FUNGATING TUBERCULOSIS OF THE SKIN.

Only isolated instances of this condition have been noticed since attention was drawn to it by Riehl in 1894. It is likewise as curious as rare. Nanta (Ann. de derm. et de syph., March 1914) records an example. A man, aged 63, was treated at Saint Louis Hospital for a year. A daughter and a grandson had died of tuberculosis. He first had his attention drawn to a series of enlarged glands. Then there came on his face large patches, which rapidly ulcerated. When admitted there were extensive and increasing ulcerations on the face, scalp, neck, and ears. The rest of the face was red and swollen. The ulcerations themselves were superficial, painful to touch, bordered by pustules and crusts. In spite of treatment the ulceration extended. The commencement seemed to be from sub-epidermic nodules, which grew into deep pustules, then suppurated, leaving a small ulcer, which soon blended with the chief one. It is thus that the huge loss of substance on the face arose, which had wholly destroyed the auricle. Here and there the ulcers cicatrised, to break down afresh. The trunk was invaded by small, red, and indolent nodules, of which some ulcerated. The patient died of cachexia after suffering intolerable pain. Then the whole head was implicated. All parts were enormously swollen. The transition between the healthy and diseased skin was marked by a narrow elevation. The Wassermann reaction was negative. The blood showed only marked anæmia, with a pronounced neutrophile poly-neucleosis. Nothing would have led one to suspect tuberculosis rather than epithelioma or syphilis, yet the bacilli of Koch were found in abundance wherever looked for. The microscopic examination revealed numerous foci of necrosis and a singular arrangement of the lesions in two parallel layers, one of which was dermic, the other hypodermic, separated by a band of healthy tissue. Audry was consulted as to the nature of the case, and regarded it as a form of tuberculosis analogous to lupus elephantiasis.

SULFIDAL, A MODERN SULPHUR PREPARATION FOR THE TREATMENT OF SCABIES.

In the selection of a remedy for the successful management of scabies, the substance should possess the following properties:—(1) Though applied to a wide extent of surface freely, and so liable to absorption, it must not be poisonous. (2) As far as possible it should be unirritating, clean, and odourless. Of those articles chiefly employed, naphthol may occasion acute nephritis with albuminuria. This is particularly
the case in children, who are apt to suffer from secondary eczema, while in consequence of the tenderness of their skins, absorption is facilitated. Epicarin, which has been substituted, is not wholly harmless. Both styrax and balsam of Peru may sometimes induce nephritis. As regards the second condition, none of these proves quite unirritating. Sulphur, the most commonly employed, is not poisonous, and destroys the acarus. Yet it smells, is dirty, and irritates, though not badly. Winkler (Dermat. Woch., 22nd March 1913, Hamburg) recommends sulfidal, introduced into medicine by Heyden, as a remedy satisfying the postulations laid down. This is a colloidal sulphur, combined with 25 per cent. of an albuminous body and 25 per cent. of a natural colloid, which aids in preserving the colloid state. The sulfidal gives the best results when mixed with a compound containing glycerine. The mass is spread thinly over the body; in course of a few seconds it dries and clings to the surface. After the first or second inunction the itching abates, the concomitant eczema and pustulation heal under the protection. It is reapplied anew for three or four days in succession. On the fifth day some salicylic vaseline is rubbed on sparingly to remove the sulfidal. In moderately severe cases the patient can be discharged well in eight to ten days. It has no disagreeable odour, does not soil the linen or render the skin greasy, hence it is well adapted for private cases.

Sunburn.

