

**Clinical Department.****CUTANEOUS TUBERCULOSIS. REPORT OF A CASE OF FOLLICULIS AND ERYTHEMA INDURATUM.**

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E. P. Age, 20. Born in Russia. Salesgirl—underwear.

*P. H.* Eight or nine years ago the patient had an operation on the left side of her neck and a gland was removed.*P. I.* Three months ago she noticed "pimples" on both arms. One or two appeared at first on the upper arm and then the eruption gradually spread over both arms and hands. One month ago much the same condition appeared on the legs and has become much worse in the last two weeks. She has complained of much pain on walking and moving about, but she has been comfortable on sitting or lying down. She has felt fairly well and has slept well. Her appetite has been excellent and her bowels have been in good condition. The glands in her neck have been slightly swollen in the last couple of weeks.*P. E.* On examination the girl appeared sick, walked as if with effort, and was generally untidy and dirty. Inspection showed diffusely scattered papules, often slightly tender, over the upper arms, forearms, and hands, more marked on the extensor aspects, especially of the forearms and hands. The papules were small, 2 or 3 mm. in diameter, usually acuminate, dull red, with usually a crusted top which tended to be slightly dark colored. The apex of these lesions was sometimes vesicular and often pustular. In other lesions, the dark colored, centrally adherent crust was noticeable. There was a tendency toward grouping on the backs of the hands where there were four or five pustules on the same reddish, slightly raised base, forming areas about 1 cm. in diameter. Some of the larger lesions were fairly tender and looked as if they might contain a drop or two of pus. The skin about the nail of her right forefinger was red, tense, tender, and swollen as if it were the beginning of a paronychia. There were only a few lesions on the body. Here, as well as on the arms and legs, was an amount of black material inconsistent with the proper use of soap and water. Some of the older lesions on the arms had apparently run their course, and were flat, purplish, slightly atrophic as if a small white depressed scar would be formed there after a certain length of time. Here was presented a picture in which each individual lesion from its start as a dull red papule to its termination in a more or less slightly depressed atrophic white-ridged scar had lasted apparently from six to nine weeks or thereabouts, during which time the center of such had become more or less necrotic.

The legs presented a somewhat different appearance. Numerous lesions were somewhat similar to

those on the arms but were in general a bit larger, a bit more indurated, and more tender. The calves of the legs were distinctly indurated, purplish in color over large areas, and in the center of these purple areas were large ulcers. There were four or five of these on each calf. They had apparently been neglected and were rather deep, punched out, indurated ulcers with a sluggish, dirty gray base with rather a foul discharge showing, here and there, a tiny red point. The area about these ulcers was rather tender to the touch. The ulcers were irregularly oval with sharp edges which descended rather abruptly but were not undermined. They varied from a quarter of an inch in diameter to three-quarters of an inch in diameter. The base of the ulcer was flat and, as I have said, dirty gray in color, the induration extending about them an inch and a half or two inches.

It was thought at first that the case was a pus infection and that it would clear up quickly with soap and water plus tonics and a betterment of the general condition. The condition was obstinate and gradually cleared up during several weeks' treatment, making the most progress under a general tonic treatment combined with a weak iodine solution on the arms and a chlorinated soda solution for use on the legs. The patient disappeared from the clinic, but, at the last visit, the general condition was improved, the arms showed few lesions, and the ulcers were cleaner with less discharge, though there was considerable pain on moving or walking. The lesions, with the history and progress of the condition, warranted the diagnosis of a cutaneous manifestation of tuberculosis showing itself in two forms—the so-called "Folliculis" on arms and hands and Erythema Induratum on the legs. This diagnosis was later confirmed when the case was exhibited at the Boston Dermatological Club.

Almost yearly, for several years, newly recognized cutaneous manifestations of tuberculosis appear in print. While this paper does not deal with those of most recent date, it does have to do with forms of cutaneous tuberculosis which we believe are often unrecognized and, therefore, of sufficient interest to report.

**Reports of Societies****COLLEGE OF PHYSICIANS OF PHILADELPHIA.**MEETING OF WEDNESDAY, FEBRUARY 3, 1915, AT 8 P.M.  
THE PRESIDENT, DR. JAMES C. WILSON, IN THE CHAIR.

MENDELIAN LAWS OF HEREDITY AND THEIR APPLICATION TO EUGENICS.

DR. ALFRED GORDON: Historical reference is made to Darwin's Origin of Species and to the principle