

5. Wherever the peculiar yellow color of the seborrhoeic process is present round about the papules, and especially in the centre of the serpiginous circles;

6. Wherever the exanthem is accompanied by eczematous appearances, oozing, heat, and tension;

7. Wherever it produces itching of greater or less intensity;

8. Wherever the syphilides occur on the confines between the forehead and hair, in the naso-labial furrow, on the sternum, between the shoulder-blades, or in the sacral region;

9. Wherever they are concentrated entirely, or, for the most part, in the hairy scalp, in the axillæ, on the mons, on the genitals, about the anus; in short, on the hairy regions or places of contact;

10. Wherever the exanthem exhibits an unusual obstinacy to constitutional treatment, whilst it at once improves, or even heals entirely under an anti-seborrhoeic local treatment.

The practical deduction as to treatment from the foregoing is, that whenever the coexistence of a syphilide with a seborrhoeic process, or wherever a purely seborrhoeic eruption exists side by side with a syphilide, the treatment must consist from the very first in the local application of anti-seborrhoeic remedies, such as resorcin, sulphur, etc., in conjunction with the general internal administration of mercury or iodine.

ON THE TREATMENT OF XANTHOMA.

In the *Berliner klinische Wochenschrift*, of December 10, 1888, STERN reports the removal of patches of xanthoma by means of an application of a solution of corrosive sublimate. The growths were seated at the inner canthus of both eyes, extending slightly along the upper and lower lids. These plaques were painted with a ten per cent. solution of corrosive sublimate in collodion, necessary precautions being taken to prevent the solution getting in the eyes. The parts painted became grayish and in a few days blackish; in a short time this was cast off, leaving a slight, superficial ulcer which rapidly healed. The author states that the result was all that could be desired, without the slightest retraction of the lids.

ON THE DERMATITIS HERPETIFORMIS OF DUHRING.

In a monograph republished from the *Annales de Dermatologie et Syphilographie* (January, February, March, April, May, July, and September, 1888), BROcq discusses the subject of dermatitis herpetiformis at great length. As precursory to an exhaustive consideration of the disease from his own standpoint, Duhring's ideas are presented and his cases fully quoted. While disposed to admit the existence of a special affection having the characters peculiar to "dermatitis herpetiformis," the author would regard this term as generic, including under it several distinct varieties.

His conclusions on this point are as follows: 1. The impetigo herpetiformis of Hebra constitutes a distinct morbid entity and cannot be included in the dermatitis herpetiformis of Duhring. 2. The dermatitis herpetiformis of Duhring should be understood as a generic name serving to designate an ensemble of cases having characters in common but which can be grouped

in several distinct classes. 3. One of these classes is clearly defined by the cases reported by Duhring, and may be designated by the name "chronic pruriginous polymorphous (or multiform or pemphigoid) dermatitis with successive outbreaks." 4. Herpes gestationis constitutes a second very distinct class bordering upon the preceding—between these two types exist transitional cases. The name "recurring pruriginous polymorphous (or multiform or pemphigoid) dermatitis of pregnancy" seems appropriate to this class. 5. Certain cases described under the name of pemphigus, and in particular under the name of pemphigus pruriginosus, ought to be placed in one or the other of the two preceding classes. 6. Some reserve is necessary upon the subject of certain other cases which Duhring thinks should be classified as dermatitis herpetiformis. 7. Under the names herpes phlyctenoides (Chausit and Gilert), vesicular and bullous hydroa (Nazin), pruriginous hydroa, herpetiform hydron (Tilbury Fox, Colcott Fox, Bulkley, G. H. Fox, Crocker, Elliot), there have been described cases of "chronic pruriginous polymorphous dermatitis herpetiformis with successive outbreaks," cases of herpes gestationis, and cases which approach these morbid types by the form of the eruption, by their intense subjective phenomena, but which differ from them in their etiology and rapid evolution. These cases which Duhring has placed in his dermatitis herpetiformis, but which he has, like the preceding authors named, wrongly confounded with the other morbid entities which have been above given, should be the subject of new research. It is impossible in the present state of our knowledge to make a well-defined clinical type or group of them, but the author thinks that such cases should be placed in a third class. He acknowledges, however, that these cases border very closely on the class "chronic polymorphous pruriginous dermatitis with successive outbreaks," and that between these two classes there are connecting transitional cases. While stating that there is as yet insufficient foundation to consider such cases as constituting the acute form of chronic pruriginous polymorphous dermatitis, still they may provisionally be grouped as such a class.

