

explain why it is that saline purgatives relieve acute attacks of hives so readily by expelling the toxin poison. It does not necessarily follow that one kind of toxin alone is the producer of wheals, but, as is well known, certain drugs will sometimes produce them, *e. g.*, quinin, tartar emetic, etc., and the decomposition products from certain fruits, *e. g.*, strawberries, etc.

I examined lately a typical pronounced case of urticaria pigmentosa, which I exhibited before the Johns Hopkins Medical Society, and as almost always occurs in this disease wheals could easily be produced. I excised a number of these wheals at certain periods of time, *viz.*, at four minutes, eight minutes and fifteen minutes, as well as a portion of the skin. The results show that even in the eight-minute sections the *mastzellen* were increased in number in the neighborhood of the vessels. This latter observation I should wish to confirm by further experiment before I would give as being final. A few polynuclear leucocytes were also observed and a pronounced quantity of serous exudation.

Unna made the suggestion that the increased number of *mastzellen* found in wheals might come from the blood but he did not prove this important fact.

In conclusion I now quote a sentence from Prince Morrow's system of genito-urinary diseases and syphilology and dermatology (1895) written by Dr. E. B. Bronson, which is as follows: "Though urticaria has been commonly classed with inflammation there is little more reason for this than for regarding a simple rubor or a mechanical edema as inflammatory." I have found, and my statement is supported by Dr. Welch, that in all cases of urticaria which I have examined, eight in number, I have seen a typical picture of inflammation which varied in severity. I have chosen for my work the most pronounced cases because the results were most marked and more easily studied. There is no doubt then that all varieties of urticaria must be classed as inflammatory affections, as Duhring has done in Vol. I of his last addition on cutaneous medicine and surgery.

Unna's theory of spasmodic contraction of the muscular coat of the veins situated in the deeper portions as the cause of the production of the wheal is not at all acceptable and appears distinctly improbable, judging from the standpoint of the causes of inflammation, and also does not agree with my observations, which proved rather the contrary, *viz.*, that the veins were dilated.

EXCISION AND SKIN-GRAFTING FOR TUBERCULAR DISEASE OF THE SKIN.

Read in the Section on Dermatology and Syphilography, at the Forty-seventh Annual Meeting of the American Medical Association held at Atlanta, Ga., May 5-8, 1896.

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I have only a few words to say upon this subject. My experience is limited to two cases, and these are naturally insufficient for the formation of an opinion as to the merit of the method. Given a localized tubercular lesion of the skin, of not too great area, the pathologic condition would seem to justify the suggested treatment. Actual metastases, as in "cancer," are not to be expected, neither do we anticipate such an insidious creeping along the lymphatic channels. We do have a localized inflammatory condition, with tubercular structure and usually few bacilli.

The ordinary treatment is slow and generally pain-

ful. In lupus vulgaris, especially, the scar often presents a recurrence of the disease. If we can, under thorough antiseptics and asepsis, totally remove the disease, without infection of the wound with the tubercle bacilli, and then by grafting minimize the resultant scar we have a method superior to the old.

Surgeons and some dermatologists recognize the value of excision, but I believe the procedure unpopular with the majority of dermatologists. Thorough excision, with care not to re-infect the wound surface, followed by proper grafting should enable us to end the treatment of a not too extensive case within two weeks. Ordinary methods, especially in lupus vulgaris, often occupy years. White, in advocating excision, says that the bacilli may finally find their way to vital organs if the local disease persist too long. Here it might be asked if the general tubercular condition certainly has its origin from the local lesion or are not all the tissues, in cases ending thus, in so favorable a condition for the bacilli that they receive them just as easily through other channels?

My two cases were treated at my clinic at the Atlanta Medical College. The first was that of a mulatto girl aged 15, with a history of suppurating tubercular glands in the neck, for a year, which finally healed about a year before the appearance, five years ago, of the disease upon the lip. The lesion was upon the surface of the left segment of the lower lip, being about the size of a silver quarter, occupying nearly half the thickness of the lip. It was an ordinary lupus vulgaris, with fine nodules, covered with thin scales, save in the center which was crusted and papular. There was a marked, firm, red, raised border.

The patient was anesthetized and as strict asepsis as practicable was employed. The button "point," of the Paquelin cautery at a dull red heat was used to cauterize the tissues diseased and kill the bacilli. The entire patch was then carefully dissected away, allowing sufficient margin of healthy tissue, and to the depth of about one-half the thickness of the lip. Small grafts were then taken from the previously prepared thigh, and properly applied. About 80 per cent. of these lived. A few more grafts were applied two weeks later, to points left vacant by the slipping of some of the first. The success of the treatment was vitiated by some error in asepsis in later dressings. After some weeks a faint vesicular point was noticed at the inner edge of the healed surface, but this soon disappeared spontaneously. There was also a tendency to keloidal growth of the cicatrix, but secondary contraction soon relieved it.

My second case was that of a white boy of 12 years, in a poor general condition. Occupying the dorsum of the right wrist was an oblong, transverse, flabby, irregular ulcer with an unhealthy base and soft, indolent, pale, undermined edges—in short, the lesion formerly described as a scrofuloderm. I believe the duration of the disease was over a year.

