her own dog. Under energetic antiparasitary treatment the lesions disappeared within about ten or twelve days, but there gradually developed, at first, isolated and by and by more widely disseminated, large, bullous lesions. Such a development of pemphigus from an antecedent generalized eruption of some other clinical type has occasionally been recorded by other writers.

Without going into unnecessary details, I may state that within the next six weeks almost the whole surface of the body became involved, including the face and hairy scalp. Imperceptibly the type of the whole clinical picture had changed from that of pemphigus vulgaris to the clinical form of pemphigus foliaceus. There was little tendency toward the restoration of the epidermis. Instead, large areas of the surface were covered with crumbling, heaped-up masses of dry epidermis, desiccated serum and detritus. The chest and back particularly showed the familiar picture of superficial transversal rhagades between streaks of exfoliated epidermis. To give a full account of the aspect presented, I might simply copy the description of that terrible disease from any good treatise. There were occasional spells of apparent improvement followed by set backs, and at all times one could observe that peculiar phenomenon described by Nikolsky, namely, the easy detachment of the seemingly sound-looking epidermis on the slightest friction of the skin. Beyond a slight conjunctivitis and some irritation of the nostrils, the mucous membranes remained intact, which seemed to me an encouraging feature. There was usually some elevation of temperature, disturbed sleep and, as a matter of course, considerable general discomfort. But no vital organ seemed to suffer. After the persistence of the severe symptoms for a period of one and one-half years there gradually commenced a slight improvement, the skin in some places remained firm, the face cleared up, and fewer and fewer superficial bullæ were formed. About three and a half years after the onset of the disease, during the past winter, the patient was able to visit me for the first time at my office. I have recently learned from the patient's sister that she is very comfortable, going to theaters and enjoying life, and evidently not much in need of further services by me.

My treatment of the case was, of course, varied. Internally I commenced with arsenic in small and frequently repeated and gradually increasing and then again decreasing doses. This was kept up for many months. Several such courses were carried out. Quinin was given at some times systematically, but did not seem to do so well. General tonics containing iron and strychnia, also cod liver oil with phosphorus, were given for long periods. The diet was arranged on most liberal grounds. Nothing which the patient really cared for was ever forbidden; even wine was allowed, and, in fact, the patient insisted on rather liberal quantities of claret and rum to insure sleep. Locally, protracted baths were given for a long time until the patient seemed to tire of them. Soothing lotions and mild salves were given in many varieties, according to the indications furnished by the condition of the skin. Of local applications the greatest benefit seemed to be derived from painting at first small territories and then the whole affected surface with a 10 per cent. solution of ichthyol.

How long the present favorable condition in this case may last remains to be seen. But in view of the sad, practically fatal prognosis of all these cases, I am glad to be able to report this somewhat unusual good result.

[FOR THE DISCUSSION, SEE THE DEPARTMENT OF SECTION DISCUSSIONS IN THIS ISSUE.]

Diagnosis of Abscess in Liver.—Axisa writes from Alexandria to the *Centbl. f. innere Med.* No. 13, 1907, to call attention to the constant increase of ammonia in the urine in case of an abscess in the liver. It may increase to form from 9 to 24 per cent. of the total nitrogen in the urine, with simultaneous reduction of the proportion of urea and alimentary levulose. He thinks that the constant finding of this combination justifies exploratory laparotomy in dubious cases.

THE SALICYLATES IN THE TREATMENT OF LICHEN PLANUS.

SOME UNUSUAL FORMS OF THIS AFFECTION.*

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Perhaps the most generally useful internal remedy in the treatment of lichen planus is arsenic, which, when associated with appropriate local applications, in most cases produces improvement within a reasonable time and eventually a cure. In a not inconsiderable minority, however, arsenic fails to exert a favorable influence on the disease, or may even aggravate it and materially increase the patient's discomfort. In these cases I have recently employed with more or less success the various salicylates, which, so far as I know, have not yet found a place in the text-books as approved remedies in this disease, although a closely related drug—salicin—has been recommended by Crocker. Although the number of cases in which I have used them is yet small, the relief afforded in some instances was so immediate and decided that I have thought it worth while to call attention to these remedies with the hope that they may receive a more extended trial.

