Verruca Senilis and Epithelioma Originating from It.—WAELSCH (*Archiv für Dermatologie und Syphilis*, Bd. lxxvi., Heft 1), who has recently studied material derived from 11 cases of the so-called senile wart, regards this lesion as originally a seborrheic process combined with slowly progressing inflammatory changes, with acanthosis and hyperkeratosis. He thinks the same senile wart is in appropriate, since the growth is not really a wart, and occurs often in comparatively young and middle-aged subjects. The author would explain the origin of epithelioma from these growths, which occurs quite frequently, by supposing that the young, palisade-like epithelial cells which are frequently observed surrounding islands of connective tissue, begin to proliferate through the action of some irritation, mechanical or otherwise, the resistance of the connective tissue to such proliferation being much lowered by senile atrophy.

Metastatic Gonococcia of the Skin (Suppurative Angiodermatitis Due to the Gonococcus).—AUDRY (*Annales de dermatologie et de syphiligraphie*, 1905, No. 6) reports the following case: A young man, aged nineteen years, contracted a gonorrhœa of the ordinary type, for which injections and balsams were prescribed. On the third day there was cessation of discharge and of pain on urinating, and the patient stopped treatment. Twenty-four hours later there was acute pain in the right sternoclavicular articulation, accompanied by loss of appetite and fever. Subsequently other joints, such as the knees and wrists, became painful and swollen. In addition to these joint affections, there was a generalized eruption resembling scarlatina, which was at first localized upon the chest near the swollen sternoclavicular articulation; this eruption suddenly became general after a bath. This scarlatiniform eruption was followed by an eruption of round, slightly infiltrated, red spots about the elbows, knees, and the little toe. Shortly after the disappearance of the diffuse eruption lesions exactly like those of polymorphous erythema appeared on both knees, on one of the wrists, on one elbow, and on the inner surface of the right little toe. Upon the efflorescence on the little toe a few small pustules formed, which soon became confluent. Upon incising the toe a very little pus escaped; a deeper incision revealed a denuded phalanx and gave exit to a little serous fluid. Microscopic examination of the pus from the abscess on the little toe and of the skin excised from the border of the incision showed numerous typical gonococci.

A Peculiar Tuberculosis of the Skin.—KRAUS (*Archiv für Dermatologie und Syphilis*, Bd. lxxiv., Heft 1) describes a peculiar form of cutaneous tuberculosis observed in Pick's clinic. An anæmic, ill-nourished girl, aged fifteen years, had a number of solid, bluish-red, intracutaneous nodules extending up the extensor surface of the left arm, which had first made their appearance about six months before her reception in the clinic. The tumors were not accompanied by any subjective symptoms. The lymph glands of the arm and axilla were not enlarged, but the supraclavicular, nuchal, and inguinal glands presented a doughy swelling. Microscopic examination of excised lesions showed that the epidermis was little or not at all altered, but in the lower portion of the cutis were irregularly rounded, variously sized

cavities surrounded by layers of connective tissue in which were amorphous, yellow masses, which responded to the chemical tests for lime. Examination of some of the smaller nodules revealed a structure characteristic of tubercle, consisting of epithelioid cells with numerous giant cells and caseation. Although many sections were examined for tubercle bacilli, these were not found. A "diagnostic" injection of old tuberculin was followed by elevation of temperature and local reaction at the site of the lesions, thus establishing the diagnosis of tuberculosis. The author regards this case as demonstrating that calcification in the skin occurs upon an inflammatory basis of a tuberculous character.

Keratosis Follicularis.—In a paper upon the pathology of the hyperkeratoses, SAMBERGER (*Archiv für Dermatologie und Syphilis*, Bd. lxxvi., Heft 2) presents the following conclusions based upon the microscopic study of a case of keratosis follicularis observed in Janovsky's clinic: Keratosis follicularis is a disease *sui generis*. It is dependent upon a hyperproduction and hypercohesion of the corneous layer which may be demonstrated histologically. These two pathological processes in the epidermis are the cause of all the clinical symptoms observed on the skin and in the hair follicles. It is not necessary to suppose a primary stopping up of the mouths of the follicles as the beginning of the pathological alterations. The hair follicles are not the only nor the characteristic seat of the disease; the changes which take place in them during the course of the affection are of a secondary character. The neighboring skin surface is affected by a process qualitatively and quantitatively the same as that present in the follicles. The author believes the malady would be more appropriately named keratosis pseudofollicularis.

The Pathology and Therapy of Severe Burns.—WEIDENFELD and ZUMBUSCH (*Archiv für Dermatologie und Syphilis*, Bd. lxxvi., Hefte 1 and 2), from an analysis of a large number of cases of burns of greater or less severity, find that the time of death after a burn of the skin bears a certain definite relationship to the extent of surface involved and that death is the result of the action of poisons absorbed from the burned skin. In making a prognosis the extent of the burn, its degree, the age of the patient, his constitution, and accidental complications must all be considered. In small burns involving less than a twelfth of the surface, all the methods of treatment usually employed are equally valuable. In burns of less than a seventh of the surface infusions will save the patient's life, provided no ominous symptoms, such as vomiting, nausea, singultus, and somnolence, appear. When burns of less than a third of the surface are present immediate removal of the eschar and infusions will probably save the patient. In burns of less than the half of the surface the same methods may be relied upon to save life, or at least prolong it. When more than half the surface is involved in a burn of the third degree the outlook is bad. As the two most valuable therapeutic measures, the authors recommend infusions, such as normal salt solution, clysters, and the early removal of the eschar.

Treatment of Tinea Tonsurans by the X-rays.—SABOURAUD and NOIRE (*La presse médicale*, December 28, 1904) discuss this subject, based upon