discomfort has been allayed and his subjective sensations lessened, yet it is but too obvious that the disease is gradually progressing and that it will eventually prove fatal.

Mycosis fungoides or Granuloma fungoides is stated to have been first described by Alibert in 1814 and later in 1832 and is figured among his illustrations of skin-diseases observed at the Hospital of St. Louis in Paris (Plate No. 36).

The disease has been observed by numerous authors since under a variety of synonyms, such as Eczema hypertrophicum vel tuberosum, Fibroma fungoides, Sarcomatosis generalis, Inflammatory fungoid neoplasm, Multiple sarcoma of skin, Lymphodermia perniciosa, Multiple fungoid papillomatous tumours, and Yaws.

By the last-mentioned name an admitted authority whom I knew personally, Dr. Gavin Milroy, in whose honour and memory the "Milroy Lectures" are delivered at the College of Physicians, described a case,* and later I had papers sent to me bearing upon

* *Med. Times and Gazette*, February 17, 1877, p. 169.

the disease by Dr., now Sir Henry Nicholls, an old fellow-student of mine, who is Medical Officer of Health for Dominica in the West Indies and Medical Superintendent of the Yaws Hospital. It is also certain that it has been erroneously regarded as a late stage of syphilis.

Mycosis fungoides has been recognised in this country comparatively recently.

We meet with two varieties of the disease, viz.:—

1. A form characterised by limited tumour-formation and preceded, sometimes for many years, by various more or less generalised scaly, papular, or erythematous disorder of the skin resembling eczema, lichen or urticaria associated with frequent and severe itching of agonising severity with burning and pricking sensations and insomnia.

Kaposi in 1887 advocated a subdivision of this group, drawing a distinction between

(*a*) Cases commencing with scaly eczematoid derangements and severe itching, and

(*b*) Cases in which the lesions are more like persistent urticaria followed by pigmentary changes suggesting sclerodermia and leprosy.

2. A form characterised by limited or extensive tumour-formation without any preceding surface disorder, the nodules and the disease running a more rapid and usually more fatal course.

Professor Paltau, of Vienna, has divided the disease into two classes as follows, viz.:—

1. The classic type, including varieties described by Kaposi and Besnier, preceded by skin-affections.

2. The type—*des tumeurs d'emblée*—not preceded by skin-affections.

He regards those cases accompanied by pseudo-leukæmia (lymphadenoma of English writers), described by Gillot, Landouzy, Galliard and others, as of importance in furnishing some support to the view that Mycosis fungoides is a *lymphadénie cutaneé*.

Whether these clinical differences result from different causes there is no evidence yet to prove, but it is certainly remarkable that while they both lead to fatal results—the latter more rapidly than the former—yet the evolution and course of the disease differ considerably in the two varieties.

My case just narrated may be accepted as a typical example of the

first variety. You noted that for a considerable period, for years in fact, he was treated for eczema, psoriasis, urticaria, and lupus in several parts of the country without any suspicion having existed in the minds of those who prescribed for him that he was the subject of the premycotic stage of Mycosis fungoides. Even now, more than ten years having elapsed, he has not developed true tumours, the thickened and infiltrated plaques only representing the areas of limited structural change.

A case is reported as having been treated by Hebra in the early stages as eczema, and Ziemssen in 1865 reported one in the person of a man aged 36 years who, at the age of 5 years, suffered a generalised papular eruption which became scaly. Fifteen years later it was regarded as ichthyosis, and when he was 32 years old the skin commenced to discharge and exhibit "broad, weeping, condylomatous patches."

Three months later he was practically covered with "fungating tumours of soft consistence and pink colour, secreting profusely. Some of them were three inches in diameter and elevated half an inch above the surface, others quite small. On the extensor surfaces of the extremities patches occurred having the appearance of psoriasis."

Kaposi wrote that "almost in all cases Mycosis fungoides begins with symptoms of eczema," and this has been borne out by later experience, although in some instances, as narrated, the early cutaneous changes may simulate erythema, psoriasis, urticaria, &c. The eruption may involve any part of the body as well as the face, neck and extremities, but the palms of the hands, and the soles of the feet generally escape. Thickening and infiltration follow, causing roundish patches hard to the touch, of varying degrees of red colour, which disappear and recur in or about the same area and leave more or less permanent pigmentary changes.