CASE 1.—Patient.—Mr. S., aged 46, a hard-worked clerk in a large manufacturing establishment, came under observation early in October of last year, with a most extensive lichen planus.

History.—The eruption which was of one month's duration, was at first limited to the abdomen and forearms, but rapidly spread until it involved every region but the face and was attended by severe itching.

Treatment.—At first arsenic was given in moderate doses, but the eruption continued to spread, and the itching was not at all relieved. After two weeks of ineffective treatment with arsenic he was given salicylate of soda, which was followed by immediate relief of the severe pruritus and a check in the spread of the eruption. At the end of another two weeks it was noted that new lesions had ceased to appear and that there was no longer any itching. After another week or two of the salicylate treatment it was stopped and the arsenic was again taken up; but the return to the arsenic was soon followed by a return of the itching and the appearance of new lesions. The resumption of the salicylates, sometimes salol, sometimes lithium salicylate or sodium salicylate, was followed by speedy improvement, which continued to complete recovery.

CASE 2.—History.—Mrs. L., aged 43, had a lichen of three or four months' duration, which, although moderate in extent, being limited to the wrists and legs, was intensely itchy, giving the patient rest neither night nor day, so that she was in an extremely nervous and overwrought condition. The skin, too, was unusually sensitive, every local application seeming to increase the irritation.

Treatment.—Arsenic was given, in one form or another, for a period of six weeks and various washes were applied for the relief of the itching, but without any real improvement. About this time the patient began to complain of rheumatic pains in the knees, for which she was given fifteen-grain doses of salol four times a day, and immediately the lichen began to improve, having almost disappeared at the end of two weeks of this treatment. The salol was now stopped and the arsenic tried again; this change in the treatment was followed immediately by an increase in the itching, which again became well nigh intolerable. Sodium salicylate was now substituted for the arsenic, with immediate relief, and this drug was continued until the complete disappearance of the disease. The relief of the itching in this case was most striking.

CASE 3.—History.—Mrs. S., aged 55, was referred to me by her family physician for the treatment of a lichen planus on

* Read in the Section on Cutaneous Medicine and Surgery of the American Medical Association, at the Fifty-eighth Annual Session, held at Atlantic City, June, 1907.

the buttocks and the inner and posterior surfaces of the thighs. The disease had already lasted eighteen months, and the treatment which she had had, which included, among other things, the Roentgen ray, gave her little or no relief.

Treatment.—For a time she was given arsenic, but this had to be used cautiously, since she bore it badly, experiencing gastric distress even from small doses. She improved, however, slowly but steadily under this treatment combined with the application of an ointment of phenol and mercuric chlorid. After a time she began to complain of pain in the larger joints, and the arsenic was stopped, salol being given instead. The improvement in the lichen was quite as decided while taking this drug as under the arsenical treatment, but not more so. Under the alternate use of the salicylates and arsenic this patient made a complete recovery, but the beneficial effects of the salicylates were less striking than in the cases already related.

CASE 4.—History.—A man was recently under observation in the University Hospital, in whom the eruption was unusually extensive, being almost universal and accompanied by almost intolerable itching.

Treatment.—Salicylate of soda was given in 15-grain doses four times a day. Under this treatment there was prompt improvement in the eruption, the papules flattening down and growing paler, and the itching, too, was considerably diminished, although it still continued an annoying symptom. As the pruritus still continued after a week's use of the sodium salicylate, the patient was given arsenic, under which the improvement, at least so far as the itching was concerned, was more decided. In this case the salicylate seemed to be distinctly less useful than the arsenic, although not without favorable effect.

It goes without saying that an experience based on so small a number of cases is inconclusive, but it would seem that the salicylates are of distinct service in a certain proportion of cases of lichen planus, especially in the relief of itching, which is sometimes a most distressing and stubborn symptom; and it would further appear that they are likely to be of most use when arsenic has failed, or, as occasionally happens, has actually increased the patient's discomfort. Their real value, however, can only be determined satisfactorily by employing them in a large number of cases.