Exposure to the direct rays of the sun or to their reflection from snow occasions, on the exposed parts of the body, increased redness and even a heat or light erythema, and, finally, certain changes in the integument, such as pigmentation and hardness. Scherber (Medizin. Klinik, Berlin, 18th January 1914) has carefully investigated the question, and describes the successive stages of sunburn. He enters fully into the means at our disposal to safeguard from sun and glacier burning. The pigment resulting from repeated exposures forms an essential protection from further trouble. Veils offer a simple method, and yellow, red, and brown have been recommended. In place of veils it has been suggested to besmear the face and hands with varnishes or pastes. Hammer has found that sulphate of quinine suspended in glycerine or glycerine ointment is efficient. The bisulphate, as being much more freely soluble, is preferable. Æsculin, a glucoside extracted from the bark of the horse-chestnut, which occurs in white crystals, easily soluble in water, is another good application. It can be employed in a 4 per cent. solution. A derivative of Æsculin called ultrazeozon, made up as a salve in the proportion of 7 per cent., has likewise proved most valuable as a prophylactic. A 4 per cent. solution of bisulphate of quinine or of Æsculin applied to the face has enabled it to resist an exposure to strong sunlight of from two to four hours without harm.
If glycerine ointment is used as a basis it is more readily washed off than if lanoline is employed. Should the sunburn have occurred, the linimentum calcis provides a grateful application. In severe cases, where blisters have risen, they should be opened and a dilute solution of acetate of alumina applied on compresses while there is pain; subsequently inunction with boric vaseline or borated cold cream.

**Eczema Marginatum of the Toes.**

Sabourraud has shown that a number of cases that used to be regarded as eczema of the toes are not eczema, but a dermatitis caused by the same cryptogam which gives rise to eczema marginatum of the inguinal fold. This, called by Sabourraud epidermophyton inguinale, resembles, but is not identical with, the ordinary ringworm fungi. It lives exclusively in the epidermis, and its most characteristic habitat is the left inner aspect of the thigh in the male, against which the scrotum rests. It is found also in the armpits, under the breasts in women, and frequently on the front of the foot and between the toes, less often on or between the fingers. Culver (Journ. Amer. Med. Assoc., 4th April 1914) describes a case where a man who had slept with another who had eczema marginatum of the groin became affected there also, and subsequently on one foot. The skin between and under the toes was reddened and scaly, but not moist. The ailment attacked likewise the ball of the foot. The marginal line was wavy, red, and desquamating. On boiling the deeper scales from the margin in liquor potassae, the branched spore-bearing mycelium of the epidermophyton was demonstrated. This fungus requires air, as well as warmth and moisture, to flourish. In treatment chrysarobin appears to be the most effectual remedy, but till the epidermis was softened this failed to cure. At night a lotion of ten parts of a solution of acetate of alumina was added to a saturated solution of boric acid. This was applied on lint at night, covered with a gutta-percha bag, and secured with a bandage. In the morning a strong salicylic ointment, consisting of twelve parts of salicylic acid in one hundred of vaseline, was rubbed in. When in this way a denudation of the epithelium was obtained, a chrysarobin ointment, made up of chrysarobin 1·5 parts, lanoline and vaseline each 50 parts, was well rubbed in, and this soon cured the disease.

**A New Method of Treatment of Acute Eczema.**

The treatment of eczema constitutes one of the most difficult dermato-therapeutic problems, for in the majority of cases it is purely symptomatic, as the actual cause of the ailment is frequently hidden. Further, as is well known, no other skin disease exists which, in the variety of its manifestations, can compare with eczema, while for none are so many remedies and modes of management available. To
acute weeping eczema, and to this alone, is reference here made. Samburger (Dermat. Woch., 25th July 1914) recommends the following:—The common mode is to apply stupes moistened with a 1 per cent. solution of resorcin, or $\frac{1}{2}$ to 1 per cent. solution of nitrate of silver in water, covered with Billroth’s cambic and secured by a bandage. These have alike the disadvantage that both the resorcin and silver lotion are liable to stain and discolour the linen, while the bandage slips readily off. To remedy these evils it has occurred to him to employ the resorcin solution otherwise than as a stupe. He remembered that an irritable skin, which will not bear washing with cold water, can have hot applied without harm. Therefore in place of enveloping in stupes he bathes the weeping area with a 1 per cent. hot solution of resorcin in water. The result of this was satisfactory, especially where the inflammation was severe. The improvement under this was rapid, and the itching soon abated. As to the frequency with which the lotion should be used, in cases where weeping is copious, it is enough to repeat it three times daily, when less, once or twice is sufficient. The resorcin lotion must be employed as hot as the patient can bear it without scalding. It should be heated in a porcelain vessel. The patient dips a ball of linen in the hot liquid and soaks with this the diseased part. The dipping must be frequently repeated so as to maintain the application warm enough. Five to ten minutes are devoted to this. The surface is then allowed to dry, some absorbent cotton-wool put over it, and a transparent bandage wound on, so as to permit access of air and evaporation. In course of two or three days the oozing has ceased and the surface is dry. Then it is smeared over with Unna’s paste—R Zinci oxydi, 10·0; terræ silicie, 2·0; adipis, 28·0. He does not use Lassar’s paste, as the contained starch is apt not to suit. Nor does he employ powders. This treatment is valuable in impetiginous eczema, as on the hands, and dries up the pustules. When cure is effected it is advantageous for a time to put on Unna’s sulphur paste—R Zinci oxydi, 6·0; sulphuris ppt., 4·0; terræ silicie, 2·0; adipis, 28·0. He regards this plan of using a hot resorcin lotion as a distinct advance in the treatment of acute weeping eczema. Some illustrative cases are appended.

