have misunderstood my remarks about dormitories. I think there is a danger of patients expelling small particles of bacilliferous saliva during dry cough, and if the beds are too close together drop infection is possible. As to breathing exercises, I have taught them for years to my patients, and, as in Dr. Appel's case, the teaching led to an increase of my own chest expansion; but I only had New York air, while Dr. Appel had the clear, dust-free atmosphere of Fort Bayard.

Mr. Chairman: I move the adoption of the following resolution:

RESOLUTION ON TUBERCULOSIS.

Resolved, That in view of our knowledge that several European governments have established national governmental tuberculosis commissions, and recognizing the fact that tuberculosis is likewise with us a very prevalent and a preventable disease, the Section of Hygiene and Sanitary Science recommends that the American Medical Association address an appeal requesting the proper federal authorities to create a United States Tuberculosis Commission for the study, investigation and prevention of tuberculosis in man and animals.

DR. BENJAMIN LEE, Philadelphia.—I have much pleasure in seconding the motion. This question has now been raised to the dignity of a National one. Until we had reasonable ground for believing that bovine and human tuberculosis are intercommunicable and that the condition is one which is, to a large extent, curable, we would not have been justified in calling on the National Government to interfere. I believe, however, that the time has now arrived when we can with propriety ask the American Medical Association to use its influence with the government to get such a commission established. It will not be creating a new precedent, for, acting in co-operation with the American Public Health Association, we have already induced the government to undertake the investigation of yellow fever and the possibility of its prevention. It is true that in the case of the latter disease the conditions were such that the commercial instinct could be appealed to more easily. Yellow fever interfered with commerce over a considerable portion of the country, and therefore it was not difficult to get the ear of Congress. It is doubtful if we shall as readily succeed in our efforts in regard to tuberculosis, but, none the less, it is our duty to make the attempt.

(The motion was adopted and referred to the House of Delegates and referred back to the Section for elaboration. See THE JOURNAL, June 21, 1902, p. 1658.)

DERMATITIS REPENS.*

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In 1888 Crocker first called attention to a peculiar inflammation of the skin to which he gave the name dermatitis repens, his description of the disease being based on three cases, of which the following is a brief summary:

CASE 1.—The first case occurred in a young man who had had a portion of a finger amputated on account of an injury. The operation wound healed in normal fashion, but at its border a dermatitis, resembling in a general way an eczema rubrum, began which gradually spread up to the palm and over the fingers. The surface was denuded of its epidermis, was intensely red, oozing a clear fluid like sweat from numerous points around the sharply defined borders of the patch, which consisted of undermined epidermis elevated by fluid. The inflammation continued to extend for some months until it reached the elbow, the hand in the interval having recovered its normal condition. After trying applications of silver nitrate and copper sulphate without favorable results, recovery took place under continuous application of lactate of lead.

CASE 2.—The second patient was a weak, nervous woman, 28 years of age. The inflammation began on the flexor surface of the wrist with an eruption of red papules, which coalesced

and discharged. It spread down the hand and up the arm, presenting a well-defined border covered with thick crusts; it ultimately reached the shoulder, spread across the back of the neck and down the other arm to the elbow, the older parts of the disease in the meantime healing. It was finally cured by cutting away the undermined epidermis and applying a 10 per cent. solution of permanganate of potash until it formed a crust.

CASE 3.—The third of these cases occurred in a young man, 19 years old, and was much milder than the two preceding. The disease began as an eruption of small blisters on the wrist one year before, spreading to the arm and hand until the whole palm and fingers, except the terminal phalanges, were involved. Recovery took place in about three months.

In 1892, in a short paper read at the International Dermatological Congress held at Vienna, Crocker again called attention to the malady, reporting two new cases and referring briefly to others which had been under his own observation or that of others. In this paper he describes the affection as "a spreading dermatitis starting from an injury to the skin . . . usually manifested by a free exudation of fluid in the form of vesicles, or a bulla, the result of which is the complete denudation of all the upper layers of the epidermis, leaving an intensely red surface oozing in numerous points. . . . The disease spreads by direct extension, not by the formation of fresh foci either near or away from the original morbid area. It may extend over a part or the whole of a limb, or even over a large portion of the body, and is not accompanied by marked itching, burning or disturbance of the general health. Finally, although very rebellious to treatment, it ultimately yields to local remedies of an antiseptic character while internal remedies appear to have no effect." In all the cases except two the disease was preceded by and started from an injury of some kind, trifling or severe. The youngest patient in whom the affection was observed was a girl of 11, in whom it followed the running of a splinter under the nail; the oldest was a man, 87 years of age, in whom the eruption appeared 48 hours after an injury to the left shoulder and arm. In 1896 Stowers reported a case as follows:

CASE 4.—A woman, 67 years old. Fourteen days after a confinement, when she was 29 years of age, a small "gathering" was noticed in the matrix of the right thumb-nail which was followed by loosening and detachment of the nail. This never healed according to the statement of the patient, small pustules appearing around it from time to time. A year later the left thumb became affected in a similar manner, and subsequently some of the fingers with the nails were involved at intervals of several months. At a much later period the toes began to be affected, the nails of which were lost. Severe burning pains, such as often accompany peripheral neuritis, were frequently present for long periods in the affected areas. Microscopic examination for the ringworm fungus gave a negative result.

Erèche has reported as "a trophoneurotic eruption of the extremities recalling dermatitis repens," the following case:

CASE 5.—A man, 48 years old, after some months of fatiguing labor, began to suffer from severe nocturnal pains starting in the nape of the neck and extending along the arms, accompanied by sensations of heat in the hands. Some four or five months after these pains had almost entirely ceased, a brownish patch appeared on the nail of the right thumb without any apparent injury, although there was a doubtful history of a prick with a thorn. Some days later redness and swelling appeared about the insertion of the nail, then pus, which loosened the nail and the epidermis. The disease gradually spread into the palm and the other nails became diseased; and at a later period analogous lesions showed themselves on the left thumb. All the palm of the right hand and the palmar surface

* Read at the Fifty-third Annual Meeting of the American Medical Association, in the Section on Cutaneous Medicine and Surgery, and approved for publication by the Executive Committee: Drs. W. T. Corlett, L. Duncan Bulkley and W. L. Baum.

of the fingers were deprived of epidermis, forming a large excoriating plaque. The skin was a deep red, smooth, sprinkled over with miliary pustules, and oozing abundantly. The diseased area was sharply delimited by a collarette of undermined and macerated epidermis.

The author regarded the case as closely resembling the one reported by Stowers, having as its cause trophic troubles of nervous origin. Hardaway very briefly mentions a case under his observation which followed a hangnail, and which lasted for some months, and Hyde and Montgomery refer to three cases under their care, but give no details as to their clinical features.

Hallopeau has reported a number of cases of a peculiar inflammation of the skin, usually situated on the upper extremities, which present clinical characteristics resembling in many particulars those present in the cases reported by Crocker, to which he at first gave the title *polydactylites suppuratives recidivantes*, later *acrodermatite suppurative continue*. He regards these cases as representing an affection quite distinct from dermatitis repens, and believes the cases of Stowers and Frèche, referred to above, to have been examples of this acrodermatitis rather than dermatitis repens. As to the origin of this peculiar dermatitis, he believes it due to microbic, probably staphylococcic, infection whose port of entry is some traumatism.

CASE 6.—In February of this year, Mr. G. A. L., 43 years old, a civil engineer by occupation, consulted me on account of an affection of the hand which had begun about four months previously. On the palmar surface of the terminal phalanges of the middle and ring fingers of the right hand, and over the greater part of the hypothenar eminence were sharply circumscribed, rounded, desquamating patches, the borders of which were formed by a collarette of undermined epidermis, from beneath which oozed a fluid at times yellowish and transparent, at others purulent; and slightly in advance of the undermined borders of the patches was a narrow, pale-red areola. The center of the patches was in places scaling, in others bright-red and comparatively smooth. Beyond a slight feeling of stiffness, there were absolutely no subjective symptoms. In addition to the palmar lesions just described there were a few small, discrete vesicles on the sides of the fingers.

According to the patient's statement the disease on the hand had been preceded by lesions of a similar kind on the foot, but these soon disappeared; and shortly after it appeared on the hand, attacking the terminal phalanges of all the fingers and the hypothenar eminence. The index and little fingers soon recovered their normal condition, and at the time the patient came under my observation these, as well as the foot, showed nothing abnormal. During the first two weeks after coming under my care the disease slowly but steadily advanced toward the center of the palm, the patch on the hypothenar eminence being particularly active, numerous pin-point-sized vesicles and pustules appearing from time to time about its borders which became more markedly polycyclic. A noteworthy peculiarity of the disease was that the extension of the patches invariably occurred toward the center of the palm, leaving the parts over which it had passed either red, dry and scaly, or smooth and almost normal in appearance. Occasionally a few small pustules appeared in the center of the patches, but as a rule such lesions were confined to the advancing borders, there being no recurrence in parts once gone over by the eruption.

At first a salicylic acid paste, varying in strength from one to three per cent., was applied; later this paste was used in combination with a lotion of mercuric bichlorid, 1:2000. These remedies produced some slight improvement in the condition of the skin, but did not retard the progress of the disease, which spread slowly but steadily day by day. The edges of the patches were then painted with a solution of formalin in glycerin, at first one-half dram, later one dram to the ounce, and this was followed by Brooke's paste well rubbed in, these applications being made twice a day. Marked improvement followed this method of treatment; and when the patient was last seen he was practically well. I have recently learned,

however, that, while the palm remains well, a few vesicles have again appeared on the fingers.

In its principal features the foregoing case agrees with those reported by other observers, more particularly with the cases described by Crocker, and evidently is to be placed in the same class. As to its pathology, I am quite convinced, from its course and the result of treatment, that it was an infection of some sort, but I am unable to form any opinion as to the character of the infecting agent. Although it presented few of the characteristics of trichophytosis, repeated examinations of fragments of epidermis from the borders of the patches for the trichophyton were made, but always with negative results.

As to the pathology of the malady in general, Crocker regarded it as a peripheral neuritis starting from a traumatism which caused a superficial dermatitis, and was followed in turn by microbic infection. Hallopeau, as has already been mentioned, considered it due to staphylococcic infection occurring in a specially predisposed soil, while Frèche considered his case a tropho-neurosis.

It seems to me likely that this peculiar form of dermatitis is not always due to the same cause, but that in some instances it represents an infection, while in others—as in one of Crocker's cases in which the eruption appeared within a few hours after an injury to the shoulder, and the case reported by Frèche—it is most probably neuritic, atrophic disturbance following an injury and consequent inflammation of the nerves supplying the affected areas.

DISCUSSION.

DR. F. H. MONTGOMERY, Chicago—In the three cases of Dr. Hyde and mine to which Dr. Hartzell has referred the symptoms accorded closely with the description given by Crocker. The fact that these and other cases recovered with the use of parasitocides points strongly to their parasitic origin.

DR. H. W. STELWAGON, Philadelphia—A case came under my observation a few years ago which showed a somewhat more inflammatory condition than that just described. In the several cases I have met it has always seemed to me that the milder antiseptic treatment was more successful than severer measures. I have always employed a saturated boric acid solution, applying it thoroughly, and while the parts are still wet with it sprinkling on a boric acid dusting powder. This is repeated twice daily.

DR. HARTZELL—The case which Dr. Montgomery referred to would seem to confirm the view that the disease is a form of infection. In most cases where the treatment has been effective the remedies have been parasitocides, and this lends probability to the view that the disease is due to infection.

Railway accidents and injuries are not appreciated by the public. It is well known that any official statistics fall short of the actual number, and yet the reports of the Interstate Commerce Commission show that during the ten years ending 1900 there were killed 68,837, an average each year of 6883, and in the same time there were injured 387,803, an annual average of 38,780 a year, or a grand total of 456,640, averaging 45,663 per annum. And the rate of increase is greater each year, the number in 1900 being over 46,300. What an excitement and alarm there would be if a war should break out between two of our states in which there were within one year casualties amounting to about 50,000! Nothing better illustrates the dulling effect of repetition and monotony. And yet these 50,000 deaths and maimings are as expensive, as unnecessary, and as criminal as would be those of the expensive, needless, and sinful war. Whose is the fault and what is the remedy? The fault is public indifference, and the cure is public determination to hold to a strict responsibility the railroad companies and the legislatures now so recreant to their trust.—*American Medicine.*