"The lesions are often circinate or gyrate in form and central atrophic depressions may follow. Orbicular patches with marked œdematous infiltration of the corium make the surface prominent, smooth and shining. Later nodular tumours usually develop which may undergo spontaneous involution, leaving the skin but little changed, or more or less pigmented, with a tendency to recur."

The tumours themselves vary in size, occasionally assuming very

large dimensions which, when persisting, undergo softening, exposing a bleeding base from which ichorous viscid and offensive discharges escape, probably followed by extensive ulceration. The glands are generally unaffected. At this juncture serious constitutional disturbances supervene accompanied by remittent or intermittent fever followed by marasmus, the so-called typhoid state, and death.

Concerning the relative frequency with which this disease is met with in the two sexes, Radcliffe-Crocker relates that Tilden found that in thirty cases twenty-three were males and seven females.

Twenty were over 30 years of age, the extremes being 20 and 68 years.

No two instances occurred in one family.

I have collected notes of twenty-eight marked cases and four of doubtful character, to which I will refer later.

Of the former twenty-eight cases, twenty-two were males and six females.

Twenty-two occurred over 30 years of age, and six under 30 years of age—the extremes being 25 and 72 years.

I have tabulated these as follows, viz.:—

Mycosis Fungoides.

Table of Cases, thirty-one in number, published during the last ten years.

1. Russian, female, aged 43 years.—Tumour-formation concomitant with eczematous and erysipelatous outbreaks, new growths from the very beginning. Some of the earlier ones completely disappeared. Died fifteen months after onset. Reported by Drs. Stelwagon and Hatch.

2. Male, aged 39.—Tumours appeared twelve years after onset. Died thirteen years after onset. Reported by Drs. Stelwagon and Hatch.

3. Male, aged 66.—Tumours one year after onset. Died fifteen months after onset. Reported by Dr. Pye-Smith.

4. Female, aged 52.—Tumours fifteen months after onset. Result? Reported by Dr. Hallopeau.

5. Male, aged 72.—Progressive gangrene of palate, and almost universal induration of skin followed. Result? Reported by Dr. Hallopeau.

6. Male, aged 50.—Tumours three years after onset. Died four and a half years after onset. Reported by Dr. Fox.

7. Male, aged?—Suffered for thirty-five years. Result? Reported by Dr. Stopford Taylor.

8. Male, aged 28. Unusual case? Mycosis fungoides. Died of exhaustion. Reported by Mr. J. Hutchinson, junior.

9. Female, aged 45.—Tumours appeared four or five years after onset. Result? Reported by Dr. Leslie Roberts.

10. Male, aged 49.—First tumour two years after commencement of eruption, followed by others. Duration of disease when seen, nine years. Result? Reported by Dr. T. C. Fox.

11. ——, ——.—Very little general eruption, with numerous tumours. Growths developed in the larynx. Reported by Dr. de Havilland Hall.

12. ——, ——.—Very few tumours, but body universally affected by eczematoid eruption. Reported by Dr. T. C. Fox.

13. ——, ——.—Ten years' duration. Skin exhibited general eczematous condition and numerous tumours in various stages of evolution and involution. Result? Reported by Dr. T. C. Fox.

14. Male, aged 42.—Disease following long persistent eczematoid affection of the skin. Result? Reported by Dr. Stephen Mackenzie.

15. Male, aged 26.—Had had tumours for three years before seen. Result? Reported by Dr. Pye-Smith.

16. Male, aged 59.—"Aberrant form." Reported by Dr. Pye-Smith.

17. Male, aged 35.—Had a tumour, followed by dermatitis of wide distribution. Died of pneumonia.

18. Male, aged 71.—Died of exhaustion. Reported by Dr. Dubreuilh.

19. Male, aged 65.—Tumours five months after onset. Result? Reported by Dr. Radcliffe-Crocker.

20. Male, aged 25.—Nodular growth under each lower eyelid, similar lesions near left nostril and under right ear. Diagnosis doubtful. Reported by Dr. Radcliffe-Crocker.

21. Male, aged 53.—Had been twenty-six years in India. Reported by Mr. Malcolm Morris.

22. Male, aged 54.—Tumours eight years after onset. Reported by Dr. P. Morrow.

23. Female, aged 36.—Tumours ten years after onset. Reported by Dr. P. Morrow.

24. Male, aged 64.—Tumour formation not marked. Typhoid state supervened, but left hospital. Result? Reported by Dr. A. Whitfield.

25. Male, aged 70. Two years' duration. Shown at Edinburgh Meeting of British Medical Association, 1898, by Dr. Macdonald.

