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Keratosis follicularis

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KERATOSIS FOLLICULARIS

BY

ALFRED P.STAPPENBECK

SENIOR THESIS

PRESENTED TO

THE COLLEGEOF MEDICINE

UNIVERSITY OF NEBRASKA

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INTRODUCTION

Keratosis follicularis has many synonyms such as Psorospermosis, Darier's disease, Keratosis vegetans, Psorospermose vegetante. Lately in 1935 Dr. Kendall Frost made an effort to have all the terms discarded and the disease put under the heading of Dyskeratosis follicularis until the skin manifestation is more fully understood.

The disease in its early stage is manifested by the presence of papules which may make their appearance at any age, in either sex, over any area and has a familial tendency. These papules have a tendency to extend gradually or by acute exacerbations to the neighboring skin areas. The papules later become crusted, and may later coalesce forming in some areas papillomatous, vegetation tumor-like growths. The areas of predilection of the lesions are on the hairy areas of the body, such as scalp, face, neck, chest, back, inguinal regions, and extensors of the arms.

This thesis is written in part as an aid in satisfying my own curiosity as this skin disorder is present upon myself. A chart is made as a means of correlating the cases presented up to the present time, in an effort to come to fairly definite conclusions.

ETIOLOGICAL PATHOLOGICAL

AND

CLINICAL HISTORY

This skin manifestation was first given its mame in 1836 by Morrow, who made biopsys and described the lesions on a single patient. Up to this time due to other skin diseases of simular nature there was no set diagnosis made uniformly, dur to the fact no microscopic sections had been made to differentiate between them.

Morrow's patient was a sailor who first noticed the disease when an adult. The lesions were first noticed on the back of the hands. Then these lesions slowly extended all over the body being much more severe on the posterior surface of arms and neck, on the thighs and on the legs. The face, palms, and soles were free. The patient said that a voyage would aggravate the severity of lesions, and while on land these would subside a great deal.

Upon physical examination Dr. Morrow described the surface of the skin as that of feeling over nutmeg grater. Upon superfical examination the ducts of the sebaceous glands projected upwards being occupied by a more or less prominent spinous elongation, which are of a grayish, round, comedo-like substance.

These comedos when expressed are of a dirty grayish color, hard horny, and dry. When throwwn upon a paper

there is a sound simular to that of the "rattle of dry peas." No matter how large or how long present these comedos were in the follicles there were no signs of infection or irritation.

The cause of this was believed to be an involvment of the sebaceous glands in which there was perhaps an atony or defeciency in their excretory powers. Thus the retention over a long period of time, the desication and solidification along with a premature exfoliation of epithelium in the sebaceous gland before their fatty transformation took place. These comedo like structures would be slowly pushed to the surface, and would assume the shape of the ducts.

He said Ichthyosis sebacea and Keratosis follicularis were different. He differentiated the former to be due to an over secretion of the sebaceous glands with a desication after it left its over active glands with the hard cornification and incrustation. While the latter was due to under activity of the sebaceous glands. However, it is now known that Ichthyosis sebacea, and Keratosis follicularis are the same.

He said Ichthyosis follicularis is an objectionable term in that Ichthyosis is a congenital malformation in which there is "an altered and anomalous devious development of the skin," which is present soon after birth and has a generalized distribution over the skin. While this

manifestion is not present at birth, is not over the skin surface, and is not in the skin itself but involves the hair follicle and its annex sebaceous gland.

On microscopic section the outer layer of the sebaceous gland was flattened against its basement membrane, and the inner portion of the comedo showed flattening and no fatty transformation. Also the entire sebaceous gland was thought to be involved.

This above description of microscopic and macroscopic findings does not entirerly agree with the later findings of Keratosis follicularis; but never-the-less Morrow is credited with naming the disease as "Keratosis follicularis."

White and Darier in 1889 working independentely both described cases which are identical. White calling his case Keratosis Follicularis and Darier his cases as Psorospermose Folliculaire Vegetante. White published his work in June and Darier his in July, unknown to each other.

White described his case in which there were lesions over the entire body with the exception of the palms and the soles with portions of the flexor portions of the arm being free. He analyzed these lesions as follows:

1. Minute papules, the size of small pin heads, smooth, firm, and not different

in color from surrounding skin."

- 2. "Papules some what larger than above lesions but slightly hyperaemic in appearance."
- 3. "Still larger papules of flattened hemispherical shape, with monoth or polished, dense coverings of nail like consistency, and varying in color from a dull red to a purplish dusky red, brown and blackish brown."

All these above lesions are distinctly separate from one another with normal skin between them.

- 4. Extensive elevated areas formed by confluence of the above lesions, presenting uneven surfaces. covered by a thick yellowish or brownish, flattened, horny concretions.
- 5. Elongated, horny masses from 1/2 to 1/3 inch in diameter and from 1/8 to 1/2 inch in height with an irregular outline with blunt, truncated apices, yellowish in color, of dense consistency and very compact. They may be removed with much difficulty which exposes a base of the corresponding area, which is elevated

over that of the general skin surface, and having a hyperaemic and moist appearance.

His description of the distribution of these lesions is very good. The small discrete papules are distributed over the flanks and lateral thoracie regions, the flexor aspects of the arms, and some parts of the legs, The larger forms and confluence of the same occupy extensive tracts upon the extensor aspects of the arms, anterior and posterior aspects of the trunk, and nearly all the entire lower extremities. On the lower legs they form thick plates, completly encircling the legs. The prometinent horny prolongations are seated upon the median spaces of the trunk, front and back especially over the sternum and the pubes.

- 6. "Smooth flattened, blackish, a elevated plates forming a continious covering upon the dorsum of the feet."
 - 7. "Enormously dialated follicular openings distended apparently by firm slightly projecting concretions, forming hemispherical elevations. These occupy nearly the whole surface of the upper part of the face."
 - 8. "Small sharply pointed comical

horns, curved at the tip protruding an eighth of an inch from a few of the distended follicles and found below the eyes.

- 9. MA few large circular elevations with blind central depressions, nearly a half inch in diameter seated upon the temples. M
- 10. "Large papilloma-like excresence almost fungoid in appearance nearly filling the space behind the ears, and separated from each other by deep fissures."

In this case the hair growth was normal, but there were scattered medium sized firm papules on the scalp. There was slittle deviation from the normal skin texture on the soles, palms and genitals. The nails are coarse, slightly thickened, and on the free edge some jaggedness. There was considerable pruritus in which the scratching tore off several of the horny elevations, which were slowly reproduced. There was a severe odor which is characteristically that of decomposing epithelium.

This man was a soldier, and when at age of 22 first noticed "a rash" under his knapsack after a march. He said this rash had the appearance of the small lesions he had when abserved. Then 6 years after the initial rash the lesions extended to the legs and then slowly spread over the whole body. He had always been in good health.

The manifestation of the drsease is a keratosis or primarily a hypertrophy or modified cornification around the follicular openings.

Dr. Bowen made microscopic examinations of biopsys taken from the patient by Dr. J. C. White. He found there was a keratosis of the epithelial lining at the mouth of the follicles. Thus due to dilitation and pressure the sebaceous glands are pushed aside, but are found to be normal. Thus a gradual corneous production pushes up the horny plug above the skin surface. with a review of the two cases it can be seen that Dr. Morrows case showed a simular condition existing as to the horny plugs in each case, but Dr. Morrows case did not show any of the other typical manifestations that Dr. J. C. Whites patient did. Dr. Morrows case upon biopsy examination showed an involvment of the sebaceous gland, while later works find that the sebaceous glands are not involved. However recent authors grant Dr. Morrow with describing, making a diagnosis, and first giving this skin manifestation its name, of Keratosis follicularis.

In 1889 in the July number of the "Annales De Dermatolgie." Dr. J. Darier of the St. Louis Hospital in Paris made an anatome-pathological report of a skin affection which he called "Psorospermose Folliculaire Vegetante," but the description and symptoms agree with

the Keratois follicularis" as described and diagnosed and reported by J. C. White in June of the same year.

These two men worked separately and unbeknown of the others work until thier separate articles were published.

Dr. Dariers observations were taken from two cases. In these the lessions were generally scattered over the body but more severe on the scalp, face, pre-sternum: flanks but more severe in the ingiunal region. "In its first stage the elementary lesion is a small papule surrmounted by a brownish or grayish crust which is e he vated, thin, hard, and dry to the touch, and firmly adherent. When you have succeeded in removing it you see that it is veritable little horn incased in a funnel shaped depression by a conical extremity of dirty-white color semi-soft consistence, and has a fatty feeling." At the point of confluence of the lesions there is found upon the skin a brownish or parthly colored layer, more or less fatty to the touch, and there are a series of closely-packed irregular elevations, which give the hand a sensation as of passing over a file. Hypertrophic. reddish elevations the size of a lentil, or pea, or even larger having a central depressions, are at times found from which can be pressed sebaceous matter. either pure or mixed with pus."

The various types of lesions may form large confluent masses which are more aften found in the anal region, hypogastric region, and the folds of the groin. These lesions are more on the order of tumors. These so called tumors are, as shown by histiological studies, to be advanced stages of the early papules, surmounted by a peculiar crust.

The orgin of these lesions is principally at the neck of the pilo-sebaceous follicles. There is a struct-ural difference in the follicular epithelium above and below the openings of the sebaceous gland. The portion above is simular to the surface epithelium, or just an invagination. The neck is filled and dialated with the plug of horny material which projects from the surface. The hair is not involved, but either goes through or around the mass.

It was his opion that these so called horny plugs differed in this respect from the cornified productions of other affections. "A great number of these cells in the lower portion of the plugs have the aspect of quite round bodies surrounded by a refractive membrane of double contour, plainly marked, which gives them somewhat the appearance of cartilage cells enclosed in their capsules. This membrane contains a granular protoplasm, which often fills it incomplet—ely and in

the middle of which is generally seen a nucleus well defined and furnished with a nucleoles." With the above description and the absence of union of these bodies, Dr. Darier maintains these are not epidermal cells. These are considered by Dr. Darier to be parasites or organisms of the class sporozaires or psorosperms. Thus, these horny plugs are composed largely of psorosperms, epithelium bacteria, and altered pus. These psorosperms are found almost entirerly in the epithelium of the vertebrates, and live within the epithelium cells. These organisms have no movement, live within the cells, "solitary encystment not preceded by conjugation, and a relatively small number of spores which form in the cyst."

Simular bodies were also found by Bollinger in Pagents disease. Also, other men found simular bodies in epithelionas. Therefore some thought at this time these psorosperm or parasites were also the cause of these diseases.

Darier, thus, differentiated this skin disorder from Keratosis follicularis, that Dr. Morrow described, in that there were none of these bodies so described.

His final conclusions are:

1. "There exists in man a group of cutaneous diseases which merit the name of psorospermoses being due to the presence

in the epidermis of parasites of the order of sporozoaires, group psorospermies or coccidies.

- 2. "In one of these diseases the of a particular nature invade the orifices of the follicles of the skin; they present themselves under the form of round bodies, generally encysted and inclosed within epithelial cells, or as refractive grains. This accumulation constitutes a plug which projects from the orifice of the follicle."
- 3. The presence of these parasites may serve to establish the diagnosis of this disease, for they are not meet in any other affection which is clinical analogous.
- 4. "The neck of the follicle invaded becomes secondarily the seat of papillomatous vegetations, which take on an extensive development and constitute veritable tumors."
- 5. "Thes disease which can be called Follicular Vegatative Psoropermosis, should from an actiological standpoint

be closely allied to Pagents disease and very probably to Molluscum Centagiosum. ** #

Immediately many men took up the theory of Dariers, that these parasites were the etiological factor in the cause and production of the plugs in this disease. However, there were a few men who did not believe this to be true, and held to the hyper keratosis of the epithelum cells in the necks of the follicles, as found by White and Browen. In fact for two or three years after Darier's work the greatest proportion of the cases were described as "Psorospermosis Follicularis" and not as "Keratosis Follicularis."

Shortly after Darier put forth his contentions on the etiological factor of this dermatological manifestation, Dr. J. C. White had a second patient, a young girl who was the daughter of his first patient. Both cases were simular clinically in all respects to those cases of Dr. Darier. Due to Dr. White's original paper not reporting the findings of these so called psorosperm in his first case; Dr. Bowen made biopsys of each patient's skin. He used the same technic as that of Dr. Darier and found in both the so called psorosperm or inclusion bodies. Thus all cases falling under the same category.

Dr. J. C. White and Dr. Bowen then raised the question as to these bodies being the etiological factor in the

cause of this disease. These so called organisms could not be cultured, or could the disease be transmitted by auto-innoculation.

Dr. Bowen also found cells strangly resembling these bodies in question in other skin diseases. Grave suspicion was, thus, cast upon these questionable bodies being the etiological factor in the cause of assingle dermatosis.

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In Nov. of 1892 Dr. Boeck maintained that, the presence of parasitic psorosperm being the etiological factor in the cause of Darier's disease was yet to be proven. In his opinion these large round bodies, in question, were nothing else but epidermal cells which had udergone irregular cornification. He maintained the disease had, also, a connection with a seborrheic process and there was a tendency for hyper-keratosis.

In Oct. of 1892 Dr Elliott made an abstract of Dr. Neissner's paper. He claimed that due to want of proof that these so called bodies were parasities, the theory was slowly dying for want of support. That, due to the fact many men were seeing and claiming these were coccidia bodies just because they looked like them, and not being able to culture them, the evidence swayed to the fact these bodies were nothing but pathologically changed cells. Thus, the theory of Psorospermosis would

Addition to Page 14

In Nov. of 1890 Dr. Piffard made studies of these questionable bodies by means of polarized light and determined they were mothing but rete cells undergoing corneous degeneration. He was also of the belief that the simular bodies found in Pagents Disease and Cancer were nothing but degenerated cells.

in the future only be a matter of historical interest.

Thus with the works of Dr. White, Dr. Bowen, Dr. Boeck and Dr. Elliott as well as many other men, there was the swinging away of the theory of Dr. Dariers, as to the etiological factor being the parasistic psorospermes in this dermatosis.

In 1896 Dr. Darier gave a revised view-point on the pathological anatomy of the disease. This view point was a wide difference from his early presentation in 1889. In fact Dr. Darier refuted his theory of the parasitic psorospermes as being the etiological factor of the disease.

He now felt the lesions had a tendency to be around the pito-sebaceous follicles as well as around the sweat follices, even lesions in the epidermis alone. There may be these morbid areas surrounding healthy follicles. The epidermis mot connected with a hair follicle shewed that there was an infiltration at the stratum corneum (horny layer) of "keratoid masses." These have not the same structural manifestations as do the cells of the stratum corneum, but are granules. This was of great diagnostic importance.

At the border of the lesions, there could be seen fissures in the stratum mucosum (mucous layer). These fissures or cavities were caused by irritation due to

the pressure of the keratoid bodies.

The stratum granulosa was also interrupted and the cells did not contain the normal eleiden which was now absent or was gathered in little groups in the upper portion of the stratum mucosum. Thus in these cells there was a keratonization without the presence of eleiden.

