

extremities after taking considerable doses of iodide of potassium. The eruption was accompanied by some elevation of temperature and evidences of renal insufficiency. One of the most characteristic lesions, situated on the forehead over the left eye, was a quarter-dollar-sized, soft, rounded tumor with a broad, constricted base and ulcerating summit. A portion of this tumor examined microscopically showed a structure closely resembling epithelioma, there being the same connective-tissue *loculi* filled with atypical epithelial cells. The author calls attention to the ease with which mistakes in the microscopic diagnosis of such lesions may be made.

Sublamine in Parasitic Diseases of the Scalp.—W. S. GOTTHEIL (*Medical News*, October 17, 1903) found this drug valuable in an epidemic of tinea tonsurans in New York, where out of 900 children in an orphan asylum, 450 were affected. A solution of 1:1000 proved less irritating than corrosive sublimate and was found to cause less inflammatory reaction, and cures were quicker with the new remedy than with the old. The author states that a fungus not to be distinguished from the trichophyton could be cultivated from the scalps of persons who seemed to have no disease.

The Varieties of Lineæ Albicantes.—W. OSLER (*Medical News*, November 7, 1903) divides lesions of the kind into three groups: first, those due to distention of the skin, as observed in ascites and pregnancy; secondly, post-febrile instances, especially such cases as are met with after scarlet and typhoid fever; and thirdly, the idiopathic form. The author gives the notes of a case of an adult in whom after typhoid fever transverse scar-like lines developed in the sacral region. Some cases are difficult of explanation.

Periodical Shedding of the Hair.—H. LEDERMANN (*Journal of Cutaneous Diseases*, January, 1904, p. 53) describes the case of a woman, aged twenty-two years, whose hair was shed every winter and grew in again in the summer. Last winter she became entirely bald, and this summer her hair did not grow in again. Absence of hair existed on the general surface, which began in circular patches when she was twelve years old.

A Case of Systemic Blastomycosis, with Multiple Cutaneous and Subcutaneous Lesions.—ORMSBY and MILLER (*Journal of Cutaneous Diseases*, March, 1903) report a case of systemic blastomycosis—the third on record—accompanied by numerous cutaneous lesions. The patient, a Swede, fifty-six years old, ten years before his death exhibited symptoms of pulmonary disease accompanied by fever, weakness, and emaciation. Two months after the beginning of this illness cutaneous lesions appeared which consisted of cutaneous and subcutaneous nodules and abscesses, and open and crusted ulcers extensively distributed over the entire body, but most abundant upon the head, face, and extremities. Pure cultures of blastomycetes were obtained from the abscesses ante-mortem and from various tissues and organs post-mortem. Microscopic examination of the various lesions failed to show any tubercle bacilli, but revealed great numbers of blastomycetes. No reaction to tuberculin was obtained, and experiments upon animals

were likewise negative as to tuberculosis. At the autopsy the lungs were found to contain great numbers of abscesses and tubercle-like lesions; the pleura was studded with nodules, and the liver and kidneys contained many miliary abscesses and nodules. The spleen was extensively diseased, portions of it being practically destroyed. The mesentery contained many nodules. Blastomycetes were demonstrated microscopically and culturally in all these situations, but no tubercle bacilli. While the early pulmonary and other symptoms and the patient's family history suggested tuberculosis, the failure to demonstrate the tubercle bacillus by any of the methods employed for this purpose, the absence of the histological features characteristic of tubercular tissue, the extraordinary number and rapid evolution of the cutaneous lesions, and the great numbers of blastomycetes in every lesion, in the opinion of the authors, exclude tuberculosis.

Pemphigus Neonatorum in the Light of Recent Research.—H. G. ADAMSON (*ibid.*) concludes from his investigations that it is generally admitted that pemphigus of the newborn is an infantile form of impetigo contagiosa, and that it is due to streptococcal infection. It would seem therefore reasonable to suppose that observers who have described the staphylococcus pyogenes aureus as the infective agent in pemphigus of the newborn have been concerned with a secondary infection, and that investigation by special culture methods will discover the streptococcus pyogenes as the primary cause.

Tinea Versicolor of the Finger Nails.—CAMPANA, of Rome (*Journal of Cutaneous Diseases*, January, 1904), cites a case in which the fingers and finger nails were affected. For a long time prior to the appearance of the disease on the fingers the nails had been thickened. The microscope showed the presence of the mycelian and sporon of the microsporon furfur.

Pityriasis Rosea.—WEISS (*Journal of the American Medical Association*, July 4, 1903), in a paper read at the Fifty-fourth Annual Session of the American Medical Association in the Section on Cutaneous Medicine and Surgery, reports the results of his study of this affection. He believes the disease to be of internal origin, due to some pathogenic substance circulating in the blood. Microscopic examination of scales and sections and culture experiments failed to reveal any fungus in the cases which he has studied. The microscopic picture presented by the malady is that of a mild subacute exudative inflammation affecting the cutis chiefly.

Acute Contagious Pemphigus in the Newly Born.—G. J. MAGUIRE, of London (*British Journal of Dermatology*, December, 1903), presents an interesting paper on a subject about which there is not much definite knowledge. A series of 18 cases is given, illustrating an epidemic of this disease. The author summarizes his experience as follows: That his cases, occurring epidemically, belonged to the group designated pemphigus acutus neonatorum. The disease was due to a pathogenic micro-organism, the staphylococcus pyogenes aureus, conveyed from case to case by a certain midwife. While occurring chiefly in the newly born, and only fatal to these, it also attacked older children and adults.