26. Female, aged 57.—Very remarkable case. Reported by Mr. A. Carless.

27. Female, aged 45.—Died eleven months after onset. Reported by Mr. Swinford Edwards.

28. Female, aged 26.—Five years' duration. Reported by Mr. J. Hutchinson, junior.

29. Male, aged 25.—Duration four years. Premycotic stage. Reported by Dr. E. C. Perry.

30. Male, aged 56.—Duration four years. Reported by Dr. P. S. Abraham.

31. Male, aged 27.—Duration eleven years. Still living. Reported by J. H. Stowers.

To several of these I would like to draw further attention on account of the special features which characterised them.

In Case I. it was noted that the whole disorder was "made up of a medley of what at different times might be looked upon as eczema, erysipelas, leprosy patches, and new growths. Itching and burning were of variable intensity." *

Case II. is remarkable on account of the very numerous growths (500 to 600) which developed, several showing marked pedunculation.†

Case III., that reported by Dr. Pye-Smith, is very important. The patient, a male, aged 66 years, had recurrent dermatitis of eczematous nature. One year after this localised swellings commenced which slowly developed and proceeded to suppuration. Exuberant granulations followed, accompanied by much discharge of a clear, colourless, alkaline, albuminous character. Some of the tumours suppurated and healed. The general health failed suddenly, accompanied by delirium. Hæmorrhagic pustular eruptions appeared together with redness and swelling simulating erysipelas, and death ensued about fifteen months after the commencement of the disease.

A detailed‡ post-mortem examination was made with the following result, viz. :—"A large white tumour was found in the left adrenal. Microscopically the skin-tumours consisted of leucocytes, small and uniform in appearance with very scanty intercellular stroma."

The adrenal tumour "presented a similar appearance, but some sections had better developed and more abundant intercellular fibrous tissue, so as to resemble lymphoma, and others might be fairly described as showing the structure of a small round-celled sarcoma. No micro-organisms could be detected during life, or after death."

Case V., male, aged 72 years, under the care of Dr. Hallopeau,§ was marked by almost universal induration of the skin, and accompanied by a serious phase of the disease occasionally met with—viz., progressive gangrene of the palate, &c. The pruritus was very violent and persistent. It was suggested that the gangrenous process was probably caused by the obliteration of small blood-vessels.

* *Journ. of Cut. and Gen.-Urin. Dis.*, January, 1892.
† *Journ. of Cut. and Gen.-Urin. Dis.*, February, 1892.
‡ *Clin. Soc.'s Trans.*, Vol. XXV., 1892.
§ *Journ. Mal. Cut. et Syph.*, Vol. V., 1893, p. 150.

Case VII., a male, whose age is not mentioned, suffered from the disease for the unusually long period of 35 years.*

Case VIII. is marked with a note of interrogation as there appeared some doubt in the diagnosis,† but the face of the patient, a male, aged 28 years, was described as "leonine," an aspect not uncommon in severe and fatal Mycosis fungoides. In this instance also a "general enlargement of the lymphatic glands supervened," which, although unusual, still has been reported in other cases of undoubted character.

Case IX., a female, aged 45 years (reported by Dr. Leslie Roberts),‡ suffered four or five years before admission into hospital, a "moist pruritic eruption on the left arm which remained a few months, and disappeared spontaneously." This reappeared at intervals, and subsequently the whole cutaneous surface became involved. Large tumours developed upon the face.

Case X.§ commenced as an eczematoid eruption on the scalp, trunk and limbs which lasted nine years. The first tumour developed two years after the onset of the disease, and was followed by others of a like nature, some of which resolved spontaneously. The patient was a male, 49 years of age.

Case XI.‖ In this, tumours occurred in the larynx.

Case XIV. A male, aged 42 years. Following long, persistent eczematoid affection of the skin. Serpiginous tuberculo-squamous lesions appeared generally over the body, which underwent ulceration, producing ulcers with unhealthy granulating bases.¶

Case XV. was exhibited at this Society by Dr. Pye-Smith on the 22nd of January, 1896. The patient, a male, aged 26 years, a farm labourer, had for three years had numerous tumours, some pedunculated. Several suppurated and sloughed, a few disappearing spontaneously. It was noted that in this case "the dermatitis appeared to be secondary."

The exhibitor considered that the original disease was a granuloma, but that the secondary growth was a small-celled sarcoma.

