

Brocq. DERMATOSES AND EMOTIONS. [Bull. Méd., December 25, 1920, XXXIV, No. 62. J. A. M. A.]

Brocq refers to congestion in the skin inducing a dermatosis from emotional causes rather than due to toxins. He emphasizes the importance of the emotional instability in such cases, and also of disturbances in menstruation. In a typical case described in an unmarried woman of thirty, bad news induced an attack of urticaria. In one case after an unexpected piece of good news, an eruption developed which progressed to an exfoliating erythrodermia. The attacks sometimes develop after eating certain food or taking certain drugs, but the etiologic dominants are unmistakably the extreme emotionalism and menstrual disturbances, upsetting the balance in the sympathetic system. The congestion and the rapidity with which the skin lesions develop are special features of this group of cases. The congestion may affect the skin or any organ. These cases of *alternances morbides* often prove puzzling. The eruption may last only a few hours or days, a "straw-fire eruption." It may subside completely, but it sometimes progresses to vesicle production or exfoliation. When the localization of the trouble is in the stomach, intestine, appendix, or elsewhere, it is liable to be mistaken for an operative lesion. How many operations, he says, might have been avoided if this emotional congestion had been recognized in time, and how many patients of this kind have been exasperated when the conscientious physician tells them that there is nothing really the matter with them. The trouble is usually the other way, however; the physician assumes pulmonary tuberculosis when the apex is merely the seat of a transient congestion, alternating with skin manifestations. This class of patients sometimes present nervous disturbances which resemble those of serious pathologic conditions but which are only transient storms which harmlessly subside when the congestion wave sweeps on somewhere else in the organism, especially to the skin. In treatment he warns to ascertain any idiosyncrasy on the part of the patient to any drug or food. This requires long study of the case and that the patient should not change his physician. Many mistakes have been made by physicians, surgeons and specialists from the patients neglecting this rule.

In treatment the main thing is peace of mind, with physical repose in a suitable environment, free from annoyances. The diet has to be tentatively regulated but by no means restricted to a debilitating dietary. It may sometimes be useful to prescribe a starvation diet for a few days. He has had cases rebellious to all treatment modified by two or three days of restriction to water, combined with laxatives. An abundant diet has proved successful for vegetarians. This starvation diet had been responsible for much of the nervous impressionability. The physician has need of all his skill in treating this class of patients and modifying his plan according to circumstances. In the extreme case described, great benefit was derived from ovarian and suprarenal extracts. The skin has become

the point of lesser resistance and it has to be strengthened and irritation kept away, the congestions diverted elsewhere. He has obtained good results with very small fractioned doses of tartate of antimony and potassium, 2 mg. of the drug in 5 gm. of water, beginning with 2 teaspoonfuls a day and gradually increasing to 10. Quinin has been useful in some cases, in fractional doses. In local treatment, talcum powder is usually the best treatment. For this he has the patient lie on a sheet on which 2 or 3 kg. of the powder have been spread and more is dusted on the skin, and the sheet is then wrapped around the body. This is the simplest dressing, and succeeds best in the majority of cases. If a softening application is desired he tries different cold creams or pastes, applying one on one side of the body and another elsewhere, to compare the benefit therefrom.

Dubreuilh. DIFFUSE ACUTE SCLERODERMIA IN CHILDREN. [Bull. Méd., December 25, 1920, XXXIV, No. 62.]

Eighteen cases, five boys and thirteen girls, are here recorded. The sclerodermic onset was usually preceded by a severe upset in the general health, apparently brought about by fright or accident. Treatments have been variable and ineffectual. Thyroid has been given in most of the cases but has not seemed to modify conditions materially. All the cases on record recovered in time, from four months to a year.

Garin. CHRONIC ACQUIRED TROPHEDEMA. [Riv. Crit. d. Clin. Med., September 15, 1920, XXI, No. 26.]

This linotype operator of forty-one years had swollen feet and legs which progressed to a condition of hard, symmetrical chronic edema. This did not seem to be influenced by gravity having developed since 1913 in periods of acute increase, with redness and aching in the regions involved. The present size and aspect suggest elephantiasis. There is nothing to indicate polyneuritis, but many features of the case suggest deficient thyroid functioning. This is evidenced by the sluggishness of the sympathetic system and the arrest of the progressive process under vigorous thyroid and suprarenal treatment. The clinical picture is that described by Meige but lacking the history of heredity.

Quincke, H. ACUTE CIRCUMSCRIBED EDEMA. [Berl. med. Klinik, 1921, XVII, p. 675.]

The author here analyzes 36 cases of "acute circumscribed" (angioneurotic) edema. The cases were evenly distributed among the sexes; the majority occurred between the ages of twenty-one and thirty years, the extremes being thirteen and sixty-eight years. The duration varied from a few weeks to thirty years; average five years. The duration of a single attack varied from a few hours to six days, commonly one and a half days. A single eruption lasted from ten minutes to twelve hours, the majority lasting five to six hours. The intervals