months have now elapsed, and no trace of the injury can be detected.

It appears to be practically certain that the pin transfixed the heart, probably at a point very near the apex of the organ. The elaborate analysis of cases of heart wounds in Holmes's *System of Surgery*, vol. ii. pp. 599-610, renders it unnecessary for me to do more than simply to refer to it for a résumé of the subject. Perhaps the case alluded to in that article, of the thrusting of a long gold needle into the heart, is the most similar to mine on record, but fortunately the issue here was very different. For the benefit of the curious in such cases, I may be permitted to refer to the ingenious Mrs Aphra Behn's account, in *Oroonoko*, of the tigress which lived comfortably for many years with seven bullets of lead in her heart. After this, it is not surprising that the authoress should announce heart wounds to be anything but necessarily fatal.

Perhaps the chief interest of the case recorded here is its bearing on Mr Westbrook's proposal to aspirate the right auricle in cases of acute and intense pulmonary congestion with over-distention of the right side of the heart. The part of the organ to be operated on is, of course, different from that involved in this experiment, but it is not quite clear that the results would be less serious; and even Mr Westbrook appears to prefer to adopt the measure only in cases where all chance of recovery has disappeared. Perhaps other less heroic plans might obviate the disappearance of all chance of recovery. If not, it is doubtful whether it is worth while to torment the last hours of a patient who is already moribund. At any rate I am convinced that my patient made a very narrow escape—so narrow that I cannot but think cardiacentesis out of the range of practical surgery.

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**Part Second.**

**REVIEWS.**

The Cartwright Lectures, delivered before the Alumni Association of the College of Physicians and Surgeons, N.Y. By William T. Belfield, M.D., Lecturer on Pathology, Chicago.

Of late American medical men have been thinking and writing a great deal about germs, sepsis, and antiseptics. Of the recent productions on this subject, undoubtedly the best we have seen is the series of lectures given by Dr Belfield "On the Relations of Micro-Organisms to Disease." The second of these lectures is devoted to "Sepsis and Antiseptic Surgery." This is an able and most interesting review of the work of Pasteur, Koch, Billroth, Lister, and many others. We had marked many passages for
notice, but these are too many to quote, or even refer to, without copying almost the whole lecture. We shall have to content ourselves and our readers with a few extracts, in which we shall not attempt to give a consecutive résumé of the lecture, but merely furnish examples of the lecturer's style.

In speaking of the researches of Klebs, he says, "A series of experiments upon animals showed that while the injection of putrid fluids, containing naturally myriads of bacteria, was followed by continuous fever and metastatic abscesses, i.e., pyaemia, the injection of the same liquids after filtering through clay, and thus deprived of solid particles, including the organisms, was followed by fever just as intense, though transient, but never by metastatic abscesses, i.e., septicæmia. . . . Billroth concluded, as the result of much careful clinical and experimental observation, that the presence of bacteria was the result, and not the cause, of certain changes in secretions and tissues. . . . But there soon appeared from various sources, notably Koch and Pasteur, investigations more or less incompatible with these views. . . . The same principle—vital activity of bacteria—pervades all these phenomena; for the artificial induction of septic diseases has been, in all these experiments, originally accomplished by the incorporation into the animal of putrid tissues, with or without bacteria. Now, since putrefaction must be regarded, in the present state of our knowledge, as impossible without the presence of these organisms, it is evident that sepsis, putrid infection, was in every case due, directly or indirectly, to the action of bacteria. Hence we are logically driven by all this work to the belief that septicæmia implies the introduction into the animal either of living bacteria, or of a substance which has acquired noxious properties through previous vital activity of these organisms."

Referring to the researches of Ogston especially, he says, "The mere fact of association does not, of course, necessarily prove a causal relation of the organisms to the suppurative process; but the observation that a zoöglœa mass of micrococci is often the centre of an abscess; that indeed abscess-formation in all stages, from a simple accumulation of straggling leucocytes to the fully developed destructive infiltration of tissue, has been observed around a nucleus consisting of a minute embolus composed entirely of micrococci; that the progressive purulent infiltration of the surrounding tissue is preceded by an invasion of the same by micrococci—can be impartially and satisfactorily explained, in the present state of knowledge, by no other hypothesis than that the micrococci cause the suppuration. Experimentally there is direct evidence to the same effect."