* *Brit. Journ. of Derm.*, Vol. VI., 1894, p. 282.
† *Brit. Journ. of Derm.*, Vol. VII., 1895, p. 69.
‡ *Brit. Journ. of Derm.*, Vol. VII., 1895, p. 142.
§ *Brit. Journ. of Derm.*, Vol. VII., 1895, p. 213.
‖ *Clin Soc.'s Trans.*
¶ *Brit. Journ. of Derm.*, Vol. VIII., 1896, p. 16.

The lymph-glands were unaffected.

Case XVI., also reported by Dr. Pye-Smith,* was that of a male patient, 59 years of age, who suffered what was described as an "aberrant form of Mycosis fungoides," the late Mr. Davies-Colley having five years previously removed a sarcomatous tumour situated over one scapula.

Case XVIII. is reported by Dr. Dubreuilh.† His patient, a male, aged 71 years, had for several years vague sensations of itching before any eruption appeared. Then various crusted and scaly patches ensued, and subsequently tumours developed, a few undergoing spontaneous involution. Later more extensive dermatitis and pigmentations followed, with remissions of disease, cachexia, diarrhœa, toxic fever, marasmus and death.

Case XIX., reported by Dr. Radcliffe-Crocker,‡ was that of a male, aged 65 years, in whom the disease had existed for five months.

"Numerous red thickened plaques were visible on the face, and one fungating tumour 1½ inch in diameter. On the trunk, about twenty deep red nodules, and on the left thigh a tumour as large as a hen's egg, raised more than an inch above the surface. In addition to the above numerous patches of new growth of pale red colour and made up of close aggregation of minute acuminate papules with horny centres, chiefly on the buttocks and limbs, and appeared as if they were the first link in the chain of development."

Case XXI. was under the care of Mr. Malcolm Morris.§ The patient, a male, aged 53 years, had been twenty-six years in India.

"In 1886 a red swollen patch appeared on the outer and posterior part of left thigh. This ulcerated, discharged and healed. Five years later another tumour developed on left side of chest. This ulcerated and healed. In November, 1897 (when the case was exhibited at the Dermatological Society of London), raised reddish blotches, fading on pressure, were visible on the scalp.

"*Upper* arms numerous ulcerating patches.

"On the *right forearm* two ulcerated patches 2½ by 1½ inches in diameter.

* *Brit. Journ. of Derm.*, Vol VIII., 1896, p. 361.
† *Journ. de Médicine de Bordeaux*, June 16th, 1895.
‡ *Brit. Journ. of Derm.*, Vol. IX., 1897.
§ *Brit. Journ. of Derm.*, Vol. IX., 1897, p. 478.

"On the left forearm irregular nodular patches, but not ulcerated.

"Chest, back, scrotum and legs also affected.

"Soles and palms free.

"Burning and itching associated with the disease."

Case XXII., reported by Dr. P. A. Morrow.* Patient, a male, aged 54 years. First seen in 1894, with a history of seven years' suffering from "scattered, reddish, slightly scaly eczematoid blotches. The patches assumed a brownish colour, exuded and crusted. On the left thigh a patch existed which was roughened with nodular elevations. Itching slight."

The course of the disease was marked by periods of activity alternating with periods of repose. A progressive thickening and tumefaction of certain areas followed by eventual fungating and ulcerated lesions. Palms and soles free.

The first distinct tumour developed eight years after commencement of disease.

Case XXIII., also reported by Morrow, was that of a female aged 36 years. Numerous red patches developed six years before, accompanied by intense itching.

The right arm was first affected above the elbow. The eruption spread and was followed by a similar outbreak on the right leg. Four years later tumours developed. Several disappeared spontaneously, but were followed by a 'rapid evolution of eruption and progression' of the disease."

The eruption had a circinate appearance in places.

Case XXIV. was described in detail by Dr. Whitfield,† and published with excellent illustrations. His patient was a male, aged 64 years. A generalised eruption of desquamative character existed prior to the formation of tumours, which were but slightly marked. The skin of the face bore the appearance of chronic eczema, also the scalp. Upon the latter small nodules developed, some grouped with greasy scales upon the surface. Six large ulcers existed upon different parts of the body. The patient fell into a low typhoid state, but, being removed from hospital, the termination of the case is not recorded.

* *Journ. of Cut. and Gen.-Urin. Dis.*, Vol. XIV., No. 171, 1896, with illustrations.

† *Brit. Journ. of Derm.*, Vol. X., 1898, p. 152.

