

any of the diseases above mentioned has yet been produced by inoculation of pure cultures of the gonococcus. The circumstantial evidence of its etiological relation to gonorrhœa is unmistakable, but the majority of cases of the latter disease are instances of mixed infection, the ordinary microbes of suppuration being usually present.—J. W. W.]

DERMATOLOGY.

UNDER THE CHARGE OF

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NÆVI.

HALLOPEAU (*Le Progrès Médical*, No. 28, 1891) considers that the old division of nævi into pigmentary and vascular is too narrow in scope, and that the term should include all those benign neoplasms of an embryonal nature, as has been recently suggested by Pollitzer. The following division is made: 1. Nævi due to the proliferation of distinguishable elements, as, *a*, smooth, pigmented nævi, nævi spili; *b*, hairy nævi; *c*, kerato-hairy nævi (with proliferation of the sheaths of the hair-follicles; *d*, molluscoid nævi, molluscum fibrosum, seborrhœic warts with proliferation of the connective tissue, *e*, nævus molluscum lipomatodes (with proliferation of fat; *f*, verrucous nævi (with proliferation of papillæ; *g*, sebaceous adenomata nævi; *h*, sudoriparous adenomata nævi; *i*, corneous nævi of the sudoriparous orifices; *j*, kerato-dermic nævi (partial ichthyoses); *k*, vascular nævi, flat and tuberos; *l*, lymphangiomata. 2. Nævi due to proliferation of non-distinguishable elements, as epithelial cellulomata, hydro-adenomata, syringo-cystadenomata. 3. Mixed nævi.

Kerato-pilous nævus is illustrated with a drawing showing the affection involving the region of the forearm and hand supplied by the distribution of the cubital nerve. It presents the characters usually attributed to keratosis pilaris. Molluscum fibrosum is regarded as a nævus because it is often congenital, and frequently occurs together with nævi, as well as upon other nævi. The nævoid nature of certain of the sebaceous adenomata has been recently established by Pringle, and the sudoriparous adenoma described by Perry is likewise of similar origin. The case of kerato-dermia localized at the orifices of sudoriparous glands, occurring in linear course, as published by Hallopeau and Claisse, must also be grouped here. The appearance in the early period of life of certain palmar and plantar kerato-dermias must be considered as nævoid in character. In classifying here lymphangioma circumscriptum, the author is supported by Török, who attributes these lesions as due to a congenital defect of development.

The same may be said concerning the tumors called epithelial cellulomata, hydro-adenomata, and syringo-cystadenomata, which are congenital, and are

reported by Török, Jacquet, and Quinquaud to be due to an abnormal development of embryonal germs. The mixed naevi comprise the verrucous and hairy, the molluscoid and vascular, and the like. Several drawings showing the localization of the lesions accompany the article, and are of interest, especially that illustrating the kerato-dermic naevus of the orifices of the sudoriparous glands situated on the sole of the foot.

ALKALIES IN UNIVERSAL PRURITUS.

C. LANGE, of Copenhagen (*Journal of Cutaneous and Genito-urinary Diseases*, 1891) has obtained prompt and favorable action from sodium bicarbonate combined with lithium carbonate in four cases, in all of which the usual remedies had failed. The pruritus in one case, a lady aged fifty-one, had localized itself in the genital region, and was exceedingly severe. In the urine of two other patients an abundant precipitate of uric acid and urates was found.

TWO CASES OF DERMATITIS HERPETIFORMIS DEVELOPING AFTER SEVERE MENTAL EMOTION AND SHOCK.

GEORGE T. ELLIOTT (*Journal of Cutaneous and Genito-urinary Diseases*, 1891) reports two cases of this disease, one occurring in a woman, the other in a man, resulting from nervous shock from death in the family, both patients having been at the time in a state of mental depression. The disease in both instances was of an aggravated type, characterized by erythematous, papular and vesicular lesions, with pain, burning and itching. Recurrences of the disease seemed to be brought on by anxiety and mental worry, to which the patients were from time to time subjected. The author refers to ten cases in the literature of the subject where the disease was traced to the same set of causes, and believes that the affection should be regarded as a dermato-neurosis.