The granules of the keratoid masses were round or polyhedral cells, with nuclei. Under these lesions and under the keratoid masses there were seen "Corpironds" which the foundation in the lacunae. These appeared to be intra-cellular. It was these characteristic bodies which were of value in the micro-scopic diagnosis of the disease.

The early process was granular disintegration of certain of the stratum mucosa layer cells and the "Corpi-ronds" form the foundation beneath in the lacunae, as well as on the lateral sides of these disintegrating mucous cells.

These "Corpi-ronds" appeared to be intra-cellular but appeared to be only altered mucous cells which have undergone keratonization abnormally in its mechanism, topography and even in its ultumate product, which was not eleiden.

These "Corpi-ronds" were thus no longer considered

by him to be psorospermosia or coccida bodies but altered stratum mucosum cells.

Thus, Dr. Darier changed his opinion on the pathology as well as his attitude on the eithiological cause of the disease.

Great credit was given to Dr. Darier in the microscopical pathological findings of this dermatosis, in p that subsequent biosys were required to exhibit these queer refractive bodies in order to establish an absolute diagnosis of Keratosis follicularis, if there was a questionable clinical picture.

Due to his works the disease was called Darier's Disease, as well as Keratosis follicularis.

CLINICAL PATHOLOGY

The present day concept is that there is essentially a keratosis of the mouth of the follicles, but there, also, may be an involvment of the skin surrounding a normal follicle, also skin may be involved which is in no way connected with any follicles. Mucous membranes, palms, soles, and nail-beds may also be involved.

The lesions on the scalp are much like those of a seborrhea of a crusting nature, but there is no tendency to the loss of hair. The lesions on the face, neck, back of ears, back and chest may be small papules from which fatty, horny, plugs of hard consistency may be pressed out leaving central pits. The advanced stage will be a crusting over of these papules, the crusts being of a grayish, yellow, oily, appearance and when scrapped off present red erythematous bases upon which the crusts slowly reproduce themselves. In some areas as in the ingiunal region, grain, legs, and on the scalp there may be a coalescence with the formation of papillomatous, vegetating, tumor-like growths. The advanced stages have the characteristic odor of discussmating epithelium.

In some cases there is an involvment of the mucous membrane in which there is whitish papules upon the hard and soft palate.

In a few cases there is a symmetrical hyperkeratosis of the palms and soles.

In a few cases the lesions of the nail-beds are manifested by the appearance of the nails which are dry, brittle, striated and have jagged edges.

Subjective symptoms may vary from no discomfort to much pain and pruritus of which the latter is much more severe in the summer.

Many patients noticed that summer aggravates the skin lesions and have a tendency to extend during this time. Also, winter seems to give some recession of the areas involved and relief from subjective symptoms.

PATHOLOGY

The appearance of biopsy sections is described very nicely by Dr. Darier in 1895, which is written under the heading of clinical history and pathology on page 15. It is with his work that subsequent biopsys were more easily diagnosed as Keratosis follicularis.

The present belief is that this disease is a dyskeratesis due to a disturbance in the keratinization of the excessively poliferating prickle-cells. 89

Dr. Hamdi made a study of the lacunae or hiatus between the basal cells and the Malpighian layer, and determined the changes began with an abnormal hypertrophy of the basal cells. These new fragil cells are thus torn from their parent basal cells, which are normally adherent to the prickle-cells above. There is a change in cell differentiation with the formation of elongated, round and oval cells which are very rich in protoplasm. and are slightly swollen. These cells are analagen o of prickle-cells. Some of these cells cease development and sharp margins develop around them these are known as the grain cells or "gains". Some of these "grains" develop refractive bands between the protoplasm, and the nucleus, and are known as the "corps-ronds". two types of cells are of diagnostic significance in in biopsy sections.

Brunauer showed there may be an involvment of the mucous membranes as well as characteristic lesions elsewhere. He put forth his idea, these "grains" and "corps-ronds" are cells which have undergone hyaline degeneration, and the "lacunae" are the expression of abnormal keratinization in the second and third layers of the rete. The bud like projections into the corium are due to the poliferation of the basal cells.

HEREDITY FACTOR

This skin disorder seems to have a definite familial tendency in which several members in one family may be involved. There are several instances in which the family history is negative.

Dr. Sweitzer in 1924 reported a case in which the Great-Great-Grand-Mother, Great-Grand-Father, Grand-Father, the patient and her neice were all afflicted.

Thus present in 5 generations.

Several other instances of the familial tendency can be seen in the charts.

An abstract of the charts will give more on the family-history.

TREATMENT

The present accepted treatment is the use of the x-ray in its various forms.

Mr. Scheer maintains the early lesions respond readily wheras the late stages are very resistant and almost impossible to give lasting relief.

Although hope is held out to the curing of some cases not fare advanced, no hope is in store for those cases in which the disease is wide-spread, as it will gradually extend no matter what is done.

Dr. Fred Wise had 2 cases which did not respond well to x-ray, but showed improvement with the use of the Infra-Roentgen Ray.

Dr. Andrews had one patient which failed to show improvement with large amounts of x-ray but the Infra-Roentgen-Ray gave results of much value.

FOREWARD TO CHARTS

These charts I believe are of definite value in arriving at a more thorough understanding of the picture of the disease as a whole and can be readily abstracted in any particular phase from 1886 up to the present time 1938.

Due to the fact that case historys written one after another are of no value to arrive at definite conclusions, these cases put in the chart form will be of some value.

I have abstracted 117 cases written in the American Literature from 1886 to 1938. I believe this takes almost all the cases reported in the United States as well as a few cases abstracted from the European literature.

Page 25

CHARTI

	REPORTED BY			AGE	REGION WHERE	. Al.	BIOPSY				-PR	ESE	NT	EX	TE	NT	
Na YEA	DOCTOR	SEX	AGE	0.000.000	FIRST NOTICED	FAMILY HISTORY	REPORT	SCALP	FACE	NECK	ARMS	HANDS	PA4MS	NAILS	CHEST	BACK	AXILLA
1 188	DR. MORROW	MALE	21	16	BACK OF HANDS	NO REPORT	P	SEVERE	FREE	SOME	SEVERE	SEVERE	FREE	NO REPORT	SEVERE	SEVERE	MODERATE
The second second	3	MALE	49	22	SHOULDERS	ONE DRUGHTER BELOW CASE)	CONFIRMED	SOME	SEVERE	SOME	FLEXORS SOME	SOME	FREE	SEVERE	SEVERE	MODERATE	MODERATE
3 189	5	FEMALE	21	5-6	SIDES OF FOREHEAD	FATHER (ABOVE CASE)	CONFIRMED	SOME	SEVERE	SOME	WRISTS SOME	SOME	NO REPORT	NO REPORT	SOME	NO REPORT	NO REPORT
	LUST GARTEN	MALE MALE		2 2		NEGATIVE	CONFIRMED	SOME	SOME	NO REPORT	EXTENSORS SOME	SOME	FREE	YES	SEVERE	SEVERE	NO REPORT
5 189	11	FEM ALE		,	ON FACE	NEGATIVE	CONFIRMED	SEVERE	SEVERE	SEVERE	SLIGHT	FREE	FREE	YES	SEVERE	SEVERE	NO REPORT
6 1898	12	FEMALE						SOME		No REPORT	SOME	SOME	NO REPORT	NO REPORT		NO REPORT	
	H. CURL	MEGRO MALE				NE GATIVE	CONFIRMED	NO REPORT	SEVERE	SHIGHT	NO REPORT	SLIGHT		NO REPORT		NO REPORT	
8 1900	24	MALE		29	40WER RT. CHEST		NO REPORT	FREE	FREE	FREE	FREE	FREE	FREE	FREE	LOWER CHEST	FREE	
9 190		MALE			NO REPORT	NO REPORT	NO REPORT	NO REPORT	NO REPORT	MARKED	NO REPORT	MARKED		NO REPORT	MARKED	MARKED	FREE No REPORT
	16	MALE		17	THICKENING	NE GATIVE	No.		NO REPORT	2200 5-2225-2425-	SOME	SOME	MODERATE		MODERATE		
	ABSTRACT			,	PALMS + SOLES		CONFIRMED	Sec. 10. 11.		SHIGHT	EXTENSORS						NO REPORT
1001 00	MACLEOD + COLLINS	MALE		,	No REPORT	2 BROTHERS AS BEHOW	NO REPORT	MARKED	MARKED	MARKED	MARKED	700	NO REPORT		SOME	SOME	SLIGHT
12 1908	1- 1, 17	MALE		2		2 BROTHERS IABOVE + 1 BELOW	NO REPORT	MARKED	MARKED	MARKED	MARKED		NO REPORT		SOME	SOME	SLIGHT
13 1908	.18	MALE		2		2 BROTHERS AS ABOVE	No REPORT	MARKED	MARKED	MARKED	MARKED	NO REPORT	NO REPORT			SOME	SLIGHT
	19	FEMALE		8	NO REPORT	N E GATIVE	NO REPORT	NO REPORT	SOME	SOME	NO REPORT	SOME		No REPORT		NO REPORT	NO REPORT
15 1911	ROBINSON 20	FEMALE	14	2 Mo.	BACK OF HANDS	NEGATIVE	CONFIRMED	SOME	SOME	SOME	SOME	SOME	FREE	YES	SOME	NO REPORT	SOME
16 1911	D. O. ROBINSON	FEMALE		8	ARMS	NO REPORT	CONFIRMED	SOME	SOME	SOME	SOME	SOME	FREE	YES	SOME	SOME	NO REPORT
17 1911	HARTZE44	MALE	Young	SOME YEARS	NO REPORT	NO REPORT	CONFIRMED			2	ESIONS	CHIE	FLY	LOCA	TED	0 1	
18 1911	FORDYCE 23	MRLE	34	32	NO REPORT	MOTHER	No REPORT	NO REPORT	SOME	NO REPORT	NO REPORT	SOME	SOME	No REPORT	SOME	SOME	SOME
19 1911	GOLDEN BERG	MALE	31	NO REPORT	NO REPORT	3 BROTHERS 2 COUSINS 1 DRUGHTER	No REPORT	SOME	FREE	SOME	FREE	FREE	FREE	FREE	FREE	FREE	FREE
20 1911	A ASTRACT	FEMALE	2	5 wks.	ON SCA4P	3 UNCLES 2 SECOND COUSINS ABOVE PATHER	NO REPORT	SOME	FREE	SOME	FREE	FREE	FREE	FREE	FREE	FREE	FREE
21 1913		FEMALE	35	NO REPORT	NO REPORT	NO REPORT	No REPORT	L	NIV	ERSA	PLLY		DIST	RIBO	TED	A.	44
22 1912	W.H. MOOK	J.W. MALE	45	8-9	SCA4P	NEGATIVE	CONFIRMED	SEVERE	SEVERE	SEVERE	SEVERE	SOME	SOME	No REPORT	SEVERE	SEVERE	NO REPORT
23 1112	. " " 25	MALE	18	5	EYE LIDS	NEGATIVE	CONF/RMED	SOME	SOME	SOME	SOME	NO REPORT	SOME	NO REPORT	SOME	SOME	NO REPORT
24 1913		MALE	21	4-5 Ma	5 C A 4 P	ONE BROTHER	CONFIRMED	SOME	SOME	SOME	SOME	NO REPORT	SOME	YES	SOME	SOME	SOME
25 1912	25		24	14	FACE	NO REPORT	CONFIRMED	SOME	SOME	SOME	FREE	SOME	SOME	NO REPORT	SEVERE	SEVERE	FREE
26 1913	TRIMBLE 26	A.S. MALE	34	32	FEET	MOTHER SISTER BROTHER 2 NEPHEWS	CONFIRMED	SLIGHT	SOME	NO REPORT	SOME	SOME	SOME	NO REPORT	SOME	NO REPORT	SOME
27 1914	STEL WAGON 27	A.T. MALE	48	24	NO REPORT	NO REPORT	NO REPORT	NO REPORT	ECYZMA	NO REPORT	SOME	NO REPORT	SOME	NO REPORT	SOME	SOME	SOME
28 .916	00HS + H. Fox	MALE	74	23	ABDOMEN	Washington and American	No REPORT	SEVERE	NO REPORT	NO REPORT	SOME	NO REPORT	NO REPORT	NO REPORT	NO REPORT	NO REPORT	NO REPORT
29 1916	WHITEHOUSE 29	FEMALE		13	SIDES OF HECK	No REPORT	NO REPORT	SOME	SOME	SOME	NO REPORT	NO REPORT	SOME	NOREPORT	SOME	NO REPORT	SOME
30 /9/6	M. SCHEER 30	E.E. FEMALE		2mo. 2044 41	CUBITAL SPACE OF ARM	NEGATIVE	CONFIRMED NO WERNET	FREE	FREE	FREE	SPACES SOME	FREE	FREE	FREE	FREE	FREE	FREE
31 /9/8	A. SCHALEK	W.B.E.	2.0	3 Mo. AGO.	PA4MS	NEGATIVE	CONFIRMED	SOME	MARKED	SOME	SOME	SOME	MARKED	YES	SOME	SOME	SOME
32 /9/9	BECHET 32	MALE	?	NO. REPORT	NO REPORT	MOTHER SISTER BROTHER 2 NEPHEWS	NO REPORT	SLIGHT	MARKED	SLIGHT	NO REPORT	MARKED	SEVERE	NO REPORT	SEVERE	NO REPORT	NO REPORT
	F. WISE + N.J. PARKHURST 33	MA4E		26	BACK OF HANDS	ONE DAUGHTER (DIED RECENTLY)	CONFIRMED	SOME	SOME	SOME	SOME	55	NO REPORT	YES	SEVERE		SEVERE
3× 1920	22	J.Z. FEMALE	21	13	AXI44A	NEGATIVE	NO REPORT	FREE	FREE	SOME	FREE		NO REPORT		SEVERE	SEVERE	SEVER
	W. J. CHARGIN 34	C. P. FEMALE		DN -	LOWER BACK	MOTHER .	100000	NO REPORT	NO REPORT	NO REPORT	SOME		NO REPORT			SOME .	NO REPORT
1	DR. FOX REPORTED IN 1911	L.T. FEMALE	28	8	No. REPORT	NEGATIVE	NO REPORT		5 L		LY			TEN	1	ov	ER
	J.A. BORGHOFF 36	R.S. MALE			UPPER PART OF BACK	NEGATIVE	CONFIRMED	SOME		NO REPORT	CUBITAL FOSS	FREE		NO REPORT		SEVERE	SEVERE
	HUBELO BIGOT CRILLOW	MALE	100	15	NOREPORT	NO REPORT	CONFIRMED	SAJGHT	10	NO REPORT			No REPORT				NO REPORT
	3.0	F.T. MALE			NO REPORT	No REPORT	CONFIRMED	SLIGHT		NO REPORT	EXTENSORS SOME		NO REPORT		NO REPORT		NO REPORT
	39	ABUE MAUE			NO REPORT	NO REPORT	1000	No REPORT		NO REPORT			NO REPORT			SOME	
	40	FEMALE		3		No REPORT	NO REPORT	SOME		SOME			NO REPORT				NO REPORT
Day 1	- 41	J.D.			No REPORT				SOME NO REPORT			200					
42 1922	WISE	NO REPORT	26	25	NO REPORT	No REPORT	NO REPORT	SUIGHT	NO REPORT	SEVERE	NO REPORT	NO REPORT	NOREPORT	HO REPORT	NO REPORT	SOME	NOREPORT

