DERMATOLOGY

UNDER THE CHARGE OF

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Pathology of Malignant Epithelial Growths of the Skin.—JOHN A. FORDYCE (*Jour. Amer. Med. Assoc.*, 1910, lv, No. 19, 1624) believes from his numerous investigations that no one agent is concerned in the malignant proliferation of epithelial tumors, and that a multiple etiology is responsible for the cutaneous carcinomata. A strong argument against the theory of the parasitic nature of the disease is the development of epitheliomata following exposure to sunlight, Röntgen rays, and other radiant energy. The action of such chemical substances as arsenic, tar, tobacco, and scarlet-red on epithelium, for which they have a special predilection, goes to show that a variety of agents have the power to stimulate epithelial mitosis which may pass into malignancy. Carcinomata which develop on scar tissue or antecedent conditions of the skin like lupus, syphilis, etc., suggest the idea of misplaced cells in some cases and in others with degenerative processes which interfere with the functional life of the cells, followed as a consequence by overgrowth of the cells.

The Tineas.—R. SABOURAUD, an authority, enters upon the subject of the cryptogamic disease at great length (*Brit. Jour. of Derm.*, October, 1910, pp. 334, 335), the following points being of practical interest. It is stated that different forms of fungi are responsible for ringworm and favus, and that in Paris, out of 500 cases, 150 were due to microsporon, 218 to trichophyton, and 52 to favus. Eleven species of microsporon are described by the author, 15 of Trichophyton endothrix, 15 of Trichophyton ectothrix, and 5 of favus, which affect man and certain of the lower animals. No accidents effecting the brain from the use of x-rays are recorded. An important practical question discussed is the danger of producing permanent loss of hair from the use of x-rays in the treatment of the tineas of the scalp. Sabouraud takes the view that if such an accident did occur it was due to an overdose, the same region being exposed to more than one full dose at too short an interval, or to the regulation distance of 15 cm. between the antihode and the scalp not being adhered to.

(The profession is greatly indebted to Sabouraud for our present knowledge of the treatment of the tineas by x-rays, his labors in Paris over many years having resulted in much good for therapy.—L. A. D.)

Etiology of Elephantiasis.—G. C. SHATTUCK (*Boston Med. and Surg. Jour.*, clxiii, No. 19, p. 718) directs attention to the relation between edema, hyperplasia of connective tissue, and lymphatic dilatation.

The essential characteristics of the acquired form of the disease are lymphangiectasis, hyperplasia of connective tissue, and chronic edema, and these conditions may frequently be attributed to the interaction of stasis and inflammation, stases always occurring early, and persisting. Inflammation may precede or follow stasis, or may be absent at any stage of the disease, and may be acute or chronic and generally may be traced to bacterial infection. Chronic stasis or inflammation may predispose to elephantiasis, but the disease does not always result even when they occur together. *Filaria* is an important factor in the production of endemic elephantiasis of some countries, but is not essential to the occurrence of the endemic variety. The disease in regions where *filaria* abound results indirectly from filariasis through bacterial infection.

Solid Carbon Dioxide in Dermatology.—E. R. MORTON (*Lancet*, August 20, 1910, p. 558) relates his experience in a large number of cases, including capillary and cavernous nevi, port-wine marks, lupus vulgaris, moles, and warts. Of capillary nevi, 212 cases were completely cured by a single application, lasting on the average forty seconds. Other cases had more applications. In cavernous nevi the results were not so successful, although 33 cases were cured by a single application, and 5 incompletely cured or not benefited. In port-wine mark every portion of the lesion had to be treated two or three times. In lupus vulgaris crusts are to be removed and firm pressure made with the crayon for at least forty seconds. The healing process occupied from two to three weeks. The results were regarded as satisfactory. In moles and warts the treatment is eminently successful. In pigmented and hairy moles from thirty to forty seconds are usually required, but the author is not sure as to the permanence of the destruction or loss of the hair due to the freezing. (But little is said about the pain following the application, which some operators find an objectionable feature of the treatment.)

Therapeutic Use of Refrigeration with Solid Carbon Dioxide.—W. A. PUSEY (*Jour. Cutaneous Diseases*, July, 1910) contributes a paper of great interest in connection with this chemical agent which of late has become so popular with dermatologists for the treatment of various affections of the skin. In treating lesions up to the size of one-half inch in diameter, where the lesion is uniform in surface, one application of a mass of the snow, which is moulded or pared as nearly as possible to the size and shape of the lesion, is made. For lesions above an inch in diameter the best practice is to shape the end of the stick of CO₂ into a rectangular form in order to get perfect coaptation of the area treated. Even pressure should be exerted, in order to avoid irregularities in the freezing of the tissues. Warm or cold bathing of the part after freezing relieves the pain. As a rule, no after treatment is called for, beyond ordinary antiseptic precautions. Blebs that form may be emptied or allowed to rupture without surgical interference. Untoward effects seldom result. Scars, if these result, are usually of a benign or excellent character. The list of diseases in which this agent may be employed with the expectation of satis-