

is to be preferred. On the contrary, on a swollen surface, from the aggregation of several lupus nodules, the application of the electric needle causes in a few hours the disappearance of the swelling. Electrolysis acts very gently, destroying the tubercle by the combination of scarification with its hystochemic action. In cases of lupus where small tubercles are scattered, especially on the face, I find it the preferable method. It leaves a small and scarcely perceptible scar; I use a salve consisting of salicylic acid, grains 20, creosote, drops 30 in 1 ounce of vaselin; with this application the crusts fall off and the tubercles show plainly as whitish points. Each of the tubercles are then treated with electrolysis, continuing the application of the salve. When the necrosed tissue has sloughed off and the granulation commences the sites of the tubercles are touched every alternate day with a 5 per cent. solution of nitrate of silver, covering the surface with a salve of zinc, or boric acid, until recovery.

With this method I obtained perfect success in five weeks in the case under consideration. Two more cases are at present under treatment with similar results, showing that electrolysis is to be considered as a most valuable agent in the treatment of lupus vulgaris.

### A CASE OF SYPHILIS IN A YOUNG GIRL; PROBABLY ACQUIRED FROM HER MOTHER.

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.

BY HENRY A. PULSFORD, M.D.

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I. M., came to me in November, 1893, to be treated for a large ulcer on the front of the left leg. She was then an undersized, sallow-skinned girl of 13 years, who had not menstruated. The ulcer, situated just external to the crest of the tibia, four or five inches below the patella, was fully two inches in diameter and had all the characteristics of a broken down gumma. The bone was not affected. At the same time there was found upon the left labium majus a suspicious group of superficial ulcerating papules. Except for a slight general enlargement of the lymph nodes there were no traces of previous syphilitic lesions. At the time, no satisfactory history of the case could be obtained. Under the combined influence of mercury and iodid of potassium the ulcer healed rapidly and the genital lesions disappeared.

In the course of the two years following, the patient again came under my care first for a subacute periostitis of the lower extremity of one tibia, then for a similar affection of the other, and finally for a gumma, probably subperiosteal, of the vertical portion of the frontal bone. All of these manifestations rapidly disappeared under treatment, their appearance being separated by comparatively long periods of good health. Since the disappearance of the last lesion, some six months ago, the girl has improved wonderfully in her general condition, having added several inches to her height, become plump, lost her sallow color and began to menstruate.

Notwithstanding the absence of the classical confirmatory signs, I at first considered the case as one of hereditary syphilis. The history, however, seems to make it probable that the disease was acquired in childhood.

The father of the girl is perfectly healthy, denies all

venereal diseases, and has no evidences of syphilis. The mother was healthy at the time of the patient's birth, two years before which time she bore her first child, a healthy girl now alive and well. One healthy child born two years later died in infancy. There is no history of abortions or miscarriages. The patient in early childhood was perfectly healthy, photographs of the two children and the testimony of intelligent observers proving that up to the age of 4 or 5 years the younger child was as robust and almost as well developed as her older sister. About this time the mother began to be loose in her sexual habits, becoming estranged from her husband in consequence. Soon after this she contracted syphilis. The disease was neglected in its early stages, and probably was not recognized until four or five years later, when she entered the Orange Memorial Hospital for treatment of severe tertiary lesions. A year or two later she died. The failure in the child's health began about the time her mother acquired the disease; and although I could get no satisfactory evidence of an initial lesion or of early eruptions, the child was so thoroughly neglected at that time that such manifestations might easily have escaped attention. At the age of 7 or 8 years she suffered from an ulcerated sore throat which was called diphtheria, but might very well have been either the primary lesion of the disease, or a severe angina accompanying one of the early eruptions.

In conclusion, then, the facts that the father escaped infection, that three apparently healthy children were born at intervals of about two years, and that there were no abortions or miscarriages, seem to prove that the mother could not have been syphilitic during the uterine life of the patient, while there is every reason to conclude that she was infected some five years later. That the child was infected probably by her mother, but possibly by one of her mother's paramours, is by no means satisfactorily proved; but taking into consideration the woman's ignorance, her neglect of her own disease, and the dissolute life she was leading at the time, it is less incredible that one child contracted syphilis, than that the other was so fortunate as to have escaped infection.

### DO GRAPE SEEDS CAUSE APPENDICITIS?

BY EDMUND ANDREWS, M.D.

CHICAGO.

The laity of Chicago have become infected with the idea that grapes are a dangerous fruit. They have received from some of our best physicians an opinion that grape seeds cause many, or perhaps nearly all of the cases of appendicitis occurring among us, and the occasional discovery of a seed in or near a perforated appendix adds to the alarm.

Nearly all the grapes consumed in this city are eaten in the months of August, September, October and November. If they cause any large number of cases of appendicitis, we would expect that disease to be most frequent during the grape eating season, or at least within a reasonable period after its close.

To settle this question, I have obtained statistics of the disease in Chicago for every month during the last fourteen years. My friend, Mr. Tracy H. Clark, a medical student, has been kind enough to examine the records of Mercy Hospital, of the County Hospital and of the City Health Office, and to tabulate the results.

Some difficulty was at first encountered in conse-