Case XXVI. had a remarkable history. The patient, a female, aged 57 years, developed during her first pregnancy an "eczematous eruption" upon the labia. A similar eruption developed during the third pregnancy, and again with each succeeding pregnancy, eleven in all. Later a severe desquamative dermatitis ensued of more general distribution. "Some years afterwards lumps appeared on the lower extremities, and rounded tumours on the thighs, which ulcerated," together with "extensive ulceration of gums, under tongue, on tonsils and buccal mucous membrane, the pharynx becoming involved."

This patient was exhibited by Mr. Albert Carless at the Dermatological Society of London in July, 1898.

Case XXVII. was that of a female, aged 45 years, under the care of Mr. Swinford Edwards* in 1885. It was the first of the kind that I and others had seen, and no conclusive diagnosis was arrived at during the life of the patient. The history was remarkable in several particulars, the disease developing very rapidly and proving fatal in about eleven months from the date of onset. The patient was stated to have been quite well ten months before admission into hospital. The report includes the following:—"Ten days after confinement she noticed a small pimple on the inner aspect of the right thigh. Over the inner part of Scarpa's triangle on the right side, and extending downwards to the junction of the lower with the middle third on the inner aspect of the thigh, was a raw surface of a bright red colour glistening and somewhat raised. The skin around was pigmented, and the subjacent tissues indurated. Adjoining were several nodules of various sizes of different stages of development, some subcutaneous and of a darker colour than the surrounding parts, others raised and covered with a scab, whilst others again had ulcerated, presenting a remarkably circular circumference, depressed saucer-like centre, and indurated base.

"On the lower part of the abdomen over the hypogastrium and right iliac region were a few ill-defined spots of a papular nature, which showed signs of breaking down. There was no discharge or fœtor from the large sore on the thigh, which had evidently been formed by the coalescence of many nodules, and had this peculiarity,

* Published in detail as a case of "Round-celled Sarcoma of the Skin," *Trans. Patholog. Society*, 1885, p. 468.

that although forming one mass, each nodule retained its distinct and accurately circular outline."

The patient had been married twenty-five years, and had had eleven children. She died twenty-three days after admission in a typhoid state, acute diarrhœa having existed for several days.

A post-mortem examination was made, and the following is the result of a microscopic investigation undertaken by Dr. Klein:—He reported that "the material had been carefully examined, and as far as the microscopic appearances went he should certainly pronounce it a round-celled sarcoma."

I fear that I have wearied you by narrating so many instances of this important disease, but I have done so chiefly because, owing to its rarity, some of our members have had but little, if any, opportunity of observing it.

Again, by reviewing the group, we shall learn that, however much individual cases vary in their circumstances and detail, there is no small degree of similarity between the varieties of the disorder—viz., those in which recurrent or persistent forms of dermatitis, simulating other disorders, occur, followed, perhaps, after many years of suffering by the development of nodules and ultimately proving fatal; and, secondly, those characterised by the early or immediate evolution of tumours which undergo secondary changes, terminating in death more rapidly than in the first variety.

The cause of Mycosis fungoides has yet to be discovered. It is certain, however, that the prodromal eruptions constitute part of the disease proper, and are not merely manifestations of the simpler disorders which they simulate, and for which they are so frequently mistaken.

Drs. Hyde and Montgomery* summarise the three hypotheses as to the nature of the condition as follows, viz.:—(1) That the disease belongs to the class Sarcomata. (2) That it is one of the infective granulomata. (3) That it is a disease commencing with a primary lesion with evolution of symptoms in definite stages analagous to those of syphilis, one or more of which may be at times suppressed. And they add, that "the facts point to a systemic origin for Mycosis fungoides as definitely and unmistakably as a glycosuric xanthoma

* *Journ. of Cut. and Gen.-Urin. Dis.*, Vol. XVII., p. 253, June, 1899.

points to a condition which could by no possibility have been explained by an examination merely of its cutaneous lesions."

Referring again to Cases III. and XXVII. (those reported by Dr. Pye-Smith and Mr. Swinford Edwards respectively),we have two well-marked instances of the disease in which the independent microscopic examinations proved the existence of cells indistinguishable from those of a round-celled sarcoma, although in the former some part of the adrenal tumour resembled a lymphoma.

Some observers have described the minute structure of the tumours as a lympho-sarcoma while others have urged that the nodules are the result of a chronic inflammatory process and are of the nature of a granuloma.

Dr. Payne* has recorded that he has seen a case having the clinical appearances of Mycosis fungoides while the tumours had a spindle-celled sarcoma character.