PIGMENTARY SYPHILODERMATA.

FIVEISKY, of Moscow (*Annales de Derm. et de Syph.*, 1891, No. 5) has studied this subject for some years upon the prostitutes of the hospital Miasnitzaïa, with the following conclusions: They occur during the secondary period, and occupy by preference the neck and sometimes other parts of the body, with the exception of the face, scalp, the internal face of the nipples, the region of the buttocks, and the forearm. 2. The leucoderma of this form is always syphilitic. 3. Sometimes it coexists with gummata. 4. They occupy ordinarily a region plainly in sight (the neck), the diagnosis being easy, and their duration of several years may be regarded as one of the most significant signs of the secondary period. 5. They occur most frequently upon women, but generalized forms are more frequent in men. 6. They last usually from one to seven years. 7. They are not amenable in a sensible manner to either mercury or the iodides, but are more marked where mercurial treatment has not been employed. 8. They appear under three forms, marbled, spotted, and retiform.

A NEW VARIETY OF TROPHO-NEUROSIS OF THE SKIN.

MM. HALLOPEAU and LARAT (*La Semaine Médicale*, 1891, No. 47) describes a condition of the skin characterized by dyschromia and lichenoid eruption. Reference is made to the various dyschromias due to nervous origin which have been described by authors, and to the concomitant phenomena, consisting of disturbances of sensibility and of the vascular system, and disorders of secretion; to which may be added, as shown by a case of the author's, impaired nutrition of the hairs. A case recently observed shows that lichenoid papules may also be produced by the same causes. They make a résumé of their observations as follows: There exists a dermatosis characterized by achromatous patches surrounded by a papular border and by increased pigmentation. This dermatosis is probably a cutaneous manifestation of hysteria. The papules, lichenoid in kind, may be of a tropho-neurotic origin. They are not necessarily akin to pruritus. Cutaneous electrization in the form of bath, with the faradic current, seems to be indicated.

ON A GENERAL INFECTIOUS COMPLICATION IN LUPUS VULGARIS.

V. LESPINNE (*Le Mercredi Médical*, 1891, No. 35) believes that there may be produced in the course of the evolution of lupus a special general complication due to absorption of toxic microbes taking place from the surface of the ulcer, this poisoning announcing itself by a sharp increase of temperature, with typhoidal state, catarrhal phenomena of the mucous membranes, and even symptoms of the serous membranes. This complication may be the signal for the period of invasion of the whole organism, general tuberculosis taking the place of the local tuberculosis of the skin.

MEDICATED SOAPS.

A. SANTI, of Bern (*Correspondenzbl. für Schweizer Aerzte*, No. 13, xxi. Jahrg. 1891) speaks in praise of medicated soaps, which, within the last few years, since they have been manufactured (especially abroad) to suit the requirements of the physician, have come into good repute. Soaps easily penetrate the epidermis, hence drugs are more active in this form than in ointments. The method is cleanly, cheap, and more agreeable to the patient than that of ointments. The soaps manufactured according to the formula of Unna are first considered. The soap-mass, in the first place, reacts absolutely neutral, and is composed of the best beef tallow and freshly prepared soda and potash lye, two or three (in summer) parts soda to one of potash, which latter acts more effectively than soda on the horny layer of the epidermis. To obviate the drying effect of even neutral soap on the skin the soaps are all superfatted with about four per cent. free fat, for which purpose olive oil is used. The following soaps in cake form are mentioned. They contain marble, ichthyol, salicylic acid, zinc oxide and salicylic acid, tannin, tannate of soda, oxide of zinc and tannate of soda, zinc tannate, rhubarb, tar, sulphur, tar-sulphur, camphor, camphor-sulphur, iodide of potassium, soda, and naphthol-sulphur.

