

is, to saprophytic organisms which, in consequence of some preliminary disturbance of nutrition, acquire pathogenic properties. The author thinks the hypothesis plausible that there are some microbes present on the skin which, when their activity is heightened by some trauma or disturbance of nutrition, may produce eczema. In one important point eczema and impetigo are analogous—namely, in starting from certain centres where bacteria abound, viz., the scalp, the feet, and the region of the genitalia. Concerning the pathogenic importance of the various micro-organisms found by Unna and others, and claimed by them to stand in a causal relationship to the eczema, no opinion is expressed.

THE POLYMORPHOUS ERYTHEMATA.

In concluding a paper upon this subject, VON DURING (*Archiv für Dermatologie und Syphilis*, xxxv Band, 2 u. 3 Heft) distinguishes three fundamentally different groups: 1. General infectious diseases with symptomatic skin affection. (a) The erythema exsudativum multiforme of Hebra. (b) Erythema nodosum. 2. Angioneuroses. To these belong a large series of urticarial or maculo-papular affections which resemble the above-mentioned infectious diseases. In this group the question of individual disposition must be considered. 3. The erythematous eruptions produced through embolism. Very many of the so-called "malignant polymorphous erythemata," and secondary skin metastases occurring mostly in septic processes, belong here.

AN UNUSUAL CASE OF DERMATITIS HERPETIFORMIS.

LIDDELL reports (*British Journal of Dermatology*, October, 1896) a case of dermatitis herpetiformis similar to the case recently published by Hallopeau in the *Atlas of the St. Louis Hospital*, to which he has given the appellation of "en cocarde." The patient was a woman, fifty-three years of age, who a year before coming under the reporter's observation suffered from an eruption preceded by pains in the knees. This eruption consisted of blebs situated upon the legs, abdomen, and back, fresh ones coming out from time to time. A scab formed upon the blebs, which soon dropped off, leaving a ring at the margin of the bleb. This condition continued until the end of the year, when the eruption ceased to appear. In the following year the disease returned, and at this time the patient came under the author's observation. On examination the eruption was seen to be situated upon the thighs, legs, dorsum of the feet, the lower part of the abdominal wall, extending as high as the umbilicus, and on the back as high as the tenth rib. It consisted of rings, gyrate figures, and vesicles and blebs, and was accompanied by itching and burning. The eruption developed in the following manner: vesicles and blebs, measuring from one line to three-quarters of an inch in diameter, first occurred. These were hemispherical or oval, tense, with clear contents becoming opaque in a few hours. Simultaneously with the occurrence of opacity a reddish-pink areola appeared around the lesions. Within twenty-four hours the contents were absorbed, a thin scab formed, but the areola remained. A depressed, shallow, moist ring now formed at

the periphery of the scab, between it and the red areola. The outer margin of this ring was soon elevated into a series of elongated vesicles. When the scab was cast off, another ring formed internal to the moist one above described; this ring was foliaceous in character, being composed of fine scales. These rings increased in diameter, and as they grew they coalesced at the points of contact with other rings, forming gyrate figures. On examining the contents of fresh bullæ microscopically numerous micrococci were found, which stained readily with Kuhne's methylene-blue. These micrococci were more abundant in fresh bullæ than in those in which opacity had occurred. The patient's general health was good.

OBSTETRICS.

UNDER THE CHARGE OF

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THE CAUSATION AND TREATMENT OF SECONDARY PUERPERAL HEMORRHAGE.

At the last meeting of the British Medical Association this topic was considered at length by ROUTH (*British Medical Journal*, October 24, 1896). Hemorrhage is called "secondary" when it occurs after the physician has thought it prudent to leave the case. It may be concealed or external. Its causes are sudden relaxation of the uterus from emotion or fright; partial detachment of a piece of retained placenta; detachment of thrombi by exertion, or sudden giving of ergot; loosening a retained piece of placenta. Ergot given before the birth of the child to an exhausted patient causes irregular contraction of the uterus, with spasm of the contraction-ring, and the retention of clots. Blood would be retained, and severe internal hemorrhage might follow. In such cases the treatment is to give ergot by hypodermic, dilate the uterus with the hand, empty it, and secure contraction with bimanual manipulation. A hot douche at 118° F. was also advised. In severe external hemorrhage before the third day the uterus should be explored for pieces of placenta. They should be loosened with the finger, removed, and the uterus packed with gauze. If necessary, bougies or dilators must be employed to open the womb.

In discussion, VAN SOMEREN had succeeded in a desperate case by compressing the abdominal aorta. RITCHIE gave tincture of nux vomica in large doses, and for some weeks before labor, where a hemorrhagic tendency existed. The placenta and membranes were examined to see that nothing was left behind. He had used a crystal of ammonin-iron-alm, inserted into the os