At a further stage of the lecture we find the following brief tabulation of the fundamental elements of antiseptic surgery:—"For the accomplishment of such decomposition it is evident that three factors must concur: 1, the presence of animal tissues de-
prived of vitality, and hence capable of putting organisms capable of inducing putrefaction into conditions which permit the vital activity of absence of any one of these conditions renders impossible. The prevention of decomposing septic infection from a wound can therefore be reticably in any one of three ways: 1, the exclusion of materials, i.e., cleanliness; 2, the exclusion of addition of a substance in whose presence putrefaction is made inert. It is evident that the accomplishment of these three ends is antiseptic, or, if you prefer, grounds, aseptic surgery.

"Antiseptic surgery, then, is not comprised in carbolic acid; it is not simply a question as to the bacterial properties of this, that, and the other so-called agents. It is an attempt to prevent the entrance into the formation within, a wound of all substances, organized or unorganized, which can interfere with cell-nutrition. It can first, the exclusion or removal of all putrefiable materials—pus, necrosed tissue (a point to which the Listerian school inclined to ascribe a subordinate place; witness Cheyne's "Septic Surgery"); second, the exclusion of all ferments, bacterial or other; and, since neither of these can always be accomplished, since even under the most perfect Lister or other dressing, bacteria may be present; third, the establishment of conditions incompatible with bacterial development. The most complete antisepsis is evidently not that which sees in bacteria the sum and substance of all surgical evil, but that which recognises and endeavours to avoid all possible sources of infection."

Before closing this review, we would like to extract one or two sentences from the fourth of the series of lectures. In this lecture Dr Belfield takes up the subject of the connexion of organisms with various infectious diseases, and the investigations of Pasteur and Koch. He says, "In considering this subject, with which Koch's name is almost as closely associated as Pasteur's, it is advisable again to remember that this is a question of facts and not of individuals; that to us Gaul and Teuton are alike friends, as we fortunately keep no watch on the Rhine; that neither Pasteur's brilliant work on fermentation, nor Koch's services on anthrax and tuberculosis; neither the unreasoning enthusiasm of the French for Pasteur, nor the intelligent confidence of the Germans in Koch; neither the grandiose egotism and artful dodging of the former, nor the apparent personal rancour of the latter;—none of these may obscure our vision in estimating the value of present evidence."

Further on we read, "The virus of an infectious disease must, then, be something capable of reproduction, and this power is the peculiar characteristic of an organism. No unorganized poison,
notice, but these are to ent is at present known which is capable of copying almost the whole phenomena shown by the virus of syphilis, variola, measles and our readers. Again, it is said, How is it possible for attempt to give a collection of a disease caused by bacteria? What stops the virus of syphilis, variola, measles from being shown by the virus of syphilis, variola, measles.

In speaking of the opponents of the germ theory of disease, he says, "probably no one among us who doubts that the worm which induces the morbid condition, for no one, so called, has ever induced the disease by introduction of solid particles, i.e., septicaemic worms. Yet the same men who assert the presence of the trichina contemptuously reject the idea of the trichina contemptuously reject the idea of the same liquid, although the evidence—constant association of the morbid condition—applies to all cases. . . .

The necessity for a good popular work on vocal physiology must be apparent to any one who has taken the trouble to observe the modes and methods of our professional singers, or to study the varied and contradictory recommendations given in many singing manuals. The book before us goes far to supply that want. The idea of combined authorship was a happy one, and the result is good. Our only fear is that it is too elaborate to be sufficiently popular. Here and there, more particularly in the anatomical portion, the technicalities are greater in number than they might be, while the descriptions of some of the difficult-to-be-understood laryngeal muscles are too complicated to be readily intelligible to one who has not seen a dissection of the organ. With these exceptions the book is written so that he who runs may read. The chapter on the hygienic aspect of breathing is one that might be
studied with advantage by others than singers and voice-users. It is illustrated with four fine plates, adapted from Flower and Roth, which at a glance tell their own tale. We are glad to observe, in another section, attention drawn to the strange error, promulgated in a recent much-praised work, regarding the mechanism of the *voce mista*, that it was produced by the full, loose vibrations of one vocal cord through its whole thickness, while in the other the vibrations were confined to the fine inner edges. Truly, as our authors remark, "we might as well expect to see a horse galloping on one side and trotting on the other." The last two sections, on the daily life and the ailments of the voice-user, contain much good advice, without giving that little knowledge (more particularly of medicines and prescriptions) which is dangerous. A novel feature in the work is the splendid series of photographs of the larynx and soft palate, the best and most distinct that have yet been made. Both Mr Browne and Mr Behnke are to be congratulated on the success that has at last attended their efforts in this direction. A word of praise is also due to the publishers for the handsome style in which the book has been brought out.