SOME UNUSUAL FORMS OF LICHEN PLANUS.

Lichen planus may be regarded as the type of a papular disease, the eruption being, as a rule, remarkably uniform in appearance and distributed on various parts of the body without any special arrangement. In exceptional cases, however, there may be a more or less marked departure from the usual type, both in the character of the lesions and, more especially, in their arrangement. Instead of the ordinary diffuse eruption there may be an arrangement in circles and segments of circles with no appearance of discrete papules. In a case observed some years ago the eruption consisted entirely of a few scattered, brownish-red, slightly scaly rings and crescents situated on the legs, the whole looking much like a syphilide. This patient had been under my care seven years before for an extensive lichen of the ordinary diffuse type.

Instead of rings the eruption may appear as slightly elevated discs with or without depressed centers, as in the case of a woman observed in the skin dispensary of the University Hospital some years ago. In this patient there were a number of violaceous, slightly scaly discs situated on the flexor surface of the forearms, while on the backs of the hands, the extensor surface of the forearms and tops of the feet the eruption presented the usual appearance.

In rare instances the disease exhibits a band or ribbon-like distribution, sometimes following more or less

closely the course of some nerve tract; I have seen two striking examples of this form. The first was in the person of a negro man, 56 years old, in whom a broad band of closely aggregated lichen papules began on the left buttock and extended down the posterior surface of the thigh and outer side of the leg to the ankle, following with considerable accuracy the course of the sciatic nerve.

In the second case, the patient being a woman 43 years old, there was a broad, serpentine, verrucose band which, beginning on the inner surface of the right thigh just above the knee, extended over the anterior surface of the leg to the ankle. In this patient there was also an abundance of lichen papules on the flexor surface of the forearms, but in this locality the disease presented no unusual appearance.

Perhaps one of the most interesting, and at the same time one of the rarest of the aberrant forms of lichen planus, is that in which, along with the usual flat-topped, angular papules characteristic of the disease, there are a greater or less number of variously sized blebs. Only a small number of cases of this kind have been reported, the most remarkable being one observed by Kaposi, in which the number and size of the blebs was so great as to obscure for a time the lichen eruption. In the first case reported in that portion of this paper dealing with the use of the salicylates, this complication was present in a moderate degree. As has already been stated, the patient was an overworked clerk, with a most extensive and intensely pruritic eruption; from the very beginning, according to the statement of the patient, small blebs were observed from time to time scattered about on various parts of the trunk and lower extremities. They were about the size of a split pea, never very numerous at any one time, without any special distribution or arrangement, and ruptured spontaneously soon after they made their appearance.

In endeavoring to explain this departure from the ordinary type of the disease, it has been maintained by some that the blebs were no essential part of the eruption, but were due to arsenic, which is so generally employed in its treatment, a drug which, as is well known in exceptional cases, produces cutaneous lesions of various kinds. In the foregoing case, however, this etiologic factor could be excluded at once, since this drug had not been employed during the first month of the disease, while the blebs were present from the very beginning; and other observers have recorded similar cases. In an analysis of the literature of bullous lichen planus, Whitfield collected the reports of 17 cases in which bullæ were present, and in nine of these he found that no arsenic had been taken. It is possible that, in some cases at least, the blebs are the result of traumatism inflicted on the skin by the patient in scratching.

[FOR THE DISCUSSION, SEE THE DEPARTMENT OF SECTION DISCUSSIONS IN THIS ISSUE.]

Diseases of the Nasopharynx in Infancy.—J. L. Morse, in the *Providence Medical Journal*, states that although the symptoms of retropharyngeal abscess are usually so characteristic they are very frequently misinterpreted. If the obstruction is high up, they are most often mistaken for those of a simple pharyngitis or rhinitis, although diphtheritic paralysis is sometimes suspected. If the obstruction is low down, they are often ascribed to laryngitis, either catarrhal or diphtheritic. In cases in which the signs of bronchitis are marked the primary condition of the throat is often entirely overlooked and a diagnosis of bronchitis or bronchopneumonia is made.