	REPORTED BY			AGE	REGION WHERE	1	0	01			HE	L	ESIC	INS			
Na YEA	DOCTOR	SEX	AGE		FIRST NOTICED	FAMILY HISTORY	BIOPSY	ABDOMEN	REGION	REGION	PERINEUM	THIGHS	LEGS	FEET	SOLES	MUCOUS MEMBRANES	PURITUS
1 188	DR. MORROW	MALE	21	16	BACK OF HANDS	NO REPORT	P	SEVERE	SEVERE	SEVERE	SEVERE	SEVERE	SEVERE	MODERATE	FREE	MODERATE	NONE
2 188	2	MALE	49	22	SHOULDERS	ONE DAUGHTER BELOW CASE)	CONFIRMED	SEVERE	SOME	SOME	SOME	MODERATE	SEVERE	MODERATE	FREE	SOME	SEVERE
3 189	WHITE	FEMALE	21	5-6	SIDES OF FOREHEAD	FATHER (ABOVE CASE)	CONFIRMED	SOME	SEVERE	NO REPORT	NO REPORT	SOME	NO REPORT	NO REPORT	NO REPORT	NO REPORT	NOREPORT
4 189	LUST GARTEN	MA4E	49	26	BACK OF HANDS	NEGATIVE	CONFRMED	1	SOME	MARKED	MARKED	SLIGHT	SLIGHT	NO REPORT	FREE	No REPORT	SEVERE
5 189	BOWEN	FEM A4E	29	16	ON FACE	NEGATIVE	CONFIRMED	SOME	SEVERE	SEVERE	SEVERE	NO REPORT		FREE	FREE	NO REPORT	VERY SEVERE
6 1898	E 4410T	FEMALE	50	No REBRT	NO REPORT	ONE SON + ONE DAUGHTER	CONFIRMED	NO REPORT	SOME	SOME	NO REPORT	NO REPORT	NO REPORT				
7 190.	H. CURL	MALE	28	27	ON SIDES OF NOSE	NE GATIVE	NO REPORT		NO REPORT	NO REPORT	NO REPORT	NO REPORT					
8 190	HARTZELL	MALE	35	29	LOWER RT. CHEST	NO REPORT	CONFIRMED	SIDE ONLY	FREE	FREE	FREE	FREE	FREE	FREE	FREE	FREE	No REPORT
9 190	E. STOUT	MALE	35	15	NO REPORT	NO REPORT	NO REPORT	NO REPORT	MARKED	NO REPORT	No REPORT			NO REPORT	MARKED	NO REPORT	NO REPORT
10 190	G. WENDE	MALE	37	17	PALMS + SOLES	NE GATIVE	CONFIRMED	SOME	NO REPORT	SOME	SOME	SOME	SOME	SLIGHT	MODERATE	NO REPORT	NO REPORT
11 190	MACLEOD + COLLINS	MALE	19	1	NO REPORT	2 BROTHERS AS BEHOW	NO REPORT	No REPORT	SOME	SLIGHT	SHIGHT	SOME	NO REPORT	NO REPORT	NO REPORT	NO REPORT	NO REPORT
12 1908	12 " " 12	MALE	13	1	NO REPORT	2 BROTHERS IABOVE + I BELOW	NO REPORT	NO REPORT	SOME	SLIGHT	SAIGHT	SOME	NO REPORT	NO REPORT	NO REPOR	NO REPORT	NO REPORT
13 1908		MALE	10	2	NO REPORT	2 BROTHERS AS ABOVE	No REPORT	NO REPORT	SOME	SLIGHT	SAIGHT	SOME	NOREPORT	NO REPOR	NO REPORT	IVO REPORT	NO REPORT
14 1911	G. H. Fox	FEMALE	17	8	NO REPORT	NEGATIVE	NO REPORT	SOME	NO REPORT	NO REPORT	SOME	NO REPORT	NO REPORT	NO REPORT	NO REPORT	NO REPORT	NO REPORT
15 1911	ROBINSON	FEMALE	14	2 Mo.	BACK OF HANDS	NEGATIVE	CONFIRMED	No REPORT	NO REPORT	NOREPORT	NOREPORT	NO REPORT	NO REPORT	IXO REPORT	NO REPORT	FREE	NO REPORT
16 1911	D. O. ROBINSON	FEMALE	13	8	ARMS	NO REPORT	CONFIRMED	NO REPORT	N. R.	N. R.	N. R.	N. R.	N.R.	N.R.	N. R.	N. R.	SEVERE
17 191	HARTZELL	MALE	Young	SOME YEAR	NO REPORT	NO REPORT	CONFIRMED	HEFT SIDE	N	O FU	RTHE	R M.	ENTION	OF	DISTR	BUTTON	N. R.
18 1911	FORDYCE	MRUE	34	32	NO REPORT	MOTHER	No REPORT	NO REPORT	N.R.	N. R.	SOME	SOME	N. R.	N. R.	N. R.	N. R.	ON WALKING
19 1911	GOLDEN BERG	MALE	31	No REPORT	NO REPORT	3 BROTHERS 2 COUSTNS 1 DRUGHTER	No REPORT	FREE	FREE	PREE	FREE	FREE	FREE	EREE	FREE	FREE	N.R.
20 191		FEMALE	2	5 wks.	ON SCA4P	3 UNCLES 2 SECOND COUSINS ABOVE PATHER	NO REPORT	FREE	FREE	FREE	N. R.						
21 191.	HANS RITTER	FEMALE	35	NO REPORT	NO REPORT	NO REPORT	NO REPORT	0	VER	7	HE		BOD	Y			N. R.
22 1913	W.H. MOOK	J.W. MALE	45	8-9	SCA4P	NEGATIVE	CONFIRMED	SOME	N.R.	N. R.	SEVERE	SOME	N. R	Ŋ.R.	SOME	SEVERE	SEVERE
23 1112	25	MALE	18	5	EYE LIDS	NE GATIVE	CONF/RMED	SOME	N.R.	FREE	FREE	FREE	N. R.	Ŋ. R.	N. R.	FREE	N.R
24 191	22	MALE	21	4-5 Ma	SCALP	ONE BROTHER	CONFIRMED	FEW	FREE	FREE	FREE	N. R.	SOME	SOME	SOME	FREE	N.R.
25 1913			24	14	FACE	NO REPORT	CONFIRMED	NO REPORT	N. R.	FREE	FREE	N.R.	N. R.	N. R.	N. R.	N. R.	N. R.
26 1913	TRIMBLE 26		34	32	FEET	MOTHER SISTER BROTHER & NEPHEWS	CONFIRMED	NO REPORT	N.R.	N.R.	N.R.	N. R.	N.R.	N.R.	SOME	N. R.	N. R.
27 1914	STEL WAGON 27	MALE	48	24	NO REPORT	NO REPORT	NO REPORT	SOME	N.R.	N.R.	N.R.	SOME	N.R.	N. R.	N. R.	N. R.	N. R.
28 .916	OGHS + H. Fox	MALE	74	23	ABDOMEN	NO REPORT	NO REPORT	SEVERE	N. R.	N. R.	N.R.	N. R.	N. R.	N. R.	N.R.	N.R.	N.R.
29 1916	WHITEHOUSE 29	FEMALE		/3	SIDES OF NECK	No REPORT	NO REPORT	SOME	N.R.	N.R.	SOME	SOME	N.R.	N.R.	SOME	N. R.	N.R.
30 1916	M. SCHEER 30	FEMALE		3mo. Love 41	CUBITAL SPACE OF ARM	NEGATIVE	NO MERCE	FREE	FREE	FREE	S41GHT	SUIGHT	FREE	FREE	FREE	FREE	SEVERE AT TIMES
31 /9/8	A. SCHALEK	MALE MALE	39	3 Mo. AGO.	PAUMS	NEGATIVE	CONFIRMED	SOME	SOME	SOME	SOME	SOME	N.R.	N. R.	MARKED	N.R.	SEVERE
32 1919	BECHET HUST GARTEN PREVIOUS 1891	MALE M.4.	?	No. REPORT	NO REPORT		NO REPORT	NO REPORT	N.R.	N.R.	N. R.	N. R.	N. R.	SEVERE	SEVERE	N. R.	N. R.
	F.WISE + H.J. PARKHURST 33	MALE	78	26	BACK OF HANDS	ONE DAGGHTER (DIED RECENTLY)	CONFIRMED	SEVERE	SOME	SEVERE	SOME	SOME	N.R.	N. R.	IV. R.	N.R.	SOME
3 / 192		J.Z. FEMALE C. P.	21	13	AXILLA	NEGATIVE	NO REPORT	FEW	FREE	SOME	FREE	FREE	FREE	N.A.	N. R.	N. R.	N.R.
35 192	DR. FOX REPORTED IN 1911	FEMALE U.T.	32	29	LOWER BACK	MOTHER .	NONE MADE	NO REPORT		SOME	N. R.	SLIGHT	SOME	N. R.	'N. R.	N. R.	SAZENT
36 192	FOX. 35	FEMALE	28	8	No. REPORT	NEGATIVE	NO REPORT	7	HAT	- () F	10	YEAR	S	A G 0 -		N.R.
37 192	J.A. BORGHOFF 36	R.S. MALE	27 Mg	21 Ma.	UPPER PART OF BACK	NEGATIVE	CONFIRMED	SEVERE	N. R.	SUIGHT	SLIGHT	SOME	N. R.	N.R.	SHIGHT	SEVERE	SEVERE
38 192	HUDELO BIGOT CALLOW	MALE F.T.	16	15	NOREPORT	No REPORT	CONFIRMED	NO REPORT	N.R.	N.R.	N.R.	N. R.	N. R.	N. R.	N. R.	N. R.	N.R.
39 192	ABRAMOWITZ	MALE	24	22	NO REPORT	No REPORT	CONFIRMED	NO REPORT	N.R.	N.R.	N. R.	N. R.	N.R.	N. R.	N. R.	N. R.	N. R.
40 192	LANE 39	MAUE	24	18	NO REPORT	NO REPORT	NO REPORT	NO REPORT	N.R.	N. R.	N.R.	N. A.	N. R.	N. R.	N. R.	N.R.	N.R.
41 192	BECK MANY	FEMALE	45	3	No REPORT	No REPORT		No REPORT		N.R.	N.R.	SOME	N. R.	N. R.	/Y. R.	N. R.	N.R
42 1923	WISE	J.P. No REPORT	26	25	No REPORT	NO REPORT	NO REPORT	NO REPORT	N. R.	N.R.	N.R.	N. R.	N.R.	N. R.	N. R.	N. R.	N.R.

	REPORTED BY			AGE	REGION WHERE	1	0-		
Na YEA	DOCTOR	SEX	AGE	The second second	FIRST NOTICED	FAMILY HISTORY	BIOPSY	TREATMENT	RESULTS
1 1886	DR. MORROW	MALE	21	16	BACK OF HANDS	NO REPORT	?	NONE REPORTED	NONE REPORTED
2 188	W HITE	MALE	49	22	SHOULDERS	ONE DAUGHTER BELOW (ASE)	CONFIRMED	NONE REPORTED	NONE REPORTED
3 189	WHITE	FEMALE	21	5-6	SIDES OF FOREHEAD	FATHER (ABOVE CASE)	CONFIRMED	NONE REPORTED	NONE REPORTED
	LUST GARTEN	MA4E	49	26	BACK OF HANDS	NEGATIVE	CONFRMED	NONE REPORTED	NONE REPORTED
5 1896	11	FEM ALE	29	16	ON FACE	NEGATIVE	CONFIRMED	SULPHUR+SALICYLIC ACID DINTMENT DAILY WASHING SCALP	CLEARED TO SHIGHT DEGREE ON FACE + SCALL
6 1898	//2	FEMALE	50	No REBAT	NO REPORT	and the second s	CONFIRMED	AGE OF 39 PREAS ON KNEES + FEET CURETTED	WELL UNTIL AYR. AGO NOW SEVERE AS BEFORE
	H. CURL	MA4E			ON SIDES OF NOSE	NE GATIVE	NO REPORT		
8 1906	14	MALE			LOWER RT. CHEST	NO REPORT	CONFIRMED	NONE REPORTED	NO NE REPORTED
9 1906	15	MALE			NO REPORT	NO REPORT			MUCH IMPROVEMENT IN AREAS EXPOSED + AREAS NOT EXPOSED
	G. WENDE	MALE			PALMS + SOLES	NE GATIVE	CONFIRMED	X-RAY	SUPERFICIALLY OF SOME VALUE NO AFFECT ON PARE
	MACLEOD + COLLINS	MALE		1	NO REPORT	2 BROTHERS AS BELOW	NO REPORT	NONE REPORTED	NONE REPORTED
12 1908	12	MALE		,		2 8ROTHERS 1ABOVE + 1 BELOW	NO REPORT	NONE REPORTED	NONE REPORTED
13 1908	77	MALE		2	NO REPORT	2 BROTHERS AS ABOVE	No REPORT	NONE REPORTED	NONE REPORTED
14 1911	G. H. Fox	FEMALE		8	NO REPORT	NE GATIVE	No REPORT	X-RAY (007.25 - DEC.29)	GREAT DEAL OF IMPROVEMENT
15 1911	19	FEMALE		2 Mo.	BACK OF HANDS	INEGATIVE		11	NONE REPORTED
16 1911	20	FEMALE	1. 1	9	ARMS	NO REPORT	CONFIRMED	NONE REPORTED	NONE REPORTED
17 1911	21	AW COLO		0			CONFIRMED	21 42 42 - 22 4	NONE REPORTED
18 1911	FORDYCE 23		34	SOME YEAR	NO REPORT	NO REPORT	CONFIRMED	NONE REPORTED	
	23				NO REPORT	MOTHER	No REPORT		
20 1911	23	MALE		NO REPORT		3 BROTHERS 2 COUSTNS 1 DRUGHTER	1000	NONE REPORTED	NONE REPORTED
	ASTRACT		2	5 wks.	ON SCA4P	3 UNCLES 2 SECOND COUSINS ABOVE PATHER		NONE REPORTED	NONE REPORTED
21 /9/3	25	J.W.	0		NO REPORT	No REPORT	NO REPORT	2 SUCCESIVE DOSES OF X-RAY OVER EVERY PREA	VERY GOOD RESULTS
22 1912	W. H. Mook	MALE		1000	SCA4P	NEGATIVE	CONFIRMED	X-RAY FOR LAST TYRS.	PLMOST ALL GONE ECCEPT FEW IN GLUTEAL REGA
23 1112	28		18	5	EYE LIDS	NEGATIVE	CONFIRMED	X-RAY FOR A FEW WKS.	SOME IMPROVEMENT - BUT PATIENT LEFT
24 1913	25	MALE	*	4-5 Ma		ONE BROTHER	CONFIRMED	X-RAY EVERY 2-3 DAYS GO TREATMEN.	
25 /9/2	46	A.S.	24	14	FACE	NO REPORT	CONFIRMED	X-RAY	MARKED IMPROVEMENT
26 1913	TRIMB4E	A.T.	34	32	FEET	MOTHER SISTER BROTHER & NEPHEWS	CONFIRMED	NONE REPORTED	NONE REPORTED
27 1914	STEL WAGON	MALE		24	NO REPORT	NO REPORT	NO REPORT	NONE REPORTED	NONE REPORTED
	OGHS + H. Fox	MALE		23	ABDOMEN	NO REPORT	NO REPORT	NONE REPORTED	NONE REPORTED
29 1916	WHITEHOUSE	FEMALE EE		13 2mo. Long	SIDES OF NECK	No REPORT	AND REPORT	NONE REPORTED	NONE REPORTED
30 /9/6	M. SCHEER	FEMALE W.B.E.		41 3 Mo. AGO.	CUBITAL SPACE OF ARM	NEGATIVE	NOWERNAL	X-RAY IUNIT IN 4 DIVIDED DOSES	IN 3WKS. PATCHES FLATTENED OUT
	A. SCHALEK	MALE	39	39	PA4MS	NEGATIVE	CONFIRMED	X-RAY	3 MO. MARKED SMPROVEMENT
32 1919	BECHET LUST GARTEN PREVIOUS 1891	MALE M.4.	202	No. REPORT	NO REPORT	MOTHER SISTER BROTHER 2 NEPHEWS	NO REPORT	NONE REPORTED	NONE REPORTED
33 , 92	F. WISE + H.J. PARKHURST 33	MA4E J.Z.	78	26	BACK OF HANDS	ONE DAUGHTER (DIED RECENTLY)	CONFIRMED	NONE REPORTED	NONE REPORTED
3 / 1920		FEMALE C. P.	21	13	AXILLA	NEGATIVE	NO REPORT	& UNIT DOSES ONCE EVERY 2WKS. : FOR GWKS.	ALL SHOW TO SO IMPROVMENT EXCEPT IN AXILLA
35 192	W. J. CHARGIN 34	FEMALE L.T.	32	29	LOWER BACK	MOTHER .	NONE MADE	NONE REPORTED	NONE REPORTED
36 1921		FEMALE R.S.	28	8	No. REPORT	NEGATIVE	NO REPORT	X-RAY + RADIUM IN LAST 10YRS.	REMOVED SOME AREAS BUT ALWAYS NEW PREERES
37 1921	J.A. BORGHOFF 36		27 Mg.	21 Mo.	UPPER PART OF BACK	NEGATIVE	CONFIRMED	X-RAY	SOME IMPROVMENT BUT PROBRESSED
38 1921	HUBELO BIGOT CAILLOW	MALE F.T.	16	15	NOREPORT	No REPORT	CONFIRMED	NONE REPORTED	NONE REPORTED
39 1921	ABRAMOWITZ 38	MALE	24	22	NO REPORT	No REPORT	CONFIRMED	NONE REPORTED	NONE REPORTED
40 1923	LANE	MAUE	24	18	NO REPORT	NO REPORT	NO REPORT	NONE REPORTED	NONE REPORTED
41 1922	BECK MANN	FEMALE	45	3	No REPORT	No REPORT	NOREPORT	X-RAY	DISAPPEARED LEAVING ATROPHY OF EXPOSED SKIN
42 1922	WISE	J.P. No REPORT	26	25	No REPORT	NO REPORT	NO REPORT	NONE REPORTED.	NONE REPORTED