*Malignant Disease of the Larynx.* By Henry T. Butlin, F.R.C.S., Assistant Surgeon and Demonstrator of Diseases of the Larynx, St Bartholomew’s Hospital. London: J. & A. Churchill.

The author of this monograph is already well known as the writer of a work on sarcoma and carcinoma, and he offers the present essay as a further contribution to the local study of malignant tumours. The great principle underlying his present and previous work is, that the mother tissue largely influences the degree and kind of malignancy presented by a tumour. Cases only are described or quoted in which a microscopical examination has been made, which necessarily limits their number.

The work bears traces of careful study, so far as the minute anatomy of the growth is concerned; indeed, this part of the book is its strongest point, and shows the author to be an accomplished histologist. We are struck with the author’s confession of the doubt which sometimes enshrouds a sarcoma of the larynx, even after microscopical examination. A case recently under our own care, in which careful examination of the affected parts by several able microscopists led to a divergence of opinion as to its precise nature, confirms this expression of doubt, and seems to show that even with the aid of the microscope we cannot always define with accuracy the character of an obscure laryngeal growth. But, at the same time, we are at one with the author in considering this as the most satisfactory method of arriving at a diagnosis in such cases, by removing a small portion of the growth, and submitting it to microscopical tests.
The clinical or symptomatic portion of the work is inferior to the anatomical part. The absence of glandular affections in some cases of undoubted malignant disease of the larynx is dwelt upon, and, in the case of sarcomatous, and probably also of carcinomatous disease, is ingeniously explained by the author as probably owing to the neoplasm diminishing the calibre of, and subsequently obliterating, the lymphatic capillaries of the part, and thus rendering them incapable of transmitting the infecting material of the tumour. We doubt the correctness of this hypothesis, while, at the same time, we cannot advance any more plausible explanation of what is an undoubted fact. We are not inclined to attach the same weight as the author to the presence of radiating pains in the ear as affording a presumption in favour of cancer, and "as being very seldom noted in other affections of the larynx," for we have undoubted clinical evidence to the contrary. On the other hand, we have lately seen on several occasions a case of malignant disease of the larynx, with ulceration, in which the ear symptoms were almost entirely absent.

In regard to treatment, the author considers partial or complete resection of the larynx as a justifiable operation in sarcomatous disease—less so in carcinoma, particularly the extrinsic variety. Tracheotomy is beneficial in both varieties, while thyrotomy and laryngotomy are seldom of much use. The value of morphia insufflations in assuaging pain is also noted. We think the author has made an important omission in failing to call attention to the probable syphilitic nature of such as the above; for, in the words of Morell Mackenzie, "in no case should the patient be condemned as suffering from cancer until all doubts have been cleared up by the trial of antisyphilitic treatment."

We think Mr Butlin has prepared a work of considerable value alike to the specialist and the general practitioner; and with a more extended clinical experience of these diseases, as also of the other affections of the larynx which occasionally they so closely mimic, we have little doubt that much good work in this department may yet be expected of him.

The Antipyretic Treatment of Typhoid Fever. By G. C. Smythe, A.M., M.D., Professor of Principles and Practice of Medicine, Indianapolis, Ind.

This paper was read before the Medical Society of the Mississippi Valley at Indianapolis on 19th September 1883, and has been issued in pamphlet form, reprinted from the Cincinnati Lancet and Clinic of 6th October last year.

He begins his lecture by briefly passing in review the pathology of enteric fever, the antipyretic treatment of the same, and in a few words points out the value in this fever of carefully recording the temperature, and reducing it, when above 103° F. in the axilla,
by means of cold water or quinine, or both. He has tried Dr Currie's method by cold affusion, Liebermeister's by plunging into cold water of 60°, and Von Ziemssen's graduated bath, beginning at 90° and cooling to 60°. Of these three methods of abstracting heat he prefers the last, as being the most agreeable to the feelings of the patient, while at the same time it is equally efficacious in bringing about the desired result.

