

sinus was then found to be exposed by necrosis of its bony covering. The sinus-wall was free from disease, but it did not pulsate. It was punctured, but neither blood nor pus was aspirated. It was evident that the thrombus then shown to be present was solid, and *further interference with it was deemed inadvisable*. The wound was tamponed and bandaged. The temperature went down immediately, but came up the next day to  $39.8^{\circ}$  C. after a chill. The seventh day after the operation the spleen could not be felt. From the fifth day of the operation the temperature remained normal. On the tenth day the patient left her bed, and in one month she was dismissed from the hospital entirely well, with very good hearing in the previously diseased ear. (But the secondary infection of the middle ear from the improper treatment of the ear in the acute stages of its inflammation jeopardized the life of the patient.)

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## DERMATOLOGY.

UNDER THE CHARGE OF

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**Gelanthum, a New Aqueous Varnish.**—P. G. UNNA, of Hamburg (*British Medical Journal*, October 17, 1897), considers this substance capable of being made into an almost ideal aqueous varnish. It is a combination of tragacanth and gelatin. The preparation is made as follows: pieces of crude tragacanth are emulsified cold for four weeks with twenty times their volume of water. They are then treated with steam for one day, and pressed through muslin. An equal amount of gelatin is swollen up cold, filtered in a steam-filter, with long exposure to steam-pressure, which takes from it part of its power of gelatinizing. The mixture of the two is allowed to stand for two days in steam. After being pressed once more through muslin, it is mixed with 5 per cent. of glycerin, some rose-water, and 2 per 10,000 thymal, in order to prevent the growth of fungi.

Compared with other known watery varnishes, it has the following advantages: 1. It may be better spread. 2. It dries more rapidly and with a smoother surface. 3. It feels more cooling, on account of the greater amount of water it contains. 4. It keeps the drugs that may be incorporated with it suspended, and distributes them more evenly on the skin. 5. It prevents the drying of hygroscopic drugs, such as ichthyol. 6. It permits the addition of grease. 7. If protected from drying, it may be kept a long time. Unna looks upon it (after thorough experimentation) as a vehicle of the same perfection and trustworthiness as the salve-muslins, plaster-muslins, and zinc-gelatins.

The power of the incorporation of the gelanthum with the most varied drugs (which it owes entirely to the tragacanth) is extreme. It may be mixed with 50 per cent. of ichthyol; 40 per cent. of salicylic acid, resorcin, and pyrogallol, up to 5 per cent. of carbolic acid, and 1 per cent. of corrosive sublimate, without influencing its value as a varnish. Two incompatible bodies, such as salicylic acid and zinc oxide, or ichthyol and salts, substances which combine in a watery solution or precipitate, remain in gelanthum without any mutual action.

**The Etiology and Pathogenesis of Psoriasis.**—KUZNETZKY (*Archiv für Dermatologie und Syphilis*, Band xxxviii, Heft 3) presents the results of his study of psoriasis in the following thesis: It is not correct to say that psoriasis appears exclusively or chiefly in otherwise sound individuals. Psoriasis occurs upon real mucous membranes; also upon cicatrices. The parasitic theory of psoriasis is untenable. Psoriasis itself is not transmissible, but the disposition to psoriasis. The "disposing element" is an abnormal irritability of the central nervous system. The arthropathies in severe psoriasis are probably to be identified with neither rheumatism nor gout. These peculiar arthropathies variously observed in severe psoriasis are with great probability co-ordinate with psoriasis, and are to be traced to the same cause, viz., a chronic condition of spinal irritation. It is certain that psoriasis can arise directly in connection with psychic affections. It is just as certain that extensive psoriasis can disappear spontaneously in the briefest period. Psoriasis can appear strictly unilateral. Hyperæmia is the primary change in the pathogenesis of the psoriasis eruption. This hyperæmia is neither of an inflammatory nor paretic nature, nor is it the result of stasis; but it is to be regarded as an agioerethistic process. First attacks of psoriasis have been observed at the same time and place as mechanical irritation. One may with great probability assume that the coaction of two factors is necessary for the occurrence of the eruption of psoriasis: the effects of trauma of whatsoever nature, usually trifling, upon vascular areas whose spinal centres are in a chronic condition of irritation. This condition of irritation of the spinal vasomotor ganglia may be inherited or acquired. It is possible that it is only functional, but the possibility remains that in many cases material lesions of the substance of the spinal cord exist; this can only be decided through systematic anatomical investigation of the spinal cord.

**Eosinophilia in Psoriasis.**—LEREDDE (*Annales de Dermatologie et de Syphiligraphie*, 1897, No. 2) at a recent *séance* of the Société Française de Dermatologie et de Syphiligraphie, communicated the results of his study of the blood in psoriasis from the point of view of eosinophils. Thirteen patients were examined, and an average of three eosinophils in a hundred leucocytes was obtained. Neither the intensity of the psoriasis nor its age seemed to have any influence. A patient, aged sixty-four years, affected with chronic bronchitis and emphysema, showed no eosinophils in the circulation. Another patient of the same age, affected with a generalized and inveterate psoriasis, presented an eosinophilia of six per hundred; but this patient had recently had an intestinal trouble and had been subjected to an energetic