

opened the left eye (the ptosis was on the right side), although its continuance was unpleasant.

For the comprehension of the phenomenon two facts recently discussed may be brought to mind: Bell's phenomenon (lifting of the eyeball during energetic contraction of the orbicularis) and the orbicularis reaction of the pupil; whereas in both of these cases an overflow of a strong nerve impulse manifestly takes place from the branches of the facial to those of the oculomotor, the opposite occurs in Mauthner's phenomenon. The (palsied) levator palpebrarum is to be innervated. As this does not react, the innervation is strengthened as much as possible until it overflows upon the facial of the forehead. The monolateral innervation is not affected on the left side, probably because the right eye was the one which became diseased last. The anatomical basis of the phenomenon may be most easily understood upon the assumption (still *sub judice*) which Mendel has made from his observation upon animals, that the ocular facialis (frontal and orbicular branch) has its nucleus in the posterior portion of the region of the oculomotor nucleus.

[NOTE. Following Remak's suggestion, electrical excitation of the levator palpebræ superioris was tried, but without result, because the irritation occasioned reflex closure of the lids, which concealed any contraction of the levator which may have existed. The term "monolateral" innervation of the frontalis is moreover not quite correct for the case reported. The muscle is innervated bilaterally, but more strongly on the right side, especially so in its temporal portions, so that the eyebrow with the upper lid is only lifted on the right side.—ED.]

DERMATOLOGY.

UNDER THE CHARGE OF

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Remarkably Sudden and Complete Loss of Beard and Hair of Scalp, followed by Improved Vision.—J. R. CLARKE, of Marion, Kentucky (*American Practitioner and News*, July 15, 1901), reports the case of a man, aged eighty-six years, of fine constitution, and with a history of almost uninterrupted good health until ten years ago, when he was attacked with hæmoptysis, which continued frequently until one year ago; he was often expected to die from exhaustion following the great loss of blood, but at no time were there any pyrexia symptoms or complications. He arose one morning feeling as well as usual, and after washing his face and combing

his hair, ate breakfast, went into the sitting-room, began reading, and became so interested that when his wife asked him to get ready for dinner he was much surprised, as he did not think it possible for the time to pass so rapidly. He went to the mirror to comb his hair and beard, the latter being thick and long, covering the upper portion of his chest. Finding the beard somewhat tangled, he parted it with the fingers. He dined as usual, not thinking of the beard, until his wife inquired what ailed his beard; he replied, "Nothing," but on grasping it in his hand, to his astonishment, it parted without sensation from his face, and he held it in his hand. Going to the mirror he found that the hair was everywhere else loose and falling, including the scalp, and by simply rubbing with the hand it all suddenly and easily came out. In a few days all the hair had disappeared from the entire surface of the body. A short time after losing the hair, the eyesight began to improve very remarkably, there was no more hæmoptysis, and the general health also improved in a marked degree.

[Lest some reader possibly may be disposed to discredit the accuracy of this history, it may be stated that similar cases, as regards the sudden falling of the hair, have from time to time been recorded. The improved state of the eyesight following the loss of hair is a most interesting observation, and serves as a valuable lesson, demonstrating the important relation of one part of the general economy to another in many obscure pathological conditions.—EDS.]

Pigmentation of the Skin Caused by the Demodex Folliculorum.—DUBREUILH (*Journal de Médecine de Bordeaux*, 1901, No. 4) calls attention to the fact that the demodex, while usually a harmless occupant of the follicles, when it exists in great number, may give rise to abnormal pigmentation, as shown in the following case under his observation: A woman, aged forty years, brunette, had noticed for several years a fawn-colored discoloration around the mouth extending along the border of the jaws from one angle to the other. This discoloration was not accompanied by itching or inflammation. Upon close inspection the skin was found to be slightly wrinkled and roughened. Similar but less marked pigmentation existed upon the lateral and anterior parts of the neck and upon the chest. Upon examining scrapings from the affected parts with the microscope the demodex was found in extraordinary abundance. The author refers to similar cases observed by Amicis and Majocchi.

The Etiology of Lupus Erythematosus.—POOR (*Dermatologische Zeitschrift*, April, 1901) considers at length the principal arguments urged in favor of the tuberculous origin of lupus erythematosus. He does not find, as has been asserted by other authors, that this affection occurs most frequently in those the subjects of tuberculosis or with a distinct tuberculous family history. The local and general reaction which follows tuberculin injections in lupus erythematosus only occurs irregularly, and cannot be regarded as certain evidence of its tuberculous nature. The presence of giant cells cannot be regarded as proof of the tuberculous character of the disease, since these are found in other diseases which are in no way related to tuberculosis. The occurrence of forms transitional between lupus vulgaris and lupus ery-