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		REPORTED BY			AGE FIRST	REGION WHERE		BIOPSY				PR	ESEN	VT	EX	TEN	T	
NO.	EAR	DOCTOR	SEX	AGE	NOTICED	FIRST NOTICED	FAMILY HISTORY	REPORT	SCALP	FAGE	NECK	ARMS	HANDS	PALMS	NAT45	CHEST	BACK	AXILLA
43 /	922	LIPPERT ABSTACT	MALE	35	N.R.	N.R.	N. R.	N.R.	N.R.	N.R.	N. R.	N.R.	N. R.	N.R.	N.R.	N. R	N.R.	N.R.
441	922 .	40USTE + BARBIER	FEMALE	36	SINCE BIAT	+ N. R.	N. R.	CONFIRMED			INV	OLVI	MENT	T = I	\$	GENE	RAL	No
45/	923	SKLARTZ 44	MALE	43	N.R.	N. R.	N. R.	N.R.			-IN V	14 V1	NENT	- IS		GENE	RAL	No
46 1	923	BRUNIER + REJSEK	FEMA4E	24	18	RIGHT AX144A	NEGATIVE	CONFIRMED	N.R.	N.R.	SOME	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	SOME
47.	923	ESCHER + PRUTRIER	MALE	21	18	' N. R.	N. R.	CONFIRMED	N. R.	SOME	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	SOME
48/	923	MAC DONALD 47	SCHOOL SCHOOL STATE	20	12	N.R.	N. R.	NOT DONE	FREE	N.R.	N.R.	SOME	SOME	N.R.	N.R.	SOME	SOME	N.R.
491	923	H. FOX	FEMALE	MRS.R. 71	69	N.R.	NEGATIVE	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	IV.R.	N.R.	N.R.
501	924		F.F. FEMALE MRS. MCK.	21	13	CHIN	NEGATIVE GREAT-GRAND-FATHER GRAND-FATHER	N.R.	SOME	SOME	N.R.	N.R.	SOME	N.R.	N.R.	N. R.	N.R.	IV.R.
511	924		FEMALE	34	26	N.R.	FRINER & NEICE AS BELOW CASE GREAT- GREAT- GRAND-FATHER & GRAND-FATHER	CONFIRMED	SOME	SOME	SOME	N.R.	SOME	N.R.	N.R	SUZEHT	SOME	SOME
521	924	" " 50	FEMA4E	11	N.R.		GREAT-GRAND-FATHER AUNT ABOVE CAS		N.R.	N.R.	SOME	N.R.	N.R	N.R.	IV. R.	N.R.	N.R.	N.R.
53/	924	W. H. SCHNEIDER	MALE	42	12	BACK OF HANDS	SON AS BEYOW CASE	CONFIRMED			-INV	104 V.	MEN	7	75	-	FRALI	
54 /	924	51		11	N.R.	N. R.	FATHER ABOVE CASE	CONFIRMED			-/N V	0 4 V 1	MENT	1	S	GEN.	ERALI	ZED
55	925		MRS. S FEMALLE	52	45	RIGHT BREAST	NEGATIVE 9. LIVING CHILDREN	NONE DONE	SOME	N.R.	N.R.	N.R	N.R	N.12	N.R.	SOME	SOME	SOME
56	925	FREE MAN	FEMALE	47	32	SIDES OF ABDOMEN		CONFIRMED	N.R.	SOME	N.R.	N.R.	SOME	N. R.	N.R.	N.R.	N.R.	N.R.
57	925	MILIAN + PERIN	FEMA4E	24	15	N. R.	N. R.	N.R.	N.R	N.R.	N.R.	N.R.	SOME	N.R.	N.R.	SOME	SOME	N.R.
58 /	426	PHILLIPS 55	MALE	55	7	N.R.	FATHER + I SONE MINOR SON) FREE	N.R.	SEVERE		N.R.	N.R.	N.R.	IV.R	N.R	SEVERE	SEVERE	SEVERE
59	926	B. FOX 1921 56	FEMALE	33	8	N. R.	NEGATIVE	N. R.		- RE	POR	$T \in D$	IN	1911	+ 192	1 5	INCL	
60	926	VVHITEHOUSE 57	FEMA4E	32	27	N.R.	GRAND-MOTHERS MOTHERS 2 UNCLES I BROTHER POSSIBLE DAOBHTER AC/2	N.R.	N.R.	SOME	SOME	N.R.	N.R.	SOME	N.R.	N.R.	SOME	N.R.
61	927	FINK 58	MALE	18		FOREHEAD + SCALP AFTER BOIL ON FOREHEAD	N. R.	N.R.	SOME	SOME	N.R.	N.R.	SOME	N.R.	N. R.	SOME	SOME	N.R.
62	928	LANE	FEMA4E	18		ANTERIOR PORTION OF SCALE	N. R.	N. R.	SEVERE	SEVERE	SOME	SOME	S4IGHT	SOME	N.R.	N.R.	N.R.	N.R.
63	928	VALKER 60	FEMAUE	15	3	HANDS	N.R.	N.R.	N.R.	SOME	SOME	N. R	SOME	SOME	N.R.	N.R.	N.R.	N.R.
64	928	CANNON	MAUE	A DUUT	4 Y RS. 1960	BACK OF HANDS	NEGATIVE	CONFIRMED	SEVERE	SOME	SEVERE	SOME	SOME	N.R.	SOME	SOME	SOME	SOME
65	929	H. Fox 62		22	18	GENERALIZED	NEGATIVE	CONFIRMED	FREE	N.R.	N.R.	SOME	N.R.	N.R.	N.R	SOME	SOME	N.R.
66	929	TRAUB 63	L.A. FEMALE	35	17	NECK	? FATHER TSISTER HAD SOMETHING SIMULAR BUT GOT BETTER WITH ARSENCE	CONFIRMED	N.R.	SOME	SOME	G E	NER. A	41ZE	D	OVE	R B	DDY
67 1	929	MONSERRAT FERNANDEZ + VAZ QUEZ	MALE	MAN	2YRS. AGO	NECK + CHEST	NEGATIVE	CONFIRMED	N.R	N.R.	SOME	SOME	N.R.	N.R.	N.R.	SOME	N.R.	SOME
681	930	KEIM 65	P.W. MALE	17	13	BACK + LEGS	NEGATIVE	CONFIRMED	SOME	N.R	N.R.	SOME	N.R.	N.R	N. R.	SOME	SOME	N.R.
69	930	C.E. SCHOFF	FEMALE	22	8	FACE SCAUP BASEOFNECK	NEGATIVE	CONFIRMED	SOME	SOME	SOME	SOME	N. R	N.R.	N.R.	N. R.	N.R.	SOME
70	930	n n n 66	FEMALE	31	7	BASE OFNECK + AXILLA	MOTHER + SISTER + BELOW DAUGHTER	CON FIRMED	N.R.	N.R.	SOME	N.R.	N.R.	N.R	N.R	SOME	SOME	SOME
71/	930		FEMALE	10	7	BASE OF NECK	GRANG - MOTHER + AUNT + ABOVE MOTHER	CONFIRMED	N.R.	N.R	SOME	N. R	N.R.	N.R.	N. R.	N.R.	N. R.	IV. R.
72	930 .	S.E. SWEITZER	FEMALE	39	26	NR.	SAME AS IN 1924	CONFIRMED	SOME	SOME	SOME	N.R.	SOME	N.R.	N.R.	SOME	SOME	SOME
73 /	931	GILLES PIE 69	AS. FEMALE	8	7	N.R.	MOTHER + 2 BROTHERS BELOW	N.R.	SUSGHT	SOME	SOME	N.R.	N.R.	N.R.	NR.	SOME	N.R.	N.R.
74 1			MALE	20	8	FACE + SCALP	MOTHER + 1 88STER + ABOVE BROTHER	N.R.	SOME	SOME	N.R.	SOME	N.R.	N.R.	N.R.	SOME	SOME	N.R.
75	931	P. BEGNET	S.C. FEMALE	28	28	NECK	N. R.	N.R.	SOME	N.R.	SOME	SOME	N.R.	SOME	N.R.	SOME	SOME	N.R.
76	931	A. WALZER 71	4. T FEMALE	39	16	FACE		CONFIRMED	SEVERE	SEVERE	SOME	SOME	N.R.	N.R.	SOME	SOME	SOME	SEVERE
77	932	E. TROW 72	MA4E	25	10	N. R.	N. R.	N. R.	SOME	N.R.	N.R	N.R.	N.R.	N.R.	N.R.	SOME	SOME	N.R
78	932		MISS. A.R. FEMALE	21	9	N.R.	N.R.	N. R.				A4IZ	FD	D	1ST	RIBU	TION	1
79	932	M. BROWN 74	MALE	35	29	N. R.	N. R.	NONE DONE		·A	MI	4 D	CA	SE	BU	Τ,	Vo	7 7 7
80 /	932	M.T. VAN STUDDIFORD	MALLE	32	13	CHEST + FACE	N. R.	CONFIRMED	SLIGHT	SOME	N.R.	SOME	N.R.	N.R.	N.R.	SOME	SOME	N.R.
81	932	A. WALZER 76	FEMA4E	29	14	FOREHERD	N. R.	N.R.	SOME	SOME	SOME	N.R.	N.R.	N.R.	N.R	SOME	SOME	N.R.
82	932		G.M. FEMALE	29	29	N.R.	N.R.	NONE DONE	N.R.	N.R.	SOME	SOME	N.R.	N.R	N.R	SOME	SOME	N.R.
		78	G.R. FEMALE	23	13	N.R.	GRAND-MOTHER + MOTHER	CON FTAMES	SOME	SOME	SOME	N.R.	SOME	SOME	N.R.	N.R.	SOME	N.R.
		10	MALE			LEFT RESOMEN LEFT REM	11 -	CONFIRMED	N.R.	N.R.	N.R.	SOME	N.R	N.R.	N.R.	SOME	SOME	N.R.

		REPORTED BY			FIRST	REGION WHERE		BIOPSY	OF		THE		LE	SION	VS			
NO.	EAR	DOCTOR	SEX	AGE	NOTICED	FIRST NOTICED		REPORT	ABDOMEN	REGION	SACRAL REGION	PERINEUM	THIGHS	LEGS	FEET	SOLES	MUCOUS	PURITUS
43 /	922	LIPPERT ABSTACT	MALE	35	N.R.	N.R.	N. R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R
441	922	LOUSTE + BARBIER	FEMALE	36	SINCE BIAT	" N. R.	N. R.	CONFIRMED	1	1 E N	TIO	N	OF	015	TRAL	BUTIO	N	N.R.
45/	923	SKLARTZ 44	MALE	43	N.R.	N. R.	N. R.	N.R.	N	1E N	T10,	V	OF	DIS	TRIL	BUTI	DN	N.R.
46 1	923		FEMA4E	24	18	RIGHT AX144A	NEGATIVE	CONFIRMED	SOME	N.R.	N.R.	N.R.	N.R.	N.R.	N. R.	N.R	IV.R.	N.R.
47	923	ESCHER + PAUTRIER	MALE	21	18	' N. R.	N. R.	SCRAPINGS CONFIRMED	SOME	N.R	N.R.	N.R.	N.R.	N.R.	N.12.	N.R.	N.R.	N.P.
48	923	MAC DONALD 47	MALE	20	12	N.R.	N. R.	NOT DONE	N. R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	NONE
491	923	H. FOX 48	FEMALE	MRS.R. 71	69	N.R.	NEGATIVE	CONFIRMED	SOME	N.R.	N.R.	N.R.	RT. SIDE SOME	SOME	N.R.	N.R	N.R.	SOME
501	924		F.F. FEMALE	21	13	CHIN	NEGATIVE GREAT-GRAND-FATHER GRAND-FATHER	N.R.	N.R.	N.R.	N.R.	N.R.	N.R	N.R.	N.R.	N.R.	N.R.	NONE
511	924		FEMALE	34	26	N.R.	FATHER BELOW CASE	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
521	924	50	FEMA4E	11	N.R.		GREAT-GREAT-GRAND-FATHER GRAND-FATHER GREAT-GRAND-FATHER AND ABOVE CAS		N.R.	N.R.	N.R.	IV. R.	N. P.	N.R.	N.R.	N.R.	N.R	N.R.
53/	924	W. H. SCHNEIDER	MALE	42	12	BACK OF HANDS	SON AS GEYOW CASE	CONFIRMED	No	MA	NTI	on c) F	D 15	TRIB	UTIO	N	N.R.
54	924	51		11	N.R.	N. R.	FATHER ABOVE CASE	SON FIRMED	No	M	NTIC	ON C	F	DIST	FRIBO	TIO.	v	N.R.
55	925		MRS. S FEMALE	52	45	RIGHT BREAST		NONE DONE	SOME	N.R.	N.R.	N.R.	N.R	N.R.	N.R.	N.R.	N.R.	NONE
56	925	FREE MAN	FEMA4E	47	32	SIDES OF ABDOMEN	NEGATIVE CHILDREN	CONFIRMED	SOME	N.R	N.R.	N. R.	N. R.	N.R	N. R.	N.R.	N.R.	N.R.
57	1925	MILIAN + PERIN	FEMA4E	24	15	N.R.	N. R.	N.R.	N.R.	N.R.	N.R	N. R	N. R	N. R	N.R.	N.R.	N. R.	N.R.
58	926	PHILLIPS 55	MALE	55	7	N.R.	FATHER + I SONE MININERS PLANE	N.R.	N.R.	SEVERE	N.R.	N.R.	N.R.	SOME	N.R.	N.R.	N.R.	SEVERE
59	926	B. FOX	FEMALE	33	8	N. R.	NEGATIVE	N.R.	TA	EN	GA	RADU	ALLY	PA	OGRE	SSED		N.R.
60	926	VVHITEHOUSE 57	FEMA4E	32	27	N.R.	GRAND-MOTHERS MOTHERS 2 UNCLES / BROTHER POSSIBLE DAOBHTER AC/2	N.R.	N.R.	N.R.	N.R.	N.R.	N. R.	N.R.	SOME	N.R.	N.R	N.R.
61	927	FINK 58	MALE	18		FOREHEAD + SCALP AFTER BOIL ON FOREHEAD	N. R.	N.R.	N.R.	N.R.	N. R.	N.R.	N.R.	N. R.	N. R.	N.R.	SOME	SEVERE
62	928	LANE	FEMA4E	18		ANTERJOR PORTION OF SCALE	N. R.	N. R.	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	SOME	N.R.	SOME
63	1928	VALKER 60	FEMALE	15	3	HANDS	N. R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N. R.	SOME	N.R.	N.R.	NONE
64	1928	CANNON	MAUE	A DUUT	4 Y RS. 1960	BACK OF HANDS	NEGATIVE	CONFIRMED	SOME	N.R.	N.R.	N.R.	SOME	N.R.	N. R.	N.R.	SOME	N. R.
65	929	H. Fox 62		22	18	GENERALIZED	NEGATIVE	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R	SEVERE	N. R.	N.R.	N.R.	N. R.
66	929	TRAUB 63	L.A. FEMALE	35	17	NECK	? FATHER TSISTER HAD SOMETHING SIMULAR BUT GOT BETTER WITH ARSENCE	CONFIRMED	- NO	REP	ORT	OF	ANY	OTH	ER A	REAS		*
67	929	MONSERRAT FERNANDEZ + VAZ QUEZ	MALE	MAN	2YRS. AGO	NECK + CHEST	NEGATIVE	CONFIRMED		AYS	OTH.	ER A	REAS	SLIGI	HT BO	T No	MENTIO	N.R.
681	930	KEIM 65	P.W. MALE	17	13	BACK + LEGS	NEGATIVE	CONFIRMED	N.R.	N.R	N.R.	N.R.	N.R.	SOME	N.R.	N. R.	N.R.	N.R.
69.	1930	C.E. SCHOFF	FEMALE	22	8	FACE SCAUP BASEOFNECH	NEGATIVE	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N. R.	N.R.	N.R.	N.R.	N. R.	N.R.
70	930		FEMALE	31	7	BASE OFNECK + AXILLA	MOTHER + SISTER + BELOW DAUGHTER	CON FIRMED	N.R.	N. R.	N.R.	IV. R.	N. R.	IV. R.	N.R.	N.R.	N. R.	N.R.
71	930		FEMALE	10	7	BASE OF NECK	GRAND MOTHER + AUNT + ABOVE MOTHER	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N. R.	N.R.
72	930	S.E. SWEITZER	FEMALE	39	26	NR.	SAME AS IN 1924	CONFIRMED	N.R.	N.R.	N. R.	N. P.	N. R.	N.R.	N.R.	N.R	N.R	N.R.
73	931	GILLES PIE 69	AS. FEMALE	8	7	N.R.	MOTHER + 2 BROTHERS BELOW	N.R.	N. R.	N.R.	N.R.	N. R.	N.R.	N.R.	N.R.	N.R	N.R.	N.R.
74	- 1		MALE	20	8	FACE + SCALP	MOTHER + 1 SESTER + ABOVE BROTHER	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	SOME	N.R.	N.R.
75	931	P. BEGNET	S.C. FEMALE	28	28	NECK	N. R.	N.R.	N.R	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	FREE	N.R
76	931	A. WALZER TI	4. T FEMALE	39	16	FACE		CONFIRMED	SOME	SEVERE	N.R.	SEVERE	N.R.	N.R.	N.R.	BAR.	SOME	N.R
77	932		MA4E	25	10	N. R.	N. R.	N. R.	SOME	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	N.R.	SOME	N.R.
78	932	4. HOLLANDER	MISS. A.R. FEMALE	21	9	N.R.	N.R.	N. R.	No		E PO		F	PREA.	s IN	VOLV.	FD	N.R.
79	932	M. BROWN	B.M. MALE	35	29	N. R.	N. R.	NONE DONE		REA	ORT	0.	FA	REAS	IN	VOLVE	D	IV. R.
80 1	932	M.T. VAN STUDDIFORD	MALLE	32	13	CHEST + FACE	N. R.	CONFIRMED	SOME	N.R.	SOME	SOME	SEVERE	SOME	SHIGHT	SEVERE	SOME	SEVERE
81	932	A. WALZER 76	FEMA4E	29	14	FOREHERD	N. R.	N. R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
82	932		G.M. FEMALE	29	29	N.R.	N.R.	NONE DONE	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
	-	78	G.R. FEMALE	23	13	N.R.	GRAND-MOTHER + MOTHER	CON FTAMES		N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
		of co	MALE	38	17	LEFT REDOMEN LEFT REM	N.R.	CONFIRMED	LEFT SIDE SOME	N.R	N.R.	IV.R.	N.R.	N.R.	N.R.	N.R.	N.R.	SOME

		REPORTED BY			FIRST	REGION WHERE		BIORSY	Long to the second seco	
NO.	EAR	DOCTOR	SEX	AGE	NOTICED	FIRST NOTICED	FAMILY HISTORY	REPORT	TREATMENT	RESULTS
43	922	LIPPERT ABSTACT	MALE	35	N.R.	N. R.	N. R.	N.R.	NONE REPORTED	NONE REPORTED
441	922	40USTE + BARBIER	FEMA4E	36	SINCE BIRD	" N. R.	N. R.	CONFIRMED	N. R.	N. R.
45	923	SKLARTZ 44	MALE	43	N.R.	N. R.	N. R.	N.R.	N. R.	N. R.
		45	FEMA4E	24	18	RIGHT AX144A	NEGATIVE	CONFIRMED	N. R.	N.R.
	and the same	ABSTRACT.	MALE	21	18	' N. R.	N. R.	SCRAPINGS CONFIRMED	N. R.	N. R.
48	923	MAC DONALD 47	MALE		12	N.R.	N. R.	NOT DONE	N.R.	N. R.
199	10000	418	FEMALE	MRS.R.	69	N.R.	NEGATIVE	CONFIRMED	N. R.	N. R.
50	924	THORNLEY 49	F.F. FEMALE	21	13	CHIN	NEGATIVE	N.R.	X-RAY FOR LAST 2 WKS.	ERYTHEMAE NO RESULTS CANBERGAD
511	924		MRS. MCK. FEMALE	34	26	N.R.	GREAT-GRAND-FATHERZ GRAND-FATHER FRIHER 3 NEICE AS BELOW CASE	CONFIRMED	IV. R.	N. R.
52		50	FEMA4E	11	N.R.	N.R.	GREAT-GREAT-GRAND-FATHER GRAND-FATHER GREAT-GRAND-FATHER AUNT ABOVE CASE	N.R.	N.R.	N.R.
		W. H. SCHNEIDER	MALE	42	12	BACK OF HANDS	SON AS BEYOW CASE	CONFIRMED	N. R.	N. R.
54	0,700	6.1	MALE	11	N.R.	N. R.	50000	CONFIRMED	4.5	N.R.
000			MRS. S FEMALLE	52	45	RIGHT BREAST		NONE DONE		CONSIDERABLE IMPROVEMENT
		53	FEMA4E			SIDES OF ABDOMEN	NEGATIVE	CONFIRMED	N. R.	N. R.
		ABSTRACT	FEMA4E	24	15	N.R.	N. R.	N.R.	N. R.	N. R.
58		PHILLIPS 55	KH. MALE		7	N.R.	FATHER + I SONE MNOHER SON) FREE	N.R.	N. R.	N.R.
		B. FOX	U.T. FEMALE		8	N. R.	NEGATIVE	N.R.	X-RAY + RADIUM SINCE 1911	PROGRESSED DESPITE TEMPORARY RELIEF
60		57	FEMAN	3.2	27	N.R.	GRAND-MOTHERS MOTHERS 2 UNCLES 1 BROTHER POSSIBLE DAGBATER AC/2	N.R.	N. R.	N.A.
61		FINK 58	MALE	18	11	FOREHEAD + SCALP	N. R.	N.R.	N.R.	N. R.
62		LANE	FEMA4E		11	AFTER BOIL ON FOREHEAD ANTERIOR PORTION OF SCALE	N. R.	N. R.	XRAY	SOME RELIEF & HYPERKERATOSIS OF PALMS PLLEVATED
63	1000	VALKER 60	FEMALE		3	HANDS	N.R.	N.R.	$\chi - RAY$	S'LIGHT IMPROVEMENT
64	1500	CANNON 61	MAUE	P ADUU	4 Y RS, AGO	BACK OF HANDS	NEGATIVE	CONFIRMED	N. R.	N. R
65		H. Fox 62	I.M. FEMALE	22	18	GENERALIZED		CONFIRMED	A	HARDLY NOTICEABLE ON SIDES OF TRUNK
66		TRAUB 63	L.A. FEMALL	35	17	NECK	? FATHER ASISTER HAD SOMETHING SIMULAR BUT GOT BETTER WITH ARSENCE	CONFIRME	and the second s	N.R.
		MONSERRAT 64 FERNANDEZ + VAZ QUEZ	MALE	YOUNG	2YRS.	NECK + CHEST	A1 = 4 ======	CON FIRMED	u P	N. R.
681	200	KEIM 65	P.W. MALE		13	BACK + HEGS	A/5 4 = ==	CONFIRMEL	4/ 0	N. R.
		66	FEMALE		8	FACE SCAUP BASEOFNECK	NEGATIVE	CONFIRMED	V 5	NO REPORT
		66	FEMALE		7		MOTHER + SISTER + BELOW DAUGHTER	1000000		N. R.
71	0.01		FEMALE		7		GRANG MOTHER + AUNT + ABOVE MOTHER	2 70 000	0 % 0	No R.
		S.E. SWEITZER	FEMALE			NR.	777	CONFIRMED	ACOTE WEEPING ERRUPTION ON FOREMEND	WEEPING ERRUPTION GREATLY IMPROVED
		68 SEE 65	A C	1	7	N.R.	MOTHER + 2 BROTHERS BELOW		N.R.	N. R.
74.		1.0	C.S. MALE			FACE + SCALP	MOTHER + I SISTER + ABOVE BROTHER	N.R.	N.R.	N. R.
Committee of the			S.C. FEMALE			NECK	N. R.	N.R.	N. R.	N.R.
Name of Street		7.1	4. T FEMALE		16	FACE	N.R.	CONFIRMED	X-RAY + RADIUM	TEMPORARY RELIEF BUT PROGRESSED SHOWLY
10 (1)		E. TROW 12	MA4E		10	N. R.	N. R.	N. R.	N. R.	N.R.
10000	200	7.3	MISS. A.R.		9	N.R.	N. R.	N. R.	INTRAVENOUS NATTHEO SOLPHATE SINTRAMOSCOLAR WHOLE BLOOD COT OUT ON OIET TO WHICH SENSTITLE	SOME IMPROVEMENT NOTED
		M. BROWN 74	8.M. MALE		29	N. R.	44.02	NONE DONE	/ v n = /	MUCH FLATTENING + IMPROVEMENT
	1000		S.J. NEGRO			CHEST + FACE	N. R.	CONFIRMED		TEPORARY RELEEF, NOW REAPPEARING + PROGRESSING
12	Acres 1	A. WALZER 76	F.F. FEMA4E		14	FOREHERD	N. R.	N. R.	ELTRA -VIOLET-RAYSINJECTIONS ? SHOCAL BAPLICATEM	N R.
100	1000	77	G.M. FEMALE			N.R.	1/ 5	NONE DONE	5 DOSES OF 4 UNITS ABOUT TO ROENTGENS	NO A PPARENT BENEFIT ASYET
	-	78	G.R. FEMALL			N.R.	GRAND-MOTHER + MOTHER		N. R.	N.R.
		of re	C.A. MALE			HEFT CHEST HEFT ABDOMEN HEFT ARM	N.R.	CONFIRMED	N. R.	N.R.

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CHART III

1		REPORTED BY			AGE	REGION WHERE		BIOPSY	_ 0	F	THE		ESIOI	vs				
No.	EAR	DOCTOR	SEX	AGE		FIRST NOTICED	FAMILY HISTORY	REPORT	ABDOMEN	PUBIC REGION	REGION	PERINEUM	THIGHS	LEGS	FEET	SOLES	MUCOUS	PURITUS
85	933	HE. MICHELSON	J.C. FEMALE	17	8	PALMS	N. R.	N.P.	N.R.	N:R	N. R.	N. R.	N.A.	N.R.	N. R.	SOME	SOME	N.A
86	1933	B.M. KESTEN	MALE	25	4-6	HAND + PALMS	NEGATIVE	CONFIRMED	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	N.R.	N.R.	N.R.	N.R.
87	1933	C.O. WEST 82	FEMALE	52	15	FACE	2 DAUGHTERS BELOW	N. R.	No	M	ENTIC	N O	F A.	REAS	INV	PAVEL		N.R.
88	1933	62	FEMALE	24	10	N.R.	ABOVE MOTHERY BELOW SISTER	N.R.	"	11	11	11 11	"	.,	**		4	N.R.
89	1933	82	FEMALE	22	11	N.R.	ABOVE MOTHER + SISTER	N.R.	14	,,	11	11 11	"	"	11	11 1		N.R.
90	934	9. OLIVER + EV. PLUMMER	FEMALE	30	15	BEHIND THE EARS	MOTHER + SISTER	CONFIRMED	N.R.	SOME	N.R.	N.R.	SOME	N.R.	N.R.	MR	N.P.	SOME
91	939	N.N. EPSTEIN	E.V. FEMALE	21	17	FOREHEAD	N. R.	CON FIR MED	N.R.	N.R.	N.R.	N.R	N.R.	N.R.	N.R.	N. A.	N. P.	N.A.
92	934	A. A. MACHACEK +J. HOPKINS	MALE	20	14	N. R.	N.R.	CONFIRMED	N.R.	N. R.	N.R.	N. P	N.P.	N.A.	N. R	N.R.	N.R.	NONE
93	934 1	NH. EBERT FOR B.B. BEESON	MALE	44	44	N.R.	N. R	CONFIRMED	N.R.	SOME	SOME	SOME	N.R.	N.R.	N.R.	N.P.	N.R.	SLIGHT
	217/24	T. NISBET 87	F.R. MALE	31	24	ABDOMEN	N. R.	N.R.	M	ENT	ON	OF	AREA	25	INVO.	VED-		N.R.
-001		0.0	R.R. FEMALE	73	13-14	N. R.	NEGATIVE	N.R.	N.R	N.R.	N.R.	N.R.	SOME	SEVERE	SOME	SEVERE	N.R.	N.R.
96	935	K. FROST 89	FEMALE	44	2	· N.R.	N.R	CONFIRMED	SOME	SOME	N.R.	SOME	N.R.	N.R.	N.R.	SOME	N.R.	SOME
97	935		S. OH. MALE	37		CAME ON AS A SOPPEN REDNESS LEAVING SHIN ASA	ON NEGATIVE	CONFIRMED	SUIGHT	N.R.	SOME	N.R.	N.R.	SOME	N.R.	N.R	N.R.	N. P.
98	935	89.	MALE	31	23	N.R.	NE GATIVE	CONFIRMED	SOME	SOME	N.R.	N.A.	N.P.	N.R.	N.R	N.P.	BOME	SLIGHT
99	1935		EE. G. FEMALE	17	SINCE BIRTH	UPPER PORTION OF CHES	- MOTHER + SISTER	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R	N.R.	N.R.	N.R.	N.R.	345647
100	935	J.J. WILLE + G. H. BELLOTE	MALE	42	12	N. R.	N.R.	CONFIRMED	N.R.	N.R.	N. P.	N.R.	N.R.	N.R.	N. P	N.P.	SOME	NONE
101	935	B.B. BEESON	MAGE	25	24	N. R.	N. P.	N.R.	N.R.	N.R.	SOME	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.IP
102	935	H. STAVERS	J.V FEMALE	20	17	LEFT SIDE OF NECK	BOLOW ISISTER BELOW MOTHER + 2 SISTERS	CONFIRMED	N.R.	SOME	N.R.	SOME	N. R.	N.R.	N.R.	N.R	N. R	IY. R.
103	935	11 11 11 93	FEMALE	52	N.R.	N. R.	+ ONG OTHER SISTER RBOVE MOTHER + BELOW SISTER	CONFIRME D	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.P	N.R.	N. 19.
104	935	n n n 93	FEMALE	18	N.R.	N.R.	A BOVE MOTHER + ABOVE SISTER	CONFIRMED		W	HAT	7	ARL	FAS	INVO	LVED		N. P
105	935	A.D. KING 94	MALE	34	28	UPPER BACK + CHEST	N.R.	CONFIRMED	MIR.	N.R.	N.R.	N.R.	N.R.	N.R.	IV.R.	IV.R.	SOME	SUIGHT
106	1936	C.J. SHEPARD	MALE	46	30-31	ONE LEG	N. A.	CONFIRMED	SOME	N.R.	N.R.	N.R.	SOME	SOME	N. R.	N.R.	SOME	FREE
107 -	1936	M.B. PAROUNAGIAN	MALE	27	19-20	SCALP	N. R.	CON FIRMED	SOME	N. R.	SOME	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	SUIGHT
108/	936	V. A.H. CORNELL	G.L FEMALE	17	N.R.	N.R.	N. R.	CONFIRMED	N.R.	N. R.	N.R.	N.R.	N.R.	N. P.	N.R.	N.R.	N.R.	N.R.
109	936 .	J.A. GAMMEL		40	36	BACK	N. R.	CONFIRMED	N.R.	SOME	N.R.	N.R.	N.R.	N.R	N.R.	N.R.	N.R.	N.P.
110	937	R. BREAK STONE	MALE	22	4-6	BACK OF HANDS AFTER STEPPED ON PENE OF GUR	N. R.	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	N. R.	N.R.	N.R.	N.R.
111	937	H. CHARACHE		45	100000000000000000000000000000000000000	SOLE OF RT. FOOT	NEGATIVE	CON FT RMED	N.R.	N. R.	N.R.	N.R.	SEVERE	SEVERE	N. P.	N.R	N.R	N.R.
112	937	C.J. WHITE		21	5	SCALP	N.R.	CONFIRMED	SOME	N.R.	N.A.	N.R.	SOME	S416HT	N.R.	N.R	N. R.	N.P.
1/3	1937	S.E. SWEITZER	J.D. MALE	74	46	FACE	2 DAUGHTERS & PATHER ! I SON	CONFIRMED	N.R.	N.R.	SOME	N.R.	SOME	N.R.	N.17.	SOME	SOME	N.R.
114,	19375	E.SWEITZER + E.M. RUSTEN	J.G MALE	32	26	WAJST - LINE		CONFIRMED	SOME	N.R.	N.R.	N. 17.	SOME	FREE	FREE	FREE	FREE	N.R.
115	937	H.E. MICHELSON		20	13	NECK + SCALP	CRAND MOTHERS MOTHERS 3 SISTERS ALL INVOLVED \$ 5 BROTHERS FREE	N.P.	N. R.	N.R.	N.R.	SOME	SOME	N.R.	N. R.	N.R.	N.R.	SLIGHT
116	937	REPORTED IN 1933	J. C FEMALE	21	7-8	PALMS + SOLES	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	N.A.
117	937	T. BUTTERWORTH		46	N.R.	N. R.	N. R.	CONFIAMED	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	SOME	IV. R.	N.R.
118	937	A.WALZER + LAPOWSKI		16	9	SHOULDERS	NEGATIVE	CONFIRMED	SOME	SOME	N.R.	N.R.	N.R.	N. P.	N. R.	N.R.	FREE	SUIGHT
119	937	P.E. BECHET	R.D. FEMALE	55	35-40	N.R.	NEGATIVE	CONFIRMED	N. R.	N.R.	SOME	N.R.	N.R.	N. R.	N.R.	N.R.	N.R.	N.R.
120	937	H.S. CAMPBELL	FEMA4E	40	20	FINGERS + DORSOM HAND	PATTENTS SON AS BELOW	CONFIRMED	SOME	N.R.	N.R.	N. R	N. R.	N.R.	N.R	SOME	N. R.	N.R.
121	937		MALE	65	6	PALMS + HANDS	ABOVE MOTHER	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N. R.	N.R.	N.R.
122	937	E.T. BEANSTEIN	C.O. MALE	47	4-7	ON HANDS	N.R.	CONFIRMED	SOME	N.R.	N.R.	N.R.	SOME	SOME	N.P.	N.R.	N.R.	N.R.
123																		200
								16 J W 1										FIRE
						4.4.		E 18 18 18										
														1				

1		REPORTED BY			AGE	REGION WHERE		BIOPSY	_ 0	F	THE		ESIOI	vs				
No.	EAR	DOCTOR	SEX	AGE		FIRST NOTICED	FAMILY HISTORY	REPORT	ABDOMEN	PUBIC REGION	REGION	PERINEUM	THIGHS	LEGS	FEET	SOLES	MUCOUS	PURITUS
85	933	HE. MICHELSON	J.C. FEMALE	17	8	PALMS	N. R.	N.P.	N.R.	N:R	N. R.	N. R.	N.A.	N.R.	N. R.	SOME	SOME	N.A
86	1933	B.M. KESTEN	MALE	25	4-6	HAND + PALMS	NEGATIVE	CONFIRMED	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	N.R.	N.R.	N.R.	N.R.
87	1933	C.O. WEST 82	FEMALE	52	15	FACE	2 DAUGHTERS BELOW	N. R.	No	M	ENTIC	N O	F A.	REAS	INV	PAVEL		N.R.
88	1933	62	FEMALE	24	10	N.R.	ABOVE MOTHERY BELOW SISTER	N.R.	"	11	11	11 11	"	.,	**		4	N.R.
89	1933	82	FEMALE	22	11	N.R.	ABOVE MOTHER + SISTER	N.R.	14	,,	11	11 11	"	"	11	11 1		N.R.
90	934	9. OLIVER + EV. PLUMMER	FEMALE	30	15	BEHIND THE EARS	MOTHER + SISTER	CONFIRMED	N.R.	SOME	N.R.	N.R.	SOME	N.R.	N. R.	MR	N.P.	SOME
91	939	N.N. EPSTEIN	E.V. FEMALE	21	17	FOREHEAD	N. R.	CON FIR MED	N.R.	N.R.	N.R.	N.R	N.R.	N.R.	N.R.	N. A.	N. P.	N.A.
92	934	A. A. MACHACEK +J. HOPKINS	MALE	20	14	N. R.	N.R.	CONFIRMED	N.R.	N. R.	N.R.	N. P	N.P.	N.A.	N. R	N.R.	N.R.	NONE
93	934 1	NH. EBERT FOR B.B. BEESON	MALE	44	44	N.R.	N. R	CONFIRMED	N.R.	SOME	SOME	SOME	N.R.	N.R.	N.R.	N.P.	N.R.	SLIGHT
	217/24	T. NISBET 87	F.R. MALE	31	24	ABDOMEN	N. R.	N.R.	M	ENT	ON	OF	AREA	25	INVO.	VED-		N.R.
-001		0.0	R.R. FEMALE	73	13-14	N. R.	NEGATIVE	N.R.	N.R	N.R.	N.R.	N.R.	SOME	SEVERE	SOME	SEVERE	N.R.	N.R.
96	935	K. FROST 89	FEMALE	44	2	· N.R.	N.R	CONFIRMED	SOME	SOME	N.R.	SOME	N.R.	N.R.	N.R.	SOME	N.R.	SOME
92	935		S. OH. MALE	37		CAME ON AS A SOPPEN REDNESS LEAVING SHIN ASA	ON NEGATIVE	CONFIRMED	SUIGHT	N.R.	SOME	N.R.	N.R.	SOME	N.R.	N.R	N.R.	N. P.
98	935	89.	MALE	31	23	N.R.	NE GATIVE	CONFIRMED	SOME	SOME	N.R.	N.A.	N.P.	N.R.	N.R	N.P.	BOME	SLIGHT
99	1935		EE. G. FEMALE	17	SINCE BIRTH	UPPER PORTION OF CHES	- MOTHER + SISTER	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R	N.R.	N.R.	N.R.	N.R.	345647
100	935	J.J. WILLE + G. H. BELLOTE	MALE	42	12	N. R.	N.R.	CONFIRMED	N.R.	N.R.	N. P.	N.R.	N.R.	N.R.	N. P	N.P.	SOME	NONE
101	935	B.B. BEESON	MAGE	25	24	N. R.	N. P.	N.R.	N.R.	N.R.	SOME	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.IP
102	935	H. STAVERS	J.V FEMALE	20	17	LEFT SIDE OF NECK	BOLOW ISISTER BELOW MOTHER + 2 SISTERS	CONFIRMED	N.R.	SOME	N.R.	SOME	N. R.	N.R.	N.R.	N.R	N. R	IY. R.
103	935	11 11 11 93	FEMALE	52	N.R.	N. R.	+ ONG OTHER SISTER RBOVE MOTHER + BELOW SISTER	CONFIRME D	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.P	N.R.	N. 19.
104	935	n n n 93	FEMALE	18	N.R.	N.R.	A BOVE MOTHER + ABOVE SISTER	CONFIRMED		W	HAT	7	ARL	FAS	INVO	LVED		N. P
105	935	A.D. KING 94	MALE	34	28	UPPER BACK + CHEST	N.R.	CONFIRMED	MIR.	N.R.	N.R.	N.A.	N.R.	N.R.	IV.R.	IV.R.	SOME	SUIGHT
106	1936	C.J. SHEPARD	MALE	46	30-31	ONE LEG	N. A.	CONFIRMED	SOME	N.R.	N.R.	N.R.	SOME	SOME	N. R.	N.R.	SOME	FREE
107 -	1936	M.B. PAROUNAGIAN	MALE	27	19-20	SCALP	N. R.	CON FIRMED	SOME	N. R.	SOME	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	SUIGHT
108/	936	V. A.H. CORNELL	G.L FEMALE	17	N.R.	N.R.	N. R.	CONFIRMED	N.R.	N. R.	N.R.	N.R.	N.R.	N. P.	N.R.	N.R.	N.R.	N.R.
109	936 .	J.A. GAMMEL		40	36	BACK	N. R.	CONFIRMED	N.R.	SOME	N.R.	N.R.	N.R.	N.R	N.R.	N.R.	N.R.	N.P.
110	937	R. BREAK STONE	MALE	22	4-6	BACK OF HANDS AFTER STEPPED ON PENE OF GUR	N. R.	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	N. R.	N.R.	N.R.	N.R.
111	937	H. CHARACHE		45	100000000000000000000000000000000000000	SOLE OF RT. FOOT	NEGATIVE	CON FT RMED	N.R.	N. R.	N.R.	N.R.	SEVERE	SEVERE	N. P.	N.R	N.R	N.R.
112	937	C.J. WHITE		21	5	SCALP	N.R.	CONFIRMED	SOME	N.R.	N.A.	N.R.	SOME	S416HT	N.R.	N.R	N. R.	N.P.
1/3	1937	S.E. SWEITZER	J.D. MALE	74	46	FACE	2 DAUGHTERS & PATHER ! I SON	CONFIRMED	N.R.	N.R.	SOME	N.R.	SOME	N.R.	N.17.	SOME	SOME	N.R.
114,	19375	E.SWEITZER + E.M. RUSTEN	J.G MALE	32	26	WAJST - LINE		CONFIRMED	SOME	N.R.	N.R.	N. 17.	SOME	FREE	FREE	FREE	FREE	N.R.
115	937	H.E. MICHELSON		20	13	NECK + SCALP	CRAND MOTHERS MOTHERS 3 SISTERS ALL INVOLVED \$ 5 BROTHERS FREE	N.P.	N. R.	N.R.	N.R.	SOME	SOME	N.R.	N. R.	N.R.	N.R.	SLIGHT
116	937	REPORTED IN 1933	J. C FEMALE	21	7-8	PALMS + SOLES	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	N.A.
117	937	T. BUTTERWORTH		46	N.R.	N. R.	N. R.	CONFIAMED	N.R.	N.R.	N.R.	N.R.	N.R.	SOME	N.R.	SOME	IV. R.	N.R.
118	937	A.WALZER + LAPOWSKI		16	9	SHOULDERS	NEGATIVE	CONFIRMED	SOME	SOME	N.R.	N.R.	N.R.	N. P.	N. R.	N.R.	FREE	SUIGHT
119	937	P.E. BECHET	R.D. FEMALE	55	35-40	N.R.	NEGATIVE	CONFIRMED	N. R.	N.R.	SOME	N.R.	N.R.	N. R.	N.R.	N.R.	N.R.	N.R.
120	937	H.S. CAMPBELL	FEMA4E	40	20	FINGERS + DORSOM HAND	PATTENTS SON AS BELOW	CONFIRMED	SOME	N.R.	N.R.	N. R	N. R.	N.R.	N.R	SOME	N. R.	N.R.
121	937		MALE	65	6	PALMS + HANDS	ABOVE MOTHER	CONFIRMED	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N. R.	N.R.	N.R.
122	937	E.T. BEANSTEIN	C.O. MALE	47	4-7	ON HANDS	N.R.	CONFIRMED	SOME	N.R.	N.R.	N.R.	SOME	SOME	N.P.	N.R.	N.R.	N.R.
123																		200
								16 J W 1										FIRE
						4.4.		E 18 18 18										
														1				

		REPORTED BY			AGE	REGION		BIOPSY		
No.	YEAR	DOCTOR	SEX	AGE	Walter Street	FIRST NOTICED	FAMILY HISTORY	REPORT	TREATMENT	RESULTS
85	1933	HE. MICHELSON	J.C. FEMALE	17	8	PALMS	N. R.	N.P.	.5 ERYTHEMAR DOSE FILTERED X-RAY TO ATHANO	TOO SOON TO BE READ
86	1933	8.M. KESTEN	MALE	25	4-6	HAND + PALMS	NEGATIVE	CONFIRMED	N.R.	N. R.
87	1933	C.O. WEST 82	FEMALE	52	15	FACE	2 DAUGHTERS BELOW	N. R.	N.R.	N. R.
88	1933	82	FEMALE	24	10	N.R.	ABOVE MOTHERY BELOW SISTER	N.R.	N.R.	N. R
89	1933	82	FEMALE	22	11	N.R.	ABOVE MOTHER + SISTER	N.R.	N.R.	N.R.
90	1934	A. OLIVER + F.V. PLUMMER	FEMALE	30	15	BEHIND THE EARS	MOTHER + SISTER	CONFIRMED	N.R.	N. A.
91	1939	N.N. EPSTEIN	E.V. FEMALE	21	17	FOREHEAD	N. R.	CON FIRMED	N.R.	DIS APPEARED SPONTANGUSLY 2 TIMES IN LAST YYRS.
92	1934	G.A. MACHACEK+J. HOPKINS	MALE	20	14	N. R.	N.R.	CONFIRMED	IV. R.	N.R.
93	1934	MH. EBERT FOR BB. BEESON	MALE	44	44	N.R.	N.R	CONFIRMED	SEEN AGAIN IN 1935	LESIONS 1935 MUCH BETTER
1	11/20	9.7	E.R. MALE	31	24	ABDOMEN	N. R.	N.R.	MANY INJECTIONS NEO ARSPHENAMENE	NO. RESULTS
95	1939	J. G. URUEÑA 88	R.R. FEMALE	73	13-14	N. R.	NEGATIVE	N.R.	RADIUM TO FOOT +SOLE YURS ONSCREENED	HYPERKERATOSIS DISAPPEARED PATIENT DIED DERMATITE
		K. FROST 89	FEMALE	44	?	· N.R.	N.R	CONFIRMED	N.R.	N.R.
97	1935	89	S. OH. MALE	37		CAME ON AS A SOPPEN REDNESS LEAVING SHIN ASA	OW NEGATIVE	CONFIRMED	N.R.	N.R.
98	1935	89	MALE	31		N.R.	NE GATIVE	CONFIRMED	N.R.	N.R.
99	1935	S. SILVERS	FEMALE	17	SINCE BIRTH	UPPER PORTION OF OHES	MOTHER + SISTER	CONFIRMED	X-RAY ONE DOSE TS ROENTGENS	NO ANY CAN BE READ AS YET
100	1935	U.J.WILE + G.H. BELOTE	MALE	42	12	N. R.	N.R.	CONFIRMED	N.R.	N. R.
101	1935	B.B . BEESON	MAGE	25	24	N. R.	N. R.	N.R.	N.R.	N.R.
102	1935	H. STAVERS	J.V FEMALE	20	17	LEFT SIDE OF NECK	MOTHER + 2 SISTERS	CONFIRMED	N. R.	N.R.
103	1935	11 11 11 11 93	FEMALE	52	N.R.	N. R.	+ ONG OTHER SISTER RBOVE MOTHER + BELOW SISTER	CONFIRMED	N.R.	N.R.
104	1935	n n 73	FEMALE.	18	N.R.	N.R.	A BOVE MOTHER + ABOVE SISTER	CORFIRMED	N. R.	N.R.
105	1935	A.D. KING 94	MALE	34	28	UPPER BACK + CHEST	N.R.	CONFIRMED	X-RAY I FRACTIONAL DOSE	NORESULTS AS YET
106	1936	C.J. SHEPARD	MALE	46	30-31	ONE LEG	N. A.	CONFIRMED	N.R.	N. R.
107	1936	M.B. PAROUNAGIAN	MALE	27	19-20	SCALP	N. R.	CONFIRMED	34RS. AGO X-RAY TREATMENT BY ANOTHER M.D.	DISAPPEARED BETER 3MO. TO REAPARAR IXR. LATER
108	1936	Y. A.H. CORNELL	G.L FEMALE	17	N.R.	N.R.	N. R.	CONFIRMED	2 SUPERFICIAL SHOTS OF X-RAY	TO EARLY FOR RESOLTS TO BEREAL
109	1936	J.A. GAMMEL	N. R.	40	36	BACK	N. R.	CONFIRMED .	N. R.	N.R.
110	1937	R. BREAK STONE	MALE	22	4-6	BACK OF HANDS AFTER STEPPED ON PERE OF BURS	N.R.	CONFIRMED	X-RAY ON FOREHEAD	NO APPARENT RESULTS
111	1937	H. CHARACHE	E.W. NEGRO MALE		33	SOLE OF RT. FOOT	1/F /	CON FT RMED	N. R.	DIED OF CARCINOMA OFRI. FOOT OVER OLD LESIONS
112	1937	C.J. WHITE	MALE	21	5	SCALP	N.R.	CONFIRMED	N. R.	N.R.
//3	1937		J.D. MALE	74	46	FACE	2 DAUGHTERS & 2 MAGE GA MACHIGARA	CONFIRMED	N. R.	N.R.
		SESWEITZER + E.M. RUSTEN	J.G MALE	32	26	WAJST - LINE		CONFIRMED	N.R.	N. R.
115	1937	H.E. MICHELSON	FEMALE		1 1		CRAND MOTHERS MOTHERS SISTERS ALL INVOLVED & 5 BROTHERS FREE	N.A.	N.R.	N.R.
116	1937	REPORTED IN 1933	J.C FEMALE			PALMS + SOLES	N.R.	N.R.	N. R.	N.R.
10000	733	T. BUTTERWORTH	W.H. MALE	46	N.R.	N. R.	N. R.	CONFIRMED	N. R.	N. P.
118	1937	A.WALZER + LAPOWSKI		16	9	SHOULDERS	NEGATIVE	CONFIRMED	N.R.	N. R.
119	1937	P.E. BECHET	R.D. FEMALE	55	35-40	N.R.	NEGATIVE	CONFIRMED		N. R.
120	1937	H.S. CAMPBELL	FEMALE	40	20	FINGERS + DORSUM HAND	PATTENTS SON AS BELOW	CONFIRMED	PR.G. F. KOETTER GAVE SOOIUM EDDIDE AND ALL CLEARED UP FOR IYR NOW SODIUM CALCIUM +THYROID	SOME IMPROVEMENT
121	1937	i	MALE	65	6	PALMS + HANDS	ABOVE MOTHER	CONFIRMED	N.R.	N.R.
122	1937	E.T. BERNSTEIN	MALE	47	4-7	ON HANDS	N.R.	CONFIRMED	N. R.	N. R.
123										
						47.5				(Cq. 2)

ABSTRACTS OF CHARTS

I believe the most important of the thesis is the abstraction of the chart in its separate phases.

There are 117 separate cases which are most of the cases reported from 1886 up to 1938.

The distribution in the two sexes varies only to a slight degree. Of these cases there were reported 61 males, 54 females, and 2 cases with no report as to sex.

The ages when the lesions are first noticed vary from bith as in many cases, up to the age of 69, as in the case of 49. The largest number of cases, however, occur before the age of 20. The age group is as follows;

Birth to and including age 1 are 7 cases.

Age	2 "		17	17	17	3	**	4	17	•
Age	4 "		17	17	17	5	**	6	17	•
Age	6	17	††	17	17	10	17	15	Ħ,	•
Age	10	77	17	17	17	15	**	22	**	•
Acre	16	17	77	11	**	20	17	14	17	

ABSTRACTS OF CHARTS (continued)

CoNTAge groupings when lesions are first noticed are as follows.

Age	21	to	and	including	age	25	are	3	08868	•
Age	26	11	17	17	ij	30	FT	4	11	•
Age	31	11	17	17	17	35	2	2	77	•
Age	36	11	TŤ	??	İÌ	4 0	17	2	19	•
Age	41	17	17	17	17	45	17	1	Ħ	•
Age	46	17	17	17	17	50	77	1	77	•
Age	50	17	17	17	11	68	**	0	79	•
Age	69							1	11	•
No	age	rep	port					16	77	•

The heredity trait seems to be an important factor in this skin disease, in that of these 117 cases reported, 37 cases give a positive family history. Of these there are 7 instances of 2 cases reported in their separate families. Also 2 instances of 3 cases reported in separate families. Therefore this takes in 20 of the 37 reported. There are several instances of the 37 cases in which there is a history of the disease being present in the second and third generations and one instance of a history being present in 5 generations, as in case of 52.

ABSTRACTS OF CHARTS (continued)

The review of the cases as to areas where first noticed shows that the greatest percentage of lesions make their appearance some where on the head or neck.

Lesions first appearing on the scalp, 7 cases.

f ?	17					
11	14	ŧŧ	17	17	face , 15 c	2863.
11	11	77	77	17	neck, 8	
11	17	17	11	77	back, 5	п •
11	**	17	11	77	chest, 5	, π •
11	17	Ħ	17	17	arms , 2	11
17	Ħ	17	11	17	back of, 8	17
11	77	Ħ	77	17	hands &, 3	"
17	ŧΫ	11	17	17	palms palms, 3	n •
n m	17	πi	n	11	abdomen, 4	"
17	11	11	rı	17	Axilla, 2	n •
17	Ħ	11	11	17	soles , 1	•
17	17	11	17	17	feet , 2	11
11	17	11	17	**	legs , 2	11
17	17	Ħ	ŧŢ	17	generalized,	2 00945
					Demeration,	n cases.

Cases of which no area reported of first appearance. 48 cases.

ABSTRACTS OF CHARTS (continued)

Biopsys were confirmed in 70 cases. No biopsys were done in 5 cases and no reports in 42 cases.

The Doctors in most cases regestered the positive findings in the distribution of the lesions
and did not register in most cases the negative
findings. Thus the reports of the distribution of
lesions when down as no report may be considered to
be negative.

The abstract of the distribution of the lesions over the various portions of the body give the following;

Scalp positive	in	77	cases,	negative	in	40.
Face "	11	75	11	17	77	42.
Neck "	77	68	",	17	17	49.
On arms "	17	48	π,	ŧŦ	Ħ	69.
Back hands "	17	40	17	11 5 - 1	17	77.
Palms "	11	30	17	Ή	11	87.
Nails "	17	16	7 7	P\$ - 1	17	101.
Chest "	11	71	17	सं	FF	46.
Back "	11	69	17 P	, ri	17	48.
Axilla "	11	34	11	. 11	77	83.
Abdomen "	17	44	11	ŧŧ	77	73.
Pubic region"	rr ·	21	17	77	TT	96.

THE CONT. OF ABSTRACT OF THE DISTRIBUTION OF THE LESIONS

Sacral	region	positive	in	19	cases,	negative	in	98.
Perineu	ım	N 5	11	21		, ti	Ħ	96.
Thighs		ที	Ä	30	n a	Ħ	11	87.
Legs		i i	ñ o	26	ii 32	ň	Ħ	91.
Feet		ii ?	й :	10	ii ,	ű Y	Â D	107.
Soles		ñ e	ñ	20	î,	ñ	ii **	97.
Mucous	Membran	Je "	i	13	û ,,	û G	Î	104

Pruritus or subjective symptoms in 21 cases with none in .
96 cases.

TREATMENT, RESULTS AND ADDED INFORMATION
Case 10

In 1908 Dr. Wende reported a case in which many epitheliomas had made their appearance, superimposed upon the Keratosis follicularis lesions. At the age of thirty-two the patient noticed large fungating lesions appearing as enlargments of the Darier's lesions. At the age of thirty-seven biopsys were taken of three large lesions on the abdomen, one on the back, two above the rectum, one on the chest and one on the scrotum. The two above the rectum were redent-ulcers, The rest were epitheliomas. These lesions were removed surgically and x-ray applied to the surrounding skin areas. The larger areas of Darier's were not benefited by the x-ray.

Dr. Hans Ritter in 1912 gave x-ray treatments of two succesive doses of 10 x Benoist Walter 5 gver each area. He also used thermal cautery, but it was very painful, leaving scars and the lesions reappeared. An added portion of his report was that Dr. Herxheimer had excellent results with three cases with the use of Paquelin 24 cautery.

Case 30

The case of Dr. Scheer in which he used 1 unit in 4 diveded doses gave excellent results as he reported

in 1936 the patient had a complete disappearance of the lesions and never reappearing. It was in 1936 he suggested x-ray was of great benefit on early lesions, but of little or no value on late cases.

Case 31

Dr. Schalek made a great improvement in standardizing the dosage, as to before there was no way of measuring the dosage with the old type x-ray, and the Collidge
tube was a better means of standardization. He recommended
exposures over the different areas of the body, first
on alternate days then twice a week. The average dosage
were rays registering 4 milliampers through a 1 M. M.
Aluminum filter, at an 8 inch distance, with a 5 inch
spark gap for 5 minutes, representing about a 2 /3 Hampson
erthema dose. With this treatment the patient showed
improvement after three months.

3/

Case 33

Dr. Wise and Parkhurst reported this old man of 78 years had a basal cell carcinoma at the bridge of the nose on the right.

Case 34

Dr. Wise and Parkhurst had a female patient of a very abese type weight 175 pounds. It was thought there might be an endocrine disfunction but Dr. Trimme found

negative endocrine findings. Her treatment consisted of 1/4 H. unit doses of x-ray over chest and back and in axilla, once every two weeks. In six treatments there was a 75% improvement everywhere, except in axilla. Also had during the treatment a tenth grain of thyroid extract three times a day.

Case 36% 14

Dr. Fox reported this case had received from 1911 to 1921 numerous x-ray and radium treatments. Telangiectatic areas had been produced on the abdomen by unmeasured x-ray, but new lesions reappeared. Also telangiectasia had been produced on the neck by unscreened radium but again new lesions reappeared. In 1922 Dr. Fox felt that in such a case there could be no permanent results obtained.

Case 37

Dr. Borghoff reported a case of baby. The lesions appearing at 21 months. Coming in to clinic at 27 months. Treated with x-ray with relief for 6 weeks. Then rapidly spread again and at 31 months showed all areas very severe, much pruritus, irritability and died at age of 32 months.

Case 96

In 1934 Dr. J. G. Uruena reported a case in which the woman had been treated in 1927 with unscreened radium

over one foot and sole by another Doctor. The woman received a severe radium dermatitis and died in 1934 with malignancy involving the whole leg.

— CONCLUSION

Keratosis follicularis is a skin disease characterized by a dyskeratosis due to excessively proliferating prickle89
cells.

The etiology is unknown, but many men think there is an endocrine, or nervous imballance, or the combination of both. Heredity is an important factor in that many cases give a positive family history.

The lesions seem to appear about as often on females as on males. In the largest percentage of cases initial lesions appearing before twenty, but may appear from birth up to age sixty-nine. The biggest percentage of lesions make their appearance somewhere on the head or neck. The lesions after establishment gradually involve other areas. The areas of predilection in the large number of cases are the head, neck, chest, and back.

The treatment is to treat the early lesions as soon as possible with x-ray, as the long established cases do not respond as well as do the early lesions. However, hope is held out now with the use of the Ultra-Roentgen ray treatment.

BIBLIOGR APHY

- 1. Ormsby, Keratosis Follicularis; Text: 48, 1932
- 2. Morrow, Keratosis Follicularis; J. of Cut.&Gen. Urin. Dis.; Vol. 4:257, 1886
- 3. White, J. C., Keratosis Follicularis; J. of Cut.& Gen. Urin. Dis.; Vol.7:201, 1889
- 4. Darier, J., Psorospermose Follicularis Vegetante; J. of Cut.&Gen. Urin. Dis.; Vol.7:391,1889
- 5. White, J. C., Keratosis Follicularis; J. Cut.&Gen. Urin. Dis., Vol. 8:13, 1889
- 6. Piffard, Keratosis Follicularis; J. Cut. & Gen. Urin. Dis.; Vol. 9:14,1890
- 7. Boeck, Keratosis Follicularis; J. Cut&Gen. Urin. Dis.; Vol.10:455, 1892
- 8. Elliot, Keratosis Follicularis; J. Cut.&Gen. Urin. Disl; Vol.10:411, 1892
- 9. Darier, Ker. Fol.; J. Cut.&Gen. Urin. Dis.; Vol.15; 46, 1897
- 10. Lustgarten, S., Ker. Fol.; J. Cut.&Gen. Urin. Dis.; Vol.9:7,1891
- 11. Bowen, J., Ker. Fol.; J. Cut.&Gen. Urin. Dis.; Vol. 14:209, 1896
- 12. Elliot, Ker. Fol.; J. Cut&Gen. Urin. Dis.; Vol.16: 450, 1898
- 13. Curl, H. C., Ker. Fol.; J. Cut. Dis.; Vol. 23:403, 1905
- 14. Hartzell, M. D., Ker. Fol.; J. Cut. Dis. Vol.24:33, 1906
- 15. Stout, E. J., Ker. Fol.; J. Cut. Dis.; Vol. 24&25: 581& 127, 1906&1907
- 16. Wende, G. W., Ker. Fol.; J. Cut. Dis.; Vol. 26:53],
 1908
- 17. Macleod&Collins, Ker. Fol.; J. Cut. Dis.; Vol.26: 436, 1908
- 18. Fox, G. H., Ker. Fol.; J. Cut. Dis.; Vol.29:181&551, 1911
- 19. Robinson, Ker@.Fol.; J. Cut. Dis.; Vol. 29: 290&349, 1911
- 20. Robinson, D. O., Ker. Fol.; J. Cut. Dis;; Vol. 29: 350,1911
- 21. Hartzell, Ker. Fol.; J. Cut.Dis.; Vol. 29: 445, 1911
- 22. Fordyce, Ker. Fol.; J. Cut. Dis.; Vol. 29: 439, 1911
- 23. Goldenberg, Ker. Fol.; J. Cut. Dis.; Vol. 29:553, 1911
- 24. Ritter, H., Ker. Fol.; J. Cut. Dis.; Vol.30:300,1912
- 25. Mook, Ker. Fol.; J. Cut. Dis.; Vol. 30:722, 1912
- 26. Trimble, Ker. Fol.; J. Cut. Dis.; Vol. 31:113, 1913
- 27. Steliwagon, Ker. Fol.; J. Cut. Dis.; Vol. 32:583&587, 1914
- 28. Ochs&Fox, D. H., Ker. Fol.; J. Cut. Dis.; Vol. 34:222, 1916

- 29. Whitehouse, Ker. Fol.; J. Cut. Dis.; Vol. 34:394, 1916
- 30. Scheer, M., Ker. Fol.; J. Cut. Dis.; Vol. 34:837,1916
- 31. Schalek, Ker. Fol.; J. Cut. Dis.; Vol. 36:104, 1918
- 32. Bechet, Ker. Fol.; J. Cut. Dis.; Vol. 37:333, 1919
- 33. Wise&Parkhurst, Ker. Fol.; J. Derm.&Syph.; Vol. 2:
- 430, 1920 34. Chargin, W. J., Ker. Fol.; J. Derm.&Syph.; Vol. 1: 710. 1920
- 35. Fox, G. H., Ker. Fol.; J. Derm. & Syph.; Vol. 3:870. 1921
- 36. Borghoff, J. A., Ker. Fol.; J. Derm&Syph; Vol. 4: 609, 1921
- 37. Hudelo, Bigot&Caillow, Ker. Fol.; J. Derm.&Syph.; Vol. 4:542, 1921
- 38. Abramowitz, Ker. Fol.; J. Derm. & Syph.; Vol. 4:258, 1921
- 39. Lane, Ker. Fol.; J. Derm.&Shph.; Vol. 5:818, 1922
- 40. Beckmann, Ker. Fol.; J. Derm. &Syph.; Vel. 5:777.1922
- 41. Wise, Ker. Fol.; J. Derm.&Syph.; Vol. 6:250, 1922
- 42. Lippert, Ker. Fol.; J. Derm. & Syph.; Vol. 6:505, 1922
- 43. Barbier, L., Ker. Fol.; J. Derm. &Syph.; Vol. 6:495, 1922
- 44. Sklartz, Ker. Fol.; J. Derm. & Syph.; Vol. 7:245, 1923
- 45. Brunier&Rejsik, Ker. Fol.; J. Derm.&Syph.; Vol. 8: 23, 1923
- 46. Escker&Pautruer, Ker. Fol.; J. Derm.&Syph.; Vol. 8: 429, 1923
- 47. Macdonald, Ker. Fel.; J. Derm.&Syph.; Vol. 8:557, 1923
- 47. Maddonald, Ref. Fol.; J. Derm. & Syph.; Vol. 8:275, 1923
 40. Thornley. Ker. Fol.; J. Derm. & Syph.; Vol. 9:256,1924
- 50. Sweitzer, Ker. Fol.; J. Derm.&Syph.; Vol. 10:388,1924
- 51. Schneider, Ker. Fol.; J. Derm. & Syph.; Vol. 10:526, 1924
- 52. Oulmann, Ker. Fol.; J. Derm. & Syph.; Vol. 11:841, 1925
- 53. Freeman, Ker. Fol.; J. Derm. & Syph.; Vol. 11:133, 1925
- 54. Milian&Perin, Ker. Fol.; J. Derm.&Syph.; Vol. 11:530, 1925
- 55. Phillips, Ker. Fol.; J. Derm. & Syph.; Vol. 13:128,1926
- 56. Fox, G. H., Ker. Fol.; J. Derm. & Syph.; Vol. 13:705, 1926
- 57. Whitehouse, Ker. Fol.; J. Derm. & Syph.; Vol. 14:356, 1926
- 58. Fink, Ker. Fol.; J. Derm. & Syph.; Vol. 15:374, 1927
- 59. Lane, Ker. Fel.; J. Derm. & Syph.; Vol. 18:454, 1928
- 60. Walker, Ker. Fol.; J. Derm. & Syph.; Vol. 18:463, 1928
- 61. Cannon, Ker. Fol.; J. Derm. & Syph.; Vol. 18:923, 1928
- 62. Fox, H., Ker. Fol.; J. Derm. & Syph.; Vol. 19:515, 1929
- 63. Traub. Ker. Fol.; J. Derm. & Syph.; Vol. 19:521, 1929

- 64. Fernandez&Monserrat&Vazquez, Ker. Fol.; A. Derm.& Syph.; Vol. 20:879, 1929
- 65. Keim, Ker. Fol.; A Derm. & Syph.; Vol. 21:505, 1930
- 66. Schoff, C. E., Ker. Fol.; A. Derm.&Syph.; Vol. 21: 684, 1930
- 67. Sweitzer, S. E., Ker. Fol.; A. Derm. & Syph.; Vol. 22: 140, 1930
- 68. Keim, Ker. Fol.; A. Derm. & Syph.; Vol. 22:573, 1930
- 69. Gillespie, Ker. Fol.; A. Derm. & Syph.; Vol. 23:173, 1931
- 70. Bechet, Ker. Fol.; A. Derm. & Syph.; Vol. 24:315, 1931
- 71. Walzer, Ker. Fol.; A.Derm.&Syph.; Vol. 24:609, 1931
- 72. Trow, E.; Ker. Fol.; A. Derm&Syph.; Vol. 25:177, 1932
- 73. Hollander, Ker. Fol.; A. Derm.&Syph.; Vol. 25:184, 1932
- 74. Brown, Ker. Fol.; A. Derm. & Syph.; Vol. 25:562, 1932
- 75. Van Studdiford, Ker. Fol.; A. Derm.&Syph.; Vol. 25: 956, 1932
- 76. Walzer, Ker. Fol.; A. Derm. & Syph.; Vol. 25:1181,1932
- 77. Fraser, J. F., Ker. Fol.; A. Derm. & Syph.; Vol. 26:1158, 1932
- 78. Wise, F., Ker. Fol.; A. Derm.&Syph.; Vol. 27:531, 1933
- 79. Vero, F,, Ker. Fol.; A. Derm.&Syph.; Vol. 27:859, 1933
- 80. Michelson, H. E., Ker. Fol.; A. Derm. & Syph.; Vol. 27:1018, 1933
- 81. Kesten, B. M., Ker. Fol.; A. Derm. & Syph.; Vol. 28: 107. 1933
- 107, 1933 82: West, Ker. Fol.; A. Derm&Syph.; Vol. 28: 420, 1933
- 83. Oliver, A.&Plummer, F. V. Ker. Fol.; A Derm&Syph.; Vol. 29:1/3,1934
- 84. Epstein, Ker. Fol.; A. Derm. & Syph.; Vol. 29:438, 1934
- 85. Machacek, G. A. & Hopkins, J. G.; Ker. Fol.; A. Derm. & Syph.; Vol. 29: 455, 1934
- 86. Ebert, M. H., & Beeson, B.B.; Ker. Fol. A. Derm. & Syph.; Vol.: 481, 1934
- 87. Nisbet, T., Ker. Fol.; A. Derm. & Syph.; Vol. 29:6/2, 1934.
- 88. Uruena, J. G.; Ker. Fel.; A Derm. & Syph.; Vol. 30:4/2:/934
- 89. Frost, K,, Ker. Fol.; A. Derm. & Syph.; Vol. 3/: 508, 1135
- 90. Silvers, S.; Ker. Fol.; A. Derm. & Syph.; Vol. 31: 2771/935
- 91. Wile, U. J., &Belote, G. H.; Ker. Fol.; A. Derm. &Syph.; Vol. 31: 562, 1935.

- 92. Beeson, B. B.; Ker. Fol.; A. Derm. & Syph.; Vol. 31:752, 1935
- 93. Silver, H., Ker. Fol.; A. Derm. &Syph.; Vol. 3/: 9/9,/935
- 94. King, A. D., Ker. Fol.; A. Derm. & Syph.; Vol. 32:338, 1935
- 95. Shepard, C. J., Ker. Fol.; A. Derm. & Syph.; Vol. 33: 564, 1936
- 96. Parounagian, M. B., Ker. Fol.; A. Derm. & Syph, ; Vol. 33: 596, 1936
- 97. Cornell, V. A. H., Ker. Fol.; A. Derm. & Syph.; Vol. 33:908, 1936.
 33:908, 1936
- 98. Gammel, J. A., Ker. Fol.; A. Derm. & Syph.; Vol. 34: 708/736
- 99. Breakstone, R., Ker. Fol.; A. Derm. & Syph.; Vol. 35:
- 100. Charache, H., Ker. Fol.; A. Derm. & Syph.; Vol. 36: 480, 1937.
- 101. White, C. J., Ker. Fol.; A. Derm. Syph.; Vol. 36: 73/, 1937.
- 102. Sweitzer, Se E., Ker. Fol.; A. Derm. & Syph.; Vol. 36:969, 1937
- 103. Sweitzer, S. E. & Rusten E. M., Ker. Fol.; A. Derm. 2 & Syph.; Vol. 36:969, 1937
- 104. Michelson, H. E., Ker. Fol.; A. Derm. & Syph.; Vol. 36:969,1937.
- 105. Butterworth, T., Ker. Fol.; A. Derm. & Syph.; Vol. 36: 1163, 1937
- 106. Walzer, A. & Lapowski, B., Ker. Fol.; A. Derm. & Syph.; Vol. 36:/003,/937.
- 107. Bechet. P. E., Ker. Fol.; A. Derm&Syph.; Vol. 36: 1204, 1837
- 108. Campbell, H. S.; Ker. Fol.; A. Derm. & Syph.; Vol. 37: //07, /937
- 109. Bernstein, E. T.; Ker. Fol.; A. Derm. & Syph.; Vol. 37: 434, 1932.