A superfatted potash soft soap has also been made by Unna and Micek,

which occupies a position midway between ointments and soaps, and is designated *sapo unguinosus*. Of these medicated soaps may be mentioned *sapo cinereus unguinosus*, useful for the introduction of mercury into the system by inunction, and *sapo unguinosus ichthyolatus*. A desirable corrosive sublimate soap has been produced by Geissler, of Dresden.

Eichhoff has prepared a series of superfatted soaps, the principles of manufacture being much the same as those of Unna and Micek. The list comprises resorcin-salicylic, resorcin-salicylic-sulphur, resorcin-salicylic-sulphur-tar, quinia, hydroxylamin, iodoform, creolin, ergotin, iodine, and salicylic-creasote.

As an advance of great worth in soap therapy there remain to be mentioned the fluid soaps introduced by Buzzi, of Lugano, and manufactured by Keysser, of Hanover. A neutral soap basis is first made, which is either superfatted with lanolin or made alkaline by carbonate of potash (one per cent. or more). A list of fifty different soaps is presented, some being neutral, others alkaline and superfatted. There are some advantages in these fluid soaps over the harder soaps, and the author commends them as being decidedly useful.

MINERAL WATER IN SKIN DISEASES.

F. CERASI (*Journal of Cutaneous and Genito-urinary Diseases*, 1891, from *Gazetta Med. di Roma*) speaks of the value of Ceresole Reale water in some skin diseases, especially in those due to nervous disturbances. The water is ferruginous, acidulous, slightly alkaline, and contains a small amount of arseniate of soda. It is much used in England, Egypt, Switzerland, and Northern Italy, the spring being favorably situated in the last-named country between Piedmont and Savoy. Its virtues are considered by the author and by others to be due to the presence of the arsenic, but toxic symptoms are never encountered from its use. It acts as a nervine tonic. The average dose is one bottle taken before meals, and continued for one or two months. The general health usually improves. Several cases of cure of obstinate cutaneous disease are reported.

TREATMENT OF ECZEMA.

VEIEL, of Cannstatt (*La Semaine Medicale*, 1891, No. 47) discussed this subject before the recent Congress of German Dermatologists. In the first place, he does not think that every case of eczema is curable—especially is this true of hereditary cases. A second question to decide is whether internal treatment is demanded or not, and as there are no specifics against eczema he is of the opinion that internal medication is useless unless there are complications. In acute weeping eczema the dusting powders are recommended, and for the more persistent forms Lassar's paste and Pick's salicylic soap. When the eczema is in a squamous state a five per cent. tannic acid ointment is useful; and when chronic, the treatment of Pick with the gelatin sublimate and the plaster of salicylic soap give the best results. The salicylic rubber plasters of Unna are excellent in eczema of the palms and soles, but active irritation should be guarded against. The weeping eczemas of the scalp dry quickly under a salicylic ointment of ten per cent. strength; or if this be not

successful tar may be used, a remedy which as yet has not been supplanted by any as valuable. It is very difficult to know when to employ tar; the skin should be taught to tolerate it. We should use it only upon dry eczema, but nevertheless there are some cases of weeping eczema of the face which yield to it. The mildest form is tar soap. The alcoholic solutions of tar also act rapidly, although oil of cade is preferred. If there is much infiltration, chrysarobin ointment and pyrogallol ointment, the former two per cent. strength increased, if possible, even to ten per cent. Sulphur is seldom employed by the author except for seborrhœic eczema and eczema of the beard.

CHAULMOOGRA OIL IN THE TREATMENT OF LEPROSY.

