OCCASIONAL PERISCOPE OF DERMATOLOGY.

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THE QUESTION OF THE COMMUNICABILITY OF LEPROSY. — Dr Beaven Rake, after a careful analysis of all the literature bearing on the subject in recent times, thus sums up his conclusions:—
1. Bacteriological evidence. Leprosy is probably due to a bacillus, and theoretically we must admit the possibility of its inoculation.
2. Inoculations of animals. The experimental inoculation of leprosy in man or animals has never succeeded beyond the possibility of doubt.
3. It has not been proved that vaccination has conveyed leprosy.
4. While practical experience points to a possible communication of the disease from one person to another, the weight of evidence shows that this must be extremely rare, and under very exceptional conditions.
5. Leprosy has steadily decreased in many countries without any attempt at compulsory segregation, while in other places it has increased in spite of isolation of lepers.
6. The immigration of lepers into leprosy-free countries has not, in recent times, been followed by any appreciable spread of the disease.
7. For practical purposes leprosy may be regarded as less dangerous to the community than tuberculosis, and as requiring no greater precautions than those taken against the spread of that disease.—New York Medical Record, 2nd Dec. 1893.

THE USE OF KRISTALINE IN DERMATOTHERAPY. — Dr Leslie Phillips has directed attention to the employment of kristaline, a proprietary lacquer manufactured in America, but procurable in Britain, as a substitute for collodion. It is a solution of pyroxylin in wood-naphtha, containing amyl acetate. It is used as a varnish to protect metal ornaments from corroding. It evaporates when applied to the skin more slowly than collodion, but produces a transparent, flexible, and durable film. The pungent odour, due to the contained amyl salt, is a disadvantage. It can be made flexile as collodion, thus:—Kristaline, 12·0; Canada balsam, 0·50; Castor oil, 0·25; but for many conditions the proportion of castor oil may be advantageously augmented. A useful skin-coloured enamel may be thus prepared:—Kristaline, 7 drachms; Castor oil, 1 drachm; raw umber, 2 grains; red Arminian bole, 1 grain; Zinc oxide, 40 grains; Calamine, 20 grains. As a practical illustration of its use he cites those cases of acne in which a large number of spots are placed close together; such are readily cured by the following procedure:—Over the whole affected region brush lysol, and allow it to remain on for two or three minutes. Remove by dabbing with blotting-paper. Now cover the part with a thin layer of kristaline, applied by means of a penholder or stick. The advantage of lysol over carbolic acid or other caustics is that it
produces a hyperæmia only, while the film formed by the kristaline is quite invisible. Unless friction is used, this film will last nearly a week, at the end of which time the disease will be found much improved. The process should then be repeated, and it will be seldom needful to again renew. Kristaline is exceedingly useful to insulate part of an electrolysis needle when it is desired to confine the electrolytic action to the deep tissues, and to prevent injury to the skin through which the puncture is made. If kristaline is allowed to run over a sheet of warmed glass it dries into a beautifully thin film, as homogeneous and transparent as glass. This forms a most admirable protective for wounds, or can be used as a cover, through which progress can be observed. The film is secured by painting a line of kristaline on the skin which fixes the film. It can also be used for tracing with ink.—British Journal of Dermatology, Oct. 1893.

Recovery from leprosy.—Mr Hutchinson has recorded some remarkable and interesting examples. Residence in England, and entire abstinence from fish as an article of diet, are, in his opinion, the chief, if not the only elements concerned in the cure of these cases. On carefully investigating his cases, however, it would seem that all the symptoms had not quite disappeared, for anaesthesia, or at least some lessening of sensation, remained, though a cessation of active progress was apparent.—Medical Press and Circular, 29th Nov. 1893.

The nature of xanthoma.—Török of Buda-Pesth has made an exhaustive investigation into this question. Three species are recognised—Xanthoma vulgare, xanthoma elasticum, and xanthoma diabetorum. The first form may be divided into two varieties,—1, Localized xanthoma, which appears in one or more flat spots or spots very little raised, more rarely as papules and tubercles affecting a single region, most frequently that of the eyelids; 2, disseminated or multiple xanthoma, which may be flat, tuberculated, or tumiform, and extends over the whole surface of the body, though with certain points of election,—the knees, elbows, palms, soles, fingers, neck, etc. A separation has been made between cases of xanthoma occurring before puberty and those manifesting themselves in adult life, but Török shows that there can be drawn up a continuous chain, commencing in the first year and unbroken to the sixtieth. Jaundice and liver disease have been met with at all ages. Xanthoma of the eyelids may appear in childhood, and the complaint starting there may spread over the body. From an analysis of the histology, he concludes that xanthoma vulgare is made up of adipose tissue in a heterotopic situation, and in consequence of this it is composed of adipose cells interrupted in their progress to complete evolution. Where there is an increase of fibrous tissue the formation of this is additional to that of adipose. We cannot at present come nearer the cause of xanthoma than to assume that it arises through a proliferative hyperactivity of cells.
suited to undergo the fatty transformation. Xanthoma should not, he thinks, be regarded as a tumour, but as an excess of growth. The two cases of xanthoma elasticum he considers are not to be referred to a distinct variety, but are xanthoma vulgare planum in a condition of retrogression. Xanthoma diabeticorum he describes apart, as clinically and histologically an irritative process tending to degeneration. There are the redness of the lesions at their commencement, their sudden evolution, the accompanying subjective sensations, the transformation which occurs in the centre, the fact that they have been seen to ulcerate or give rise to cicatrices, their disappearance in course of time. There are, he considers, inflammatory phenomena not seen in xanthoma vulgare. The lesions of xanthoma diabeticorum are caused locally by an irritative process ending in a granulo-fatty degeneration.—*Annales de Dermatologie et de Syphiligraphie*, Nov. and Dec. 1893.

**OCCASIONAL PERISCOPE OF THE DISEASES OF CHILDREN.**

By Chas. E. Underhill, B.A., M.B., F.R.C.P. Ed.

**Dangers of the Cold-Water Treatment of Pneumonia in Children.**—In discussing the use of baths in the treatment of pneumonia, the author dismisses cold water as too depressing and dangerous, and disagrees entirely with the *dictum* of Jacobi, that “The best antiseptic is cold, and the *rationale* of cold bathing is the cooling of the surface.” The true *rationale* of cold bathing is the effect upon the nervous system, which is invigorated and braced by it, not the reduction of temperature. While objecting to cold baths, he advocates strongly the employment of cool bathing—the bath at 90° to 95° Fahr. reduced slowly to 80°. This he has found the most effectual of all methods of treating pneumonia with high temperatures and embarrassed respiration in children. An interesting case in point is recorded.—Simon Baruch, M.D., *Arch. of Pediatrics*, July 1893.

**The Local Lesion of Scarlet Fever.**—Scarlet fever differs from some of the other specific fevers—measles, for example—in that it only attacks a limited portion of the population—something well under 5 per cent. This is mainly due to the fact that the liability to its attacks diminishes rapidly after ten years of age, and almost ceases after the age of fifteen. As a reason for this immunity Dr Dowson undertakes to show that—1. The primary local lesion of ordinary scarlet fever is in the tonsils. 2. This disease is a local disease of these parts and associated lymphatic glands, the general symptoms being caused by the absorption of toxines produced by the microbe growth at the local lesion. 3. The incidence of the disease and the subsequent immunity are related to the structure and life-history of the tonsils. After satisfying himself as to the appearance of the normal tonsil—not an easy matter—the author's