Under anesthesia and with asepsis, a free incision, well outside the margins of the lesion, oval, without lifting the knife, was carried around the diseased tissues. A clean dissection was then made from the annular ligament, care being had not to allow the lesion, or anything which had been in contact with it, to touch the wound. Large grafts were shaven from the skin of the thigh and applied in the usual manner. The grafting was a failure, but a good, flexible scar was obtained. In addition to the usual dressings, a splint was used to restrain motion.

Inability to see or hear from my patients directly, prevents my reporting their present condition. The first case seemed cured when seen two or three months after her discharge; the second is said to have had a "recurrence" in the scar.

My two cases simply demonstrate what I believe to be the proper method of operation, while they also constitute a warning as to the absolute necessity of thorough asepsis both at the operation and in the after-dressings. The second case also needed considerable preparatory treatment, which our haste to operate too often causes us to neglect.

Excision without grafting is not so promising as the two combined, but perfect technique and extreme care in the later dressings would obviate much of the danger of future trouble in the cicatrix. We hope with grafting to get a minimum of granulation, and, later, scar tissue, which offers a minimum of liability to recurrence.

The cutaneous tubercles being now classed in one group, we can well generalise in their discussion, with a special allowance for the marked tendency of lupus vulgaris to return in its scar tissue.

NOTE.—The lupus patient was seen a few months after this paper was read. A young brother had died of tuberculosis meanwhile. The site of operation showed entire cure of the lupus. The cicatrix was still a little nodular and pigmented, though smoothing and whitening at edges. The fine hair included in grafts from leg had become long and coarse. She declined their removal by electrolysis. The final result in this case is satisfactory.

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SYPHILIS SUCCESSFULLY TREATED BY HYDRIATICS.

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There is, perhaps, no disease whose character is so black, and whose ravages are so universally distressing as that under consideration. The name syphilis strikes terror into the soul of its victim, and measureless uncertainty in the mind of the professional attendant upon whose shoulders the responsibility of treatment is placed.

The exact origin of syphilis is uncertain. The records do not clearly establish by whom or at what time in the history of the world the disease was first discovered. There has been much discussion concerning this point, but little satisfaction has resulted. It is the common habit of Europeans to associate the disease with the return of the followers of Columbus, in 1493, from their discoveries of the West Indies. However this may be, without the shadow of a doubt, the same disease must have existed centuries before among the races of the Orient. The first record of syphilis in France dates only to the siege of Naples, in 1494.

Syphilis is spread by direct contagion upon an abraded surface or a breach in an exposed membrane or tissue, and thereby contaminating virus enters the system. A period of variable duration between the inception by contact and the lesion follows. It may be a few days, or it may be weeks before the systemic exhibitions appear. Two reasons may be assigned for the variability of incubation, viz., the virility of

the poison and the susceptibility of the individual. As in other diseases, there are some people insusceptible to syphilitic virus.

The precise nature of the infecting virus has eluded the researches of scientific processes of determination. It is an open question whether the serious poisoning which results is caused by a direct entrance of the contagion into the circulation or whether it is by reason of the secondary absorption of the product of the initial ulcer. For my part it is not possible to decide the question, but fortunately the practical treatment of the disease does not depend upon this mooted point. The answer to the problem is, probably, that both influences together produce the result.

The first manifestation of syphilis appears in the form of macule or papule upon some mucous or skin surface. The lesion may extend quickly to the deeper tissues and viscera. During the period of healing of the initial lesion the disease is regarded as in the first stage. The subsequent appearance of surface and other lesions constitute the second period of syphilis. If there are still subsequent exhibitions at some later time, usually measured by years, such a manifestation establishes the third period of the disease.

One invasion of the body generally precludes a second. The disease may be transmitted by the secretions of a sore upon any part of the body within and during the earlier stages. The power of transmission during the third period of the disease is regarded as unlikely, although there are some differences of opinion on this matter. It is, further, reasonably decided that the normal secretions of the body, such as saliva, mucus and other fluids do not transmit the disease. But in the first stage of syphilis the blood as well as the material from the initial lesion may infect another person. Some investigators have asserted that a germ has been found constantly associated with the blood during the earlier stages of this disease. This position can not be accepted as it has not been substantiated. As in some other diseases, the symptoms of this are similar to those of certain other forms of toxemia. But it is undoubtedly true that syphilis is due to a definite and specific contagion. The blood is poisoned thereby and a series of mild or severe disturbances of the health ensue in a somewhat regular order. The principal changes that occur, according to Virchow, begin by the production of a small-celled solid growth, which at first resembles granulation tissue, but which soon shows a vesicular occlusion with consequent degeneration. This statement is, to me, one of the most important in the pathology of syphilis. If studied according to the light of experience and analogy it has the significant indication pointing out the requirements for treatment. Variation in the caliber of the minutest channels through which the circulation is carried forms the earliest pathologic manifestations in internal diseases. The recognition of this fact is of the greatest significance in the direction of a correct understanding of the truth concerning pathologic conditions. Alterations in the size of the vesicular spaces produce either congestion or hyperemia, either state producing destructive changes in the delicate cell structures. Should the disturbance in the circulation occur in the cells of a vital organ the influence upon the whole body will be proportionately serious. If at the same time the resisting power of the general system as well as the special locality in which the lesion occurs should be of low