BERGÉ (*New Orleans Medical and Surgical Journal*, 1891) extols this remedy, and gives the notes of three cases in which it was employed with great benefit. The results seem remarkable. The dosage was ten drops of the oil in a spoonful of water three times daily, gradually increased until forty-five drops three times daily were taken without disturbance of the alimentary canal, except in large doses, when the bowels were liable to be acted upon too violently. The author thinks the oil should be regarded as a specific. Its absorptive properties were manifested in a striking degree upon the tubercular infiltrations; it afforded relief to the nervous phenomena, relieved the anæsthesia, and restored health to the body and mind. Reliance seems to have been placed upon its internal administration, for it is stated that "the remedial properties of the oil externally have not been fully tested," and the author refrains from speaking about this question. [This experience is at variance with that of Unna and Brooke, who regard the oil as of no value unless taken in large and continuous doses, which most patients are not able to tolerate.—ED.]

TREATMENT OF LUPUS ERYTHEMATOSUS OF EYELIDS AND FACE.

BROCQ (*British Journal of Dermatology*, 1891) recommends in this disease:

R.—Salicylic acid	. . . . .	5ss
Lactic acid	. . . . .	5ss
Resorcin	. . . . .	gr. xlv
Zinc oxide	. . . . .	ʒij
Vaselin	. . . . .	ʒxvij

The following is also usually well borne:

R.—Salicylic acid	. . . . .	1 part
Pyrogallol	. . . . .	2 parts
Vaselin	. . . . .	20 parts

This is to be rubbed in at night. During the day the first named may be applied, the two being thus used conjointly.

HERPES MENSTRUALIS.

BERGH, of Copenhagen (*Journ. de Mal. Cut. et Syph.*, 1891, No. 6) from his personal experience at the Vestre Hospital during a period of twenty-three

years, concludes that herpes often follows menstruation. In 377 cases of genital herpes, the affection was observed to follow menstruation in 644 cases (73.11 per cent.) and occurring on the labia majora in 80 per cent. The nervous origin of genital herpes is very probable. The herpes is not a deviation of the menstruation, as some authors think; no more is it a result of local irritation due to coitus, without the intervention of the nervous system, as Fournier and Kaposi believe, for relapsing genital herpes appears often upon the face in place of showing itself upon the genital regions. Herpes progenitalis is very commonly observed upon prostitutes.

TREATMENT OF ALOPECIA AREATA, WITH CASES.

P. A. MORROW (*Journal of Cutaneous and Genito-urinary Diseases*, 1891), after an interesting discussion as to the nature of the disease, takes up the subject of treatment. In all cases where there is loss of nerve tone, phosphide of zinc and strychnine, a combination of phosphorous iron and strychnine, or phosphoric acid and strychnine, are relied on. The local treatment which has afforded the best results consists in the following: The hair around the border of each patch is to be clipped closely, permitting a more thorough inspection of the diseased area and facilitating the application of remedies. The hairs around the borders of the patches are depilated where loose. In recent cases chrysarobin, with or without the addition of salicylic acid, in traumaticin or in the form of an ointment, eight to ten per cent. of chrysarobin and two to five of salicylic acid, is prescribed. Applied every few days, a moderate dermatitis is excited and maintained. This treatment is often sufficient to effect a cure. Where the disease is severe and extensive, involving the greater part of the scalp, the entire surface should be treated with acetic acid, mixed with chloroform or ether, the amount of acetic acid being graduated to meet the requirements of the case, ordinarily a strength sufficient to produce the white nitrate of silver tint being employed. The superficial vesiculation is followed by slight exfoliation of the epidermis. Besnier's formula—chloral hydrate 5 grammes, officinal ether 25 grammes, acetic acid (crystals) 1 to 5 grammes—is commended. These applications are repeated two or three times a week at first, and continued at longer intervals during the entire treatment. Between the time of these applications a stimulating oil, as the following, is employed: oil of eucalyptus, oil of turpentine, each half an ounce, crude petroleum one ounce, alcohol one ounce, to be well rubbed in by massage. Once a week or oftener the scalp should be cleaned with tincture of green soap and water. At a later stage of the disease the oil may be replaced by a sulphur and resorcin ointment. Daily douches and frictions with salt and water also favorably influence the growth of the hair.

