REMARKS ON GENERAL EXFOLIATIVE DERMATITIS.

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THE next table (Group B) comprises six cases in which general exfoliative dermatitis occurred in persons subject to one form or other of constitutional eczema, or manifested itself as an actual generalisation of a previously restricted eczema.

That these cases of exfoliative dermatitis are substantially identical with those of the first group can hardly be doubted. Several of the writers from whom I have drawn mention some form of eczema among the patient's medical antecedents, without apparently suspecting, at any rate without recognising, any connection between it and the general dermatitis. Others, again (Magee Finny, Erasmus Wilson), see it quite clearly, and lay stress upon it. Yet both alike are attracted by the term "pityriasis rubra", and, consciously or unconsciously, bear witness to its identity with the primary form of the disease.

That there is such a thing as "psoriasis universalis" is generally admitted; but it is very rare. I have never been fortunate enough to see it. The two cases in Group C, however, show that a general exfoliative dermatitis, closely resembling that already described, may supervene on ordinary psoriasis. The identity of the process with that described above is, indeed, fully recognised by M. Guibout; Dr. Fagge's case, on the other hand, presents certain special features (limitation of scaly patches, absence of previous history of psoriasis) which render its true place less assured.

The next case I have to record is one of considerable interest. That lichen ruber may become generalised and occupy entire regions, or even the whole surface of the body, is expressly stated by Hebra, and admitted by dermatologists in this country. The increasing rarity of such cases is probably due to the more general recognition of the curative power of arsenic in this disease. But though universal redness, with infiltration of the integument, with rhagades about the flexures and atrophy of the nails, are described by Hebra, he speaks of the surface as being "covered by numerous thin scales", without distinctly specifying continuous and profuse exfoliation. He gives no cases; and I have not succeeded in coming across any complete record of an example of *Lichen ruber universalis* in the various works I have searched for the purpose.* Accordingly, I have been unable to find any exact parallel to the following case.

CASE IV. *Lichen Ruber, passing into General Exfoliative Dermatitis: Emaciation and Failure of Strength: Recovery under Treatment: Death, during Convalescence, caused by Typhus (?)*.—P. P., aged 7, was brought to me at the Evelina Hospital for Sick Children on November 25th, 1872. His mother stated that he had passed through a second attack of scarlet fever some months before; he peeled all over; no dropsy followed. His health had always been good. There were no skin-diseases in the family; no evidence of syphilitic taint. The present illness began three weeks ago, when his face was noticed to be "a little scurfy". At the same time, spots were observed on his back.

He was a well-nourished and healthy-looking boy of fair complexion, with silky hair. The skin of the face, neck, and ears was of a uniform tawny red hue, and somewhat infiltrated; the cuticle was coming off in large white flakes. The infiltration extended well into the external auditory meatus on both sides, and involved the eyelids. The scalp was thickly covered with small silvery scales, no healthy skin being discoverable between the hairs. The hair of the scalp, as well as that of the eyebrows and eyelashes, appeared normal, and did not come out easily when pulled. The back was occupied by a very large patch, extending from the neck above to the upper border of the buttocks below, and to some distance from the middle line on each side. It was tolerably symmetrical in relation to the spine. The affected area was coated with large white papery squames, about as thick as foreign note-

paper. On stripping them off, the cutis was seen to be greatly infiltrated, and of a dull red, almost coppery hue; its surface was areolated, showing, plainly enough, that the patch was made up of a vast number of closely-aggregated or confluent papules. Round the edges of this scaly patch, especially below, where the eruption was most recent, were scattered many discrete papules in groups of from six to a dozen. These papules were of a brighter and more vivid red, polygonal, with flat tops and precipitous sides, large, extremely hard; they were just beginning to get scaly. The skin between them was quite normal; they were not circumscribed by any areola, their redness being strictly confined to their own proper substance.

The rash extended, with much the same characters, round the chest to the front. Over the sternum, it formed a scaly patch; round the nipples and on the abdomen, it was papular, the papules being either solitary or agminated. It passed downwards along each side of the scrotum, to join a symmetrical scaly patch on the lower border of the gluteal region.

The armpits were thickly covered; the upper arm had many papules on its flexor surface, which grew thicker and became scaly at the bend of the elbow. From the elbow to the wrist, the forearm on its ulnar aspect was scaly on a bright-red infiltrated base. On the flexor surface, towards its lower end, the papules coalesced; over the wrist, the skin was fissured. The palm of the hand was bright-red and glossy; the cutis was stiff, and had lost its natural pliancy; the epidermis coming off in scales of considerable size. The interphalangeal flexures were deeply fissured. On the dorsal aspect of the hands and fingers were many papules, discrete and confluent. The nails were unaffected. The thighs were nearly free from eruption. Just below the patella was an oval scaly patch, not unlike psoriasis. Behind, there were two long scaly streaks over the inner and outer hamstring tendons. The soles of the feet were bright red, infiltrated; no desquamation, no fissures. The redness and infiltration extended over the dorsal surface of the toes, but not over that of the foot or the ankle. The nails were normal.

The rash was everywhere absolutely dry. The mucous lining of the mouth and throat was normal. There was no anaemia; no glandular enlargement; no fever or constitutional disturbance. The urine contained no albumen. There was hardly any itching, but a good deal of burning and tingling was felt.

A week later, the following note was made. "The boy looks decidedly thinner and weaker than he did. The colour of the infiltrated patches is decidedly less vivid, a yellowish or brownish under-tint being everywhere blended with the red. The infiltration itself is less marked than it was. The isolated papules have, for the most part, coalesced with the larger patches; those which retain their independence have lost some of their characteristic hardness and abruptness. No fresh ones have come out. Nails still normal. Desquamation very profuse. When the boy's shirt is taken off, a shower of large papery flakes tumbles out of it. His mother says that his sheets are filled with them in the morning."

Dr. Fagge, who was then my colleague, kindly saw the patