

than twenty ounces in the average case. In a considerable number there was no assignable cause for hemorrhage. He had observed that alcohol favored hemorrhage, while rupture of the membranes and prompt delivery prevented it. Quinine and nux vomica given before labor were useful, while ergotole has been of service in his cases.

DERMATOLOGY.

UNDER THE CHARGE OF

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Tinea Versicolor of the Face.—POWELL (*British Journal of Dermatology*, April, 1900), in a note read before the Dermatological Society of Great Britain and Ireland, calls attention to the frequency of tinea versicolor of the face in Assam, India. In less than three months he saw fifty-six cases, nine of which were examined microscopically, and in all of these the microsporon furfur was found. On black skins the patches are of a chamois-skin color. The fungus seems to be identical with the European variety. The author attributes the frequency of the affection to the fact that the natives anoint the face and body with oil, and seldom use soap.

Lupus Erythematosus and Multiple Carcinoma.—KREIBICH (*Archiv für Dermatologie und Syphilis*, Band li., Heft 3) reports a case of erythematous lupus accompanied by multiple carcinoma. The lupus began upon the lower lip some two years and a half before the patient came under observation; later the upper lip and the nose were affected. About two years later the cancerous affection began. The author regards the case as one of cancer developing upon an inflammatory basis, the inflammation, through œdema and loosening of the connective tissue, making possible the atypical proliferation of the epithelium.

The Histopathology of Pityriasis Rosea.—HOLLMANN (*Archiv für Dermatologie und Syphilis*, Band li., Heft 2) finds that in the macular stage of pityriasis rosea the changes are chiefly in the cutis, and consist of a marked widening of the superficial vascular network, a more or less noticeable perivascular cell-infiltrate in the papillary body and the subpapillary layer of the cutis, and œdema of the upper part of the corium. In a later stage of the disease all these changes are still more marked, especially the perivascular infiltrate. The rete also shows considerable changes: interepithelial and intraepithelial œdema is marked, and there is a proliferation of the prickle-

cell layer, especially in the interpapillary portions. Further on in the course of the affection small vesicles are formed beneath the corneous layer of the epidermis. After a time the horny layer is cast off; with this the disease reaches its acme. The author is of the opinion that the disease process begins in the cutis, and later involves the different layers of the epithelium.

Scleroderma Following Injury.—LESLIE ROBERTS (*British Journal of Dermatology*, April, 1900) reports very briefly the case of a child who, when two years of age, fell against the edge of a fender, wounding the surface of the abdomen. Shortly afterward the bruised surface became indurated, and during the next two years the induration advanced toward the right shoulder in isolated patches separated by healthy skin. Reaching the shoulder it descended the arm, following the cutaneous branches of the median and radial nerves. The index finger became contracted, the thumb stiff, and the skin between the finger and thumb rigid.

The Experimental and Clinical Properties of the Achorion Schonleini.—BUKOVSKY (*Archiv für Dermatologie und Syphilis*, Band li., Heft 3) concludes from experimental inoculations upon the skin of man and into the animal organism that the quality of the soil plays a great part in the fate of the fungus. The more indifferent the skin shows itself against the invasion of the fungus the more the danger of the occurrence of favus; the stronger the inflammatory reaction the less tendency to the disease, and the occurrence of vesicular inflammation makes the formation of a scutulum impossible. The achorion is not toxic for the animal organism. After its intravenous injection there arises in the lungs the macroscopic picture of a mycotic pseudotuberculosis. Microscopically leucocytic nodules are seen, with giant-cells of epithelial origin, around the threads. The fungus grows only in a rudimentary manner owing to the cell infiltrate hindering its vegetation.

A Clinical and Bacteriological Study of Impetigo.—SABOURAUD (*Annales de Dermatologie et de Syphiligraphie*, 1900, Nos. 1 and 2) presents in two elaborate memoirs some of the results of his study of the several forms of impetigo. He distinguishes two clinical varieties. The first of these is the impetigo contagiosa of Tilbury Fox; the second, the impetigo of Bockhart, characterized by rounded pustules, each containing a hair in the centre and having pustular contents from the beginning. Impetigo contagiosa is a contagious, auto-inoculable malady in which the streptococcus is constantly present. It may assume an ulcerative form, and thus become ecthyma, an affection which has incorrectly been made a morbid entity. Secondary infection by the staphylococcus almost always occurs and causes suppuration. By the pullulation of the staphylococci pustules of purely staphylococcic origin may be produced between the lesions of impetigo contagiosa. In the author's opinion the streptococcus of impetigo is the streptococcus of Fehleisen.

The Histopathology of Epidermolysis Bullosa.—ELLIOT (*New York Medical Journal*, April 28, 1900), who examined sections of skin objectively normal and unirritated, taken from a case of epidermolysis bullosa under his