PSORIASIS A NEUROSIS.

PROF. POLOBEBOFF, of St. Petersburg (*Monatshefte für prakt. Dermat.*, 1891, Ergänzungsheft I.) expresses the view that this disease is the result of nervous disturbances of various kinds, and hence that it is a neurosis of the skin. The author disputes the usual opinion that patients with psoriasis are gener-

ally otherwise in good health. A large number of cases are recorded in which the skin disease was accompanied by nervous and psychological symptoms, some of which are of such interest and so striking as to be worthy of quotation. The following are selected. Psoriasis when not stated is implied.

CASE I.—Lawyer, aged twenty-four; severe headache, nervousness, great impairment of mental faculties, hysterical attack in witnessing a theatrical performance.

CASE II.—Naval officer, aged twenty-four; intense melancholia; sent South for change of air, when psoriasis healed spontaneously; relapse of skin disease after protracted headaches; hysterical attacks. His whole family of nervous temperament.

CASE III.—Jewess, aged twenty; father an epileptic, mother suffered from megrim; patient hysterical and nervous; psoriasis appeared after intense mental strain on changing her religion to marry a Christian.

CASE IV.—Girl, aged sixteen; grandfather insane; constant vertigo; least excitement causes enuresis; weeps if not given her favorite teacup at the table.

CASE V.—Medical man, aged forty; father had psoriasis; patient considers himself very nervous; sheds tears copiously before strangers when referring to the death of his two children from diphtheria.

CASE VI.—Married woman, aged twenty-seven; hysterical convulsions; hallucinations of hearing and vision.

CASE VII.—Engineer, powerfully built, and in apparently robust health; three relapses of psoriasis; fourth, fifth, and sixth dorsal vertebræ sensitive to touch, slight pressure producing reflex contractions of the muscles of the back and upper extremities; knee reflexes marked; increased temperature on right side; had had measles, scarlatina, typhoid fever, and malaria; psoriasis worst in spring, when he was preparing for his examinations.

CASE VIII.—Boy, aged sixteen; father has nervous debility, brother melancholic; mental abnormalities; aural hallucinations, and simultaneously psoriasis.

A second group of cases is recorded in which diseases of the joints and bones, with and without nervous symptoms, were present with the psoriasis, as in the following:

CASE IX.—Horse-trainer, aged forty-eight, powerfully built; had repeatedly received severe injuries, especially of the head; fingers and toes showed remarkable deformities; eruption coincided with a period of intense nervous excitability, improvement taking place immediately upon his receiving an increase in wages.

The disease is also referred to in connection with certain fevers, as typhus and typhoid, and as a result of alcoholism, as this case will show:

CASE X.—Waiter, aged thirty-three, small stature, hard drinker; had had measles, typhoid fever, and syphilis, and had received an injury to the head. When abstaining from drink is free of psoriasis.

Still another group of cases is presented in which nerve changes are found on special examination. Here there exist vasomotor and functional neuroses, in connection with the head, bloodvessels, temperature, and glands. Weakness of the nervous system is considered by the author to be the main factor

in the production of the disease. Albuminuria seemed to be a cause in three cases, this condition and the eruption disappearing simultaneously.

Where the symptoms are acute the bromides are recommended, and later arsenic, which, as is well known, is attracted to nerve tissue. In this connection reference is made to Skolobusow's investigations in acute and chronic poisoning with arsenic. This observer found in the brain and in medulla thirty times as much of the drug as in the liver and muscles. Lesser's studies gave similar results. Polotebnoff states that the dose should be large, increased to as much as a half-grain or more of arsenious acid daily for a week or two. The usual local remedies are recommended.

VASCULAR TERRITORY OF THE HUMAN SKIN.