The hypothesis that the disease belongs to the class Sarcomata does not account, however, for the spontaneous diminution or disappearance of the new growths which so frequently occurs in the course of the disease.

Again, the characters of a lympho-sarcoma are not sufficiently constant to explain its pathology.

The inflammatory type also of some of the cells and their nuclei is not strictly that of sarcoma. Payne concludes that, "it is best, therefore, to regard the growth provisionally as a chronic inflammatory neoplasm or granuloma dependent upon some local irritant as yet undiscovered."

Kaposi, dissatisfied with the various hypotheses, preferred to regard Mycosis fungoides as a disease *sui generis*, it being neither contagious nor hereditary.

Various micro-organisms have been reported as existing in the tissues, but none have been proved to be essential to the disease, and in numerous cases examinations of the blood have been attended with negative results. In the *Glasgow Hospital Reports*, for 1898, Drs. McVail, Murray, and Atkinson report that they succeeded in isolating a bacillus in a case which when injected into rabbits was followed by pathological changes and death.

* "Allbutt's System of Medicine," Vol. VIII., p. 885.

But these observations require corroboration before their conclusions can be finally accepted.

The most recent investigations of the morbid structure of the disease in this country with which I am familiar have been carried out by Drs. James Galloway and J. M. H. MacLeod, and are published *in extenso* in the *British Journal of Dermatology* for May and June, 1900.

They examined three cases, the clinical features of which they describe at length. The two first were those of married women, aged 47 and 32 years respectively, and the third was that of a male subject, aged 42 years.

The authors state "that the cellular infiltration which is so abundantly present in all our preparations resembles far more closely that presented by the infective granulomata than that shown by any of the true neoplasms. And it is in the class of the infective granulomata that we consider Mycosis fungoides should be placed."

They then confirm the observations that the initial change is first seen in the corium, and that the characteristic cellular infiltration occurs primarily in the sub-papillary layer of the cutis and spreads. After noticing that this infiltration is visible around the blood-vessels, hair-follicles, and sebaceous glands, &c., and also independently in the lymphatic spaces, they point out "that the infiltration though seen early in the neighbourhood of the blood-vessels, does not necessarily arise in connection with them." (*Vide* coloured Illustrations and Plates.)

An interesting and exhaustive bacteriological examination of the cases was made by Dr. J. W. H. Eyre, and is included in the report. In it he states that the bacillus of Friedländer has no proved connection with Mycosis fungoides; and also that he failed to observe a bacillus similar to that described in the *Glasgow Hospital Reports*, to which I have alluded.

Finally, Drs. Galloway and MacLeod agree that Mycosis fungoides is histologically distinct from the class Sarcomata.

I must refer you to this very able research, which is described in detail, occupying many pages of the journal, and ask you to study it closely.

On the subject of treatment I will not detain you, suffice it to say

that at present no reliable method is known with which to combat successfully this terrible disease.

It is sincerely to be hoped, however, that as we learn more concerning its nature, we may discover the means both of prevention and cure.

Before I conclude, I must briefly express the sentiments which do not exist in our minds alone, but in the minds and hearts of the whole profession in this and every other nation and empire of the world, called up by the recent loss sustained by the death of that great master of science, Professor Rudolf Virchow.

It may be that some of you will remember him in London during the Medical Congress in 1881. And again more recently in 1898, when he delivered the "Huxley Lecture" at the Charing Cross Medical School on "Recent Advances in Physiology." I was privileged to be present on each occasion and to hear his words of truth and wisdom.

As expressed by the Sovereign Ruler of his country, another "great investigator, healer, and teacher, whose life-work opened up new channels for medical science," has passed away.

While deploring his loss we must be deeply grateful that humanity has benefited, and will ever benefit, by the results of his labours.

His brilliant example will remain to stimulate and encourage the true spirit of science both here and throughout the world, and especially among those who, like ourselves, are striving—however humbly—to lighten the load of the heavy laden.

SOCIETY INTELLIGENCE.

DERMATOLOGICAL SOCIETY OF LONDON.

A MEETING of this Society was held on Wednesday, January 14th, 1903, Dr. RADCLIFFE-CROCKER in the Chair.

The following cases and specimens were demonstrated:—

Dr. EWART (introduced by Dr. PENROSE) demonstrated some coloured lantern-slide photographs and read the notes of a case of *purpuric Eruption*, the patient being too ill to come before the