However, as this treatment is objected to by many patients, especially when it has to be repeated daily or oftener for weeks, he recommends the cold bath in the early stage of the disease, continuing the antipyretic treatment thereafter by means of quinine. Dr Smythe is in the habit of presaging the antipyretic treatment with two or three cathartic doses of calomel, but only before the typhoid condition becomes developed.

In some cases, where both baths and quinine have little effect in producing well-marked remissions, he has found digitalis or veratria, given for twenty-four or thirty-six hours preceding the administration of the quinine, followed by satisfactory results. To get the full benefit of quinine, he says, it should be given in the early evening, and in one full dose of 25 to 50 grs. Quinine given in this way does not require to be given so often, nor does it produce the unpleasant effects so often seen to follow the administration of small doses continued for several days. No harm has ever been known to result from its use in this way.

_Typhoid Fever in Victoria._ By JAMES W. BARRETT, M.B., Ch.B., Resident Medical Officer to the Melbourne Hospital. Melbourne: George Robertson: 1883.

The part before us is the first section of a work on typhoid fever which the author hopes to complete as soon as possible.

Dr Barrett informs us in his introduction that he believes the work is the first production of a medical graduate of the Melbourne University. In this section, which is chiefly statistical, he points out its prevalence throughout the colony, and suggests for its extinction the disuse of cesspits, the thorough disinfection of the excreta, and an efficient drainage system, which should be systematically flushed during the typhoid season.

By means of tables and charts he shows the seasonal prevalence, susceptible ages, course of temperature, mortality, etc., all of which go to prove that typhoid fever in Victoria is similar to typhoid fever at home.

The first section is of little importance to the physician here, as the two points on which we require more light, etiology and treatment, are not touched upon. But the book will undoubtedly be of great value to the Victorian physician, both for its statistics and suggestions.
A History of Tuberculosis from the Time of Sylvius to the Present Day; being in part a Translation, with Notes and Additions, from the German of Dr Arnold Spina: containing also an Account of the Researches and Discoveries of Dr Robert Koch and other recent Investigators. By Eric E. Sattler, M.D. Cincinnati: Robert Clarke & Co: 1883.

Since the announcement in 1882 of Dr Koch's discovery of the bacillus tuberculosis, few journals have been issued without containing an article, leader, or leaderette, more or less formal or formidable, on this active and destructive little germ. Some of the best of these have been laid under contribution for the compilation of this book. It contains little or no original matter. Five out of its seven chapters are confessedly a free translation of a portion of Spina's Studien über Tuberculose. The last two are a résumé of Koch's investigations and of the subsequent experiments made by those who endeavoured to confirm or upset his conclusions. It will thus be seen that Dr Sattler's volume is a fairly good history of the recent progress made in the investigation of tubercle.

The Pathology and Treatment of Venereal Diseases. By Drs Bumstead and Taylor. London: Henry Kimpton: 1883.

On former occasions we have welcomed the several editions of this admirable work; and it is now our very pleasant duty to recommend most highly this the fifth edition, revised and rewritten, with many additions, by Dr Taylor. In the preface the author deplores in very feeling language the loss the profession has sustained by the death of his former collaborator, Dr Bumstead. As an addition to the illustrations are two pages of chromolithographic drawings, delineating the chief venereal lesions in a most accurate manner. In the chapter on treatment a new adjuvant to the mercurial course is recommended "as one of the most valuable agents at our command." It consists of the fluid extract of erythroxylon coca, prescribed as follows:—

\[
\begin{align*}
\text{R} & \quad \text{Fl. ext. erythroxylon coca, } & \frac{1}{10} \text{fl. oz.} \\
& \quad \text{Tinct. cinch. co.,} & \frac{1}{10} \text{fl. oz.} \\
& \quad \text{Tinct. gent. co., } & \frac{1}{10} \text{fl. oz.}
\end{align*}
\]

M. Dose.—Two teaspoonfuls in a wine-glass of water three times a day, an hour after meals.

A chapter on syphilis and marriage has been appended, giving the best advice on this important question.
The Pedigree of Disease: being Six Lectures on Temperament, Idiosyncrasy, and Diathesis, delivered in the Theatre of the Royal College of Surgeons in the Session of 1881. By Jonathan Hutchinson, F.R.S. London: J. & A. Churchill: 1884. Pp. 142.

