qualifications which should be kept in mind. In children and young persons it rarely fails to disappear under the use of sufficient doses. After middle life the drug loses some of its efficacy, and in aged people it seems to have very little effect. In these cases quinine, stimulants, and food should be relied on.

THE EXTIRPATION OF LUPUS.

RICKETTS (*N. Y. Med. Journal*, 1893), advises the complete extirpation of lupus either with the knife or the curette, replacing the loss of tissue, where this is considerable, by skin-grafting. This mode of treatment is advised not only for lupus vulgaris, but for lupus erythematosus.

PAPILLARY AND PIGMENTARY DYSTROPHY.

DAVIER (*Annales de Dermatologie et de Syphiligraphie*, 1893, No. 7) has observed and studied histologically two cases of a disease of the skin and mucous membranes which he calls *papillary and pigmentary dystrophy*, it being the same affection which Pollitzer and Janovsky have described under the name *acanthosis nigricans*. Both patients were women, aged thirty-four and forty-two years respectively, in whom, during the evolution of gastric cancer, there was developed a modification of the integuments, characterized by a double process, papillary hypertrophy and pigmentation. The papillary hypertrophy existed around the natural orifices, upon the hands, about the umbilicus, upon the tongue, and in one case upon the gums. The pigmentation, accompanied by a verrucous and even papillomatous condition, was seated principally upon the neck, chiefly the nape, and in the articular folds, where it reached an extreme degree. Upon the trunk it assumed the form of macules similar to plane senile warts, and in some regions, as the wrists and elbows, small confluent plane warts. The beginning of the affection is insidious, but it develops and becomes almost general in its distribution in a few months. The affection is to be distinguished from Addison's disease, ichthyosis, senile warts, and psorospermose folliculaire végétante, with which last it presents certain analogies.

The histological changes consist in an enormous increase of the thickness of the corneous layer and a moderate increase in the thickness of the rete and the stratum granulosum. The glomeruli of the sudoriparous glands were absolutely normal in appearance.

A MIXED CASE OF LUES AND TUBERCULOSIS WITH UNUSUAL LOCALIZATION.

FABRY (*Archiv f. Dermatologie und Syphilis*, 1893, Heft vi.) reports a case of mixed tuberculous and luetic ulcer of the prepuce. The patient, thirty-five years old, had constitutional syphilis, having numerous scars over the body, the result of a syphilitic eruption, and was inclined to tuberculosis. At the time of observation ulcers existed upon the inner surface of the prepuce, which from the history and character of the lesions were diagnosed as syphilitic, and iodide of potassium was accordingly prescribed. This treatment, although continued for some time, was without effect, the

ulcers extending peripherally and in depth. Under the use of sublimate dressings healing took place, but hardness and deep infiltration still remained. Ulceration shortly again occurred, involving the frænum, which it destroyed. A small piece of the prepuce was now excised and examined microscopically by Prof. Ribbert, of Zurich, who pronounced it tuberculous. Under the use of carholic acid and sublimate dressings, together with mercurial inunctions, a permanent cure was eventually obtained.

THE TREATMENT OF ITCHING.

BRONSON (*N. Y. Med. Record*, 1893), in a paper upon this subject, discusses the various measures useful in relieving this very common and often distressing symptom. These measures are:

A. *The Removal of Local Excitants.* Irritating contacts of all kinds are to be scrupulously avoided. Attention is to be given to the underclothing, which should be of the softest material. Extreme heat or cold must be avoided, as well as sudden changes of temperature. As local excitants may be intra- as well as extra-cutaneous—as when due to toxic materials conveyed to the skin by the blood—depurative remedies, such as diuretics and diaphoretics, are, in proper cases, to be employed.

B. *Sedatives.* Used internally these are less satisfactory than when applied to the skin. The bromides are often of benefit, and hypnotics, such as sulphonal, are occasionally needed. Two internal remedies especially worthy of mention are cannabhis indica and gelsemium. Phenacetine and antipyrine are likewise useful. Among local sedatives carholic acid is the most reliable, and the author recommends its employment in the following formula:

R.—Acid. carholic.	. . . . .	5j-ij.
Liq. potass.	. . . . .	5j.
Ol. lini	. . . . .	5j.—M.

Sig.—Shake before using.

Salicylic acid and salol act similarly to carholic acid, but are less effective. Thymol is also useful, but on account of its irritating effect is contra-indicated when the skin is sensitive. Corrosive chloride of mercury also possesses anti-pruritic properties. Cocaine often gives satisfactory results in localized forms of pruritus about mucous orifices and upon abraded surfaces. Water of the temperature of 100° F. and over is likewise useful.

C. *Sensory Stimulants.* It is more especially in such forms of pruritus as are associated with hypopselaphesis [*sic*] that remedies of this class are indicated. Among these agents electricity, either as galvanism or faradism, is of benefit. Strychnine is also of value.

D. *Substitutive Irritants.* Menthol, which is one of the best palliatives of itching, in the author's opinion acts, not by direct inhibition of the molecular movements of the sensory nerves, but by substituting an exaggerated temperature-sense for the perturbed sense of contact.

E. *Alterations of Cutaneous Nutrition.* Jnhorandi probably belongs in this class, and is especially useful when the skin is hot and dry. Among the local remedies are ichthyol (5–10 per cent.), tumenol (25 per cent. or pure), occasionally tar, resorcin (3 per cent.), and benzoic acid or benzoïn. The author, observing the fact that a large proportion of remedies that allay itching are