

but whose family history is such as to lead to a strong suspicion of a tuberculous condition. In many of these, although nothing typical is found at operation, this suspicion is subsequently confirmed by the development of tuberculosis somewhere else in the body. Polloson and Violet believe that the tuberculous inflammation acts by causing ovarian congestion, hyper-maturation of follicles, and excessive formation of atretic follicles, these conditions leading to the formation of sclerocystic ovaries, hematomas, and large simple cysts. They do not, however, believe that tuberculosis plays an etiological role in the production of true pseudomucinous or papillary cystomas.

DERMATOLOGY

UNDER THE CHARGE OF

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The Treatment of Lupus Vulgaris with Hot Air.—RAVAUT (*Bull. de la Société Française de Dermatologie et de Syphiligraphie*, 1913, No. 2), at a seance of the French Society of Dermatology and Syphilis, presented a case of nodular, non-ulcerating lupus of the jaw and ear which he had treated with great success with hot air combined with curettement. Under chloroform anesthesia the affected area was vigorously scraped with the curette and afterward cauterized with hot air at a temperature of 700° C. The eschar was detached at the end of ten days, and a month later cicatrization was complete, the scar being supple and non-retractile. About four months later a small suspicious point beneath the ear was cauterized with the hot air again. Two years later there had been no recurrence. Properly employed Ravaut thinks this the method of choice in the treatment of lupus; he knows of no other method which cures as quickly.

The Course the Virus of Herpes Zoster Takes to Reach the Nerve Ganglion.—MONTGOMERY (*Jour. Cutaneous Diseases*, March, 1913) believes that herpes zoster is an infection, and that the virus enters the lymphatics of the nerve sheath and travels from the periphery to the nearest ganglion. He thinks this theory best explains the neuralgia which often precedes the eruption; the unilateral distribution of the disease, its most frequent occurrence on the head, neck, and upper part of the trunk, the much more frequent involvement of the sensory than the motor nerves, the limitation of the eruption to one or two nerves, the partial inflammation of the Gasserian ganglion, the frequent great severity of ophthalmic zoster, and the enlargement of the lymphatic nodules along with the eruption.

Chronic Raynaud's Symptoms, Probably on a Syphilitic Basis, Associated with Livedo Reticulata.—WEBER (*British Jour. Dermat.*, March, 1913) reports the case of a married woman, aged fifty-four years, who had suffered from the symptoms of Raynaud's disease for

fourteen years, chiefly in the left foot and hand, slight gangrene of the toes of the left foot having occurred on one or two occasions. She had had retinal hemorrhages in the left eye and suffered from recurrent attacks of temporary amblyopia. All over the patient's back and most noticeably over the extensor surface of the extremities was an unusually well-marked, net-like, livid mottling of the skin. In Weber's opinion, both the Raynaud's symptoms and the livedo were probably "on a syphilitic basis," although the Wassermann reaction was negative; he also thought that the mitral stenosis from which the patient suffered favored the production of the symptoms.

The Etiology of Alopecia Areata.—SAHOURRAUD (*Annales de Dermatologie et de Syphiligraphie*, No. 2, 1913) has observed, especially in women, a more or less close relationship between diseases of the genital apparatus and alopecia areata. He finds that there is a variety of alopecia which follows the menopause and even prolonged suppression of the menses. It may occur after ovariectomy, and, more rarely, in the course of pregnancy and even in the course of several successive pregnancies; this form seems to be relatively benign. In one case an alopecia supervened in a man coincidently with a double tuberculous orchitis, and it became total and permanent before a double castration was performed. Sahourraud (*Ibid.*, No. 3, 1913) has likewise observed certain chronic and grave forms of alopecia areata which seemed to be directly connected with exophthalmic goitre, growing better and worse parallel with the course of the goitre.

Hemorrhagic Erythema Multiforme with Fatal Termination.—DE AMICIS (*Archiv f. Dermatologie u. Syphilis*, Band cxvi, Heft 2) reports with considerable clinical and histological details the following unusual case of erythema multiforme: A coachman, aged twenty-five years, alcoholic and syphilitic, after long exposure to cold and rain, was seized with pain and swelling of the joints accompanied by sore throat and high fever. The face was markedly swollen, so that it was impossible to open the eyes and there was a macular eruption which became confluent, upon the face and upper extremities. Upon his admission to the hospital the patient was extremely prostrated, and the entire skin was covered with a papular eruption, most abundant upon the face and upper extremities, in part discrete, in part confluent, forming gyrate and polycyclic patches. The mucous membranes of the lips and mouth were likewise involved; they were swollen and cyanotic with hemorrhagic spots and erosions, and on the uvula and the left palatal half-arch there was an extensive necrotic lesion covered with a croupous exudate. The urine contained a small quantity of albumin. The patient complained much of abdominal pain with vomiting after his admission to the hospital, the prostration increased and death occurred two weeks later. As the result of the clinical study and the findings at the autopsy, De Amicis concludes that the case was one of idiopathic polymorphous erythema of the Hebra type, and that its severity was due in part to individual predisposition and in part to the lowering of the patient's powers of resistance by alcoholism and syphilis.