Every thoughtful physician and surgeon will feel grateful for the opportunity now afforded him of having these admirable lectures in a compact, connected form. No one has a better right than Mr Hutchinson to write on this subject. His wide reading, his enormous experience as a surgeon, an ophthalmologist, and a syphilologist, his marvellous industry, his powers of philosophical generalization, and, not least, his early studies under the late Professor Laycock, all unite to give his opinions and theories on such subjects great weight and authority. The lectures are carefully written, well expressed, here and there with an epigrammatic smartness. "Idiosyncrasy is individuality run mad" (p. 24). Even the headlines are instructive and witty. "Beati possidentes" we find as a headline to a page containing the following sentence:— "When the elephantoid process has once well set in, I believe it is never wholly cured; and no better instance could be produced of the pathological advantages of possession. The worse the disease is, the worse it is likely to become" (pp. 103-4).

A Compend of Surgery. By Orville Horwitz, B.S., M.D. London: Henry Kimpton: 1883.

Though this book is published in London, it has internal evidence of having been written in America. It forms one of a very large number of works which profess to give students all they require to know in the smallest possible compass. We need hardly say that the result is unsatisfactory. Perhaps this book has not so many faults and errors as many we have examined, but it is far from perfect. We cannot imagine any real use for such a book, for the reader would require to have already a competent knowledge of surgery to enable him to avoid being misled by the errors.

Surgical Notes. By J. Crawford Renton, M.D., Surgeon to the Dispensary of the Western Infirmary, Glasgow. Reprint from Glasgow Medical Journal, September 1883.

The "Notes" would be better entitled "Reports." Several most interesting cases are reported—removal of fibroid of uterus, amputation of thigh for osteomyelitis, removal of
cancer of rectum, operation for rupture of the perineum into the rectum, and tracheotomy for oedema glottidis. All except the last were successful. Dr Renton demonstrates great ability in the surgical treatment of a great variety of affections. In one part of his pamphlet he recommends the employment of the Dublin inhaler for the administration of chloroform or any other anaesthetic.

Annals of Anatomy and Surgery. Brooklyn, N.Y.: 1883.

The November number thoroughly maintains the high character of this excellent periodical. There are three surgical papers, and one anatomical, all of special interest and value. Dr Oscar H. Allis writes on the descent of the testicle. He gives a somewhat new description of the gubernaculum testis. He describes it as a distinct structure attached to the scrotum below and the testicle above, without any other attachment, covered with peritoneum, especially on the inner side, and influencing the descent of the testicle and invagination of the tunica vaginalis in the following way:—Suppose the gubernaculum does not grow after a certain age of the foetus, the other parts growing, the relation of that structure to them will be constantly altering, the gubernaculum becoming relatively shorter, and the testicle consequently relatively nearer the scrotum. Suppose the gubernaculum to atrophy, the dragging down of the testicle will be so much the more rapid and complete. Again, suppose the gubernaculum, at a certain period, covered to half its length with peritoneum, as it becomes relatively shorter the peritoneum is drawn into the inguinal canal, and ultimately completely invaginated when the testicle becomes adherent to the lower part of the scrotum. Thus it is seen that the peritoneum precedes the testicle in its descent, instead of the latter pushing it and other structures before it, as is sometimes taught. Dr Allis illustrates the paper with several diagrams which are well drawn and very clear. We do not think Dr Allis’s demonstration explains everything. For instance, no notice is taken of the part played by the spermatic cord in the movements described above. Dr Allis, in the latter part of his paper, demonstrates very well the relation of congenital hernia to the descent of the testicle. On this subject he has also got some well-executed diagrams. One in particular shows very well how hydrocele of the cord may be produced. He has also an ingenious theory for explaining how the descent of a portion of bowel in hernia may occur from temporary elongation of the mesentery when the bowel is empty and contracted. He considers that a distended condition of the bowel shortens, while a contracted condition lengthens the mesentery, and so makes the bowel more capable of being protruded as a hernia.