**Superficial Rough Areas on the Surface of the Skin.**

Kromayer (Deutsch. med. Woch., 4th September 1913) remarks that some persons, chiefly ladies, use cosmetic applications to the face to procure a fine skin and a delicate colour. Such are not infrequently eventually harmful. They render the skin tender. The epidermis, and in particular the horny layer, becomes thin and weak. The surface shows rough or abraded areas, which may end in eczema. In this rough part two components are defective, water and oil, which therefore have to be added artificially. The horny cells take up the water which renders
them soft, while the oil covers them and prevents evaporation. The most appropriate time for this inunction of the skin is directly after the act of washing with soap, when the sound and much more the defective horny layer swells and absorbs. Before the water again evaporates into the air and the aridity of the skin reasserts itself the integument must be freely anointed, and any excess subsequently removed by cotton-wool. Kromayer recommends that a cold cream be employed in this procedure rather than a simple oil. He gives several formulae, but the one he prefers has the following composition:

\[
\begin{align*}
R & \text{ Lanolini.} \\
& \text{Eucerini, } \text{aa} \, 20^0. \\
& \text{Aq. distillatae, } 40^0-80^0. \\
& \text{Paraffini liquidi.} \\
& \text{Glycerini optimi, } \text{aa} \, 10^0-20^0. \\
& \text{M.}
\end{align*}
\]

The addition of the glycerine is most valuable, and lends to the fatty emulsion a pleasant emollient property. Similar dry spots on the skin occur in those persons who, as medical men for instance, have to wash the hands frequently. The cold cream as above should be applied at once, after drying the hands, when the operation is done. Thus much trouble and annoyance will be obviated.

**Ulsarin, a Promising Remedy in Lupus.**

Leonhard (Wien. med. Woch., 27th June 1914) states that it has been found possible to combine our two best antiseptics, iodine and oxygen, in a stable form as a powder, called "ulsarin." This, discovered by Dr. Rudolf Mandl, is a non-poisonous bright yellow powder, hygroscopic, and when placed on the open palm it immediately becomes brown and emits a strong odour of iodine. It splits up, if in contact with any moisture, into iodine and nascent oxygen. It is made by Engel in Buda-Pest. Leonhard has tried this powder in a very obstinate case of lupus vulgaris. The patient, a woman of 29, had suffered from lupus of the right cheek and latterly of the nose for sixteen years. She had been treated by most of the accredited methods—scraping, the Finsen light, pyrogallic acid, cauterisation, etc.—with temporary improvement but constant recurrences. She was somewhat ill-nourished and pale. The lupus consisted of nodules, patches, and ulcerations. He treated the spots and ulcers by applying the powder daily. The parts to which it was applied assumed a dusky brown. The disease disappeared in shreds, as if wiped away. After two months the further use of the ulsarin was abandoned, but a few remaining miliary nodules were destroyed with the galvano-cautery. Two injections of old tuberculin gave no reaction, and to appearance the patient seemed cured. The treatment was begun in August and it was then October. The remedy appears worth further trial.

W. A. J.