The author, in conclusion, states that excepting those which should be eliminated these cases constitute two totally distinct groups: "1. The impetigo herpetiformis of Hebra of which we have given a succinct description and which we will leave completely aside. 2. A large class of affections characterized by polymorphous eruptions, figurate, nonfigurate erythematous, erythematopapular, papular, papulovesicular, vesicular, vesiculobullous, bullous and pustular, accompanied by constant painful phenomena such as sensations of smarting, burning, intense pruritus and by an evolution of successive outbreaks. We will give these cases the name of *dermatitis*, a vague word which signifies simply inflammation of the integument, and not that of erythema which seems to us should be reserved exclusively for fugacious eruptions characterized by a simple redness of the skin; we add thereto: *a*. The term *polymorphous* or *multiform*, in order to designate better the nature of the eruption, but we would also willingly adopt that of vesiculobullous or pemphigoid. *b*. The term *pruriginous*, in order to designate the importance and constancy of the subjective symptoms.

This pruriginous polymorphous dermatitis thus understood is only a "syn-

drome;" the cases which enter therein can be divided into three principal groups:

1. Pruriginous polymorphous dermatitis with successive outbreaks, comprising: *a.* Chronic cases of very long duration which seem to constitute a well-defined morbid entity—chronic pruriginous polymorphous dermatitis. *b.* Cases of shorter duration terminating in recovery after an evolution of several months—subacute or benign pruriginous polymorphous dermatitis; this is only a simple variety of the preceding.

2. Acute pruriginous polymorphous dermatitis—the relations of which with the affections until now described under the names of vesiculo-bullous polymorphous erythemata, are of the closest kind and which constitute an ensemble of badly defined cases in which we cannot as yet distinguish very clear clinical types.

3. Recurring pruriginous polymorphous dermatitis of pregnancy (herpes gestationis), constituting a well-defined morbid type.

Finally, between each of these three principal groups, exist numerous transitional cases which seem to establish close bonds between them.

FORM OF ERUPTION ALLIED TO KAPOSI'S DISEASE AND TO PRURIGO ÆSTIVALIS ADOLESCENTUM (HUTCHINSON).

In the case described by HUTCHINSON (*British Medical Journal*, December 22, 1888), the eruption consisted of "vesications" on the face, ears, backs of the hands, and at times sparingly over the entire body. The lesions ulcerated and left scars. It had begun at the age of two and persisted to the age of twenty, showing throughout its course a remarkable tendency to relapse in summer, and to disappear or remain in abeyance in winter. The health had never been affected, and the severity of the disease became less and less from year to year and finally disappeared. The scarring left was similar to that following severe smallpox. The affection differed from Kaposi's disease (angioma pigmentosum et atrophicum) in that there was no tendency to freckles or stigmata. Other members of the patient's family, several in number, showed no evidence of the disease.

CIRCUMSCRIBED SCLERODEMA (ADDISON'S KELOID), WITH REMARKS UPON THE ETIOLOGY OF THE DISEASE.

BISS reports (*British Medical Journal*, December 22, 1888) a case of circumscribed sclerodema (morphœa). The patient, a girl of fifteen, showed a whitish indurated patch on the right arm beginning just above the elbow, and following roughly the course of the musculo-spiral nerve. It had begun four years previously. There was muscular atrophy, but no loss of sensibility in the affected area. The patient was also subject to congenital stenosis of the pulmonary artery, which was supposed to be due to intra-uterine endocarditis of rheumatic origin. The coincidence of rheumatism and valvular lesions with this disease has, as the author states, been noted by others. The asymmetry of the lesion, its correspondence with the course of the musculo-spiral nerve, the wasted muscles being those supplied by the nerve and its branches, seemed to point toward a neurotic cause.