The second article is by Dr Lewis A. Stimson of New York, on “Compound Articular Fractures.” The article
is well written, but fails in one point. It is evident that the author does not understand antiseptic surgery. He describes three cases of fracture, implicating respectively the elbow, the knee, and the ankle. Two out of the three suppurred and the patients escaped with tolerably useful limbs by great good luck. None were treated in thorough Listerian fashion, the ankle case least of all, and yet it did best. Dr Stimson is at a loss to explain this. We have no difficulty in doing so from his own account of the case, which is as follows:—"The left fibula was broken at a point about three inches above the tip of its malleolus; the internal malleolus was broken off at its base, and this fracture communicated with a transverse wound of the skin directly over it, through which blood was flowing quite freely. A small piece of bone which lay in the wound was removed. The surface of the wound was washed with the carbolic solution, but the wound was not injected. A gauze dressing was applied, with side splints outside. The next day the dressing, which was saturated with blood, was changed. . . . On the third day the dressings were again changed, the position of the foot corrected, a posterior and an external lateral splint of plaster of Paris applied next the skin, and a new dressing placed over all. This dressing remained in place until February 26, the tenth day, when the discharge came through. During the first days the temperature did not rise above 99°; on the eighth day it rose to 99°5, and on the tenth to 100°. . . .

March 5.—The wound was found to be reduced to a small flat sore, and a small cotton dressing was substituted for the gauze. March 18.—The wound was found entirely healed; a continuous plaster splint was applied from the toes to the knee, and the patient was discharged March 24, at his request. May 7.—I learned that the joint was freely movable and painless; the patient had returned to work, and was troubled only by the swelling of the limb during the day." The explanation is simply this—a comparatively small wound, not communicating with the joint directly, but with the fracture of the internal malleolus; secondly, blood flowing freely at the time of admission and for several hours after. With this external flow of blood it would be difficult for sepsis to find its way in. There is a rule among the surgeons of the Infirmary here not to inject a wound that is freely bleeding, for the blood is washing it out. From the history of Dr Stimson's ankle case it is quite evident that, thanks to the free bleeding and gauze covering (which does not dam back discharge), the deep parts of the wound healed at once, and the wound became virtually a superficial one. With regard to the other two cases, Dr Stimson wonders how the injecting of the joints which he performed did not benefit the condition of the wounds more and prevent them becoming septic, as they evidently did. We would suggest to him that there may be various ways of injecting a joint or a wound. In using a common syringe the fluid is driven forcibly inwards and flows comparatively feebly outwards; whereas using a catheter passed down to the furthest part of the
wound provides a direction of current that is wholly outwards. We would ask Dr Stimson whether the latter method is not likely to be much more successful than the former in making a wound or joint aseptic, and whether the former method might not in some instances be apt to drive septic matter in rather than out, and so do more harm than good.

The third article is on abscess of the liver successfully treated, by Dr H. Banga of Chicago, by free incision. The fourth article is on a case of cysts connected with a hernial sac, reported by Dr T. F. Prewitt of St Louis. The cysts seem to have been somewhat of the character of hydatids. The larger cyst was about the size of a hen's egg, and was attached to the inner surface of the peritoneum forming the sac of the hernia (which had been operated on for strangulation). Two smaller cysts were attached to the neck of the larger one, and communicated with its cavity. The contents were not examined.

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**Part Third.**

**MEETINGS OF SOCIETIES.**

**MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.**

**SESSION LXIII.—MEETING IV.**

*Wednesday, 6th February 1884.—Dr Littlejohn, President, in the Chair.*

1. *Dr Hodsdon* showed a middle-aged man suffering from paraffin eczema, under the care of Dr Duncan, to whom he had been sent by Dr Longmuir of Bathgate. The disease affected both forearms. It seemed to have begun as comedos on the back of the hands. These, gradually enlarging, went on to the formation of horns, as seen on the dorsal surface of the forearms. The horns falling off left a deep ulceration.

*Mr Joseph Bell* said this case was an addition to the list of paraffin diseases, in which he was much interested. Paraffin acne and epithelioma were not very uncommon among paraffin workers. He had operated on several cases of the latter disease.

2. *Dr Allan Jamieson* showed a young man who presented either a curious condition of a common disease or a combination of two diseases. Three weeks previously he had observed some spots on the chest, which had since spread gradually. When first seen, Dr Jamieson thought the case was one of lichen marginatus, but a microscopic examination of some scrapings showed that these contained the parasite of pityriasis versicolor. The patient also showed a certain amount of psoriasis, best marked below the knees. The question was whether this was simply a development...