SPALTEHOLZ, of Leipzig (*La Semaine Médical*, 1891, No. 47), gives these results of his studies upon injected tissues: 1. The number of afferent branches and their diameter is variable; where pressure is brought to bear they are more numerous and larger. 2. Their length is greater where the skin is very mobile. 3. There exist multiple anastomoses, the arteries of the skin never ending as terminal arteries. 4. The size and the number of the anastomoses are always different, being largest and most numerous where there is increased pressure.

THIOL IN SKIN DISEASES.

BUZZI'S (*Charité Annalen*, 1891, Band xv.) experiments in Professor Schweninger's clinic in Berlin lead him to regard thiol as superior to ichthyol. It is valuable in many diseases of the skin, and possesses the following advantages over ichthyol: it is clean and never irritates, whereas ichthyol is impure and often irritates; ichthyol smells disagreeably, thiol does not; ichthyol spots the linen, thiol does not. It moreover has the advantage of costing only one-half as much as ichthyol.

STROPHULUS INFANTUM.

GEBERT (*Archiv für Kinderheilkunde*, 1891, Bd. xiii., Heft 3), with this title considers urticaria papulosa, or the lichen urticatus of older authors, and is of the opinion that hot baths, frequently repeated, act in producing the eruption. As the patients are often anæmic, iron is found useful, and for the itching small doses of antipyrine at night. The body should be sponged with dilute and cold vinegar at bedtime.

ACID NITRATE OF MERCURY AS A CAUSTIC.

HUTCHINSON (*Archives of Surgery*, 1891) speaks highly of this remedy as an application in nearly all unhealthy looking sores, and wherever an infective process seems likely to involve other parts. It is thus useful in boils, lupus, late syphilitic disease of skin or mucous membrane, and in phagedæna. It should be cautiously applied with glass brushes of various sizes, any superfluity being taken up with thick blotting-paper to avoid scar-formation.

ANGIO-KERATOMA.

DR. PRINGLE, of London (*Brit. Journ. of Dermat.*, 1891), with this title describes a rare skin disease, always a sequela of chilblains, occurring in early adult life, characterized by small grouped areas of telangiectases occurring on the hands and feet. Later, the lesions may attain the size of a pea, and become rough, hard, and warty, owing to the thickened epidermis. The disease bears most resemblance to lymphangioma circumscriptum. Electrolysis with the needle proved successful in one case.

OBSTETRICS.

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MYOMA OF THE UTERUS COMPLICATING LABOR.

In the *Berliner klinische Wochenschrift*, 1892, No. 6) HUETER, of Marburg, reviews the manner in which myomata of the uterus may complicate labor. He finds that they are a frequent cause of abortion and of profuse uterine hemorrhage during pregnancy, especially when accompanied by placenta prævia. The functions of the bladder and rectum are also much interfered with during pregnancy in patients suffering from myomata. The growth of these tumors is often very rapid during the pregnant state, resulting in interference with the circulation, and œdema of the lower extremities. The position of the uterus is rendered abnormal, so that unfavorable positions of the child, prolapse of the extremities and of the cord are frequently observed. The uterine contractions are rendered abnormal during labor. The expulsion of the fetus is indefinitely prolonged, and fetal death and dangers to the mother constantly arise. When the tumor is so low that it is situated in the pelvis it obstructs labor, and the case resembles one of contracted pelvis. Myomata situated beneath the mucous membrane of the uterus are often dislocated during labor, permitting the escape of the child, and in some instances a spontaneous expulsion of the tumor. In cases complicated by large myomata rupture of the uterus has been observed. The fetus is often subjected to bruising and fractures similar to those observed in contracted pelvis. The stage of placental expulsion is often characterized by such profuse hemorrhage as to endanger the mother's life. The puerperal period in these cases is frequently complicated by septic infection and other abnormalities.

Reviewing a series of 147 cases collected by Süsserott it was observed that 60 per cent. of the labors were terminated instrumentally. A series of 8 cases of pregnancy complicated by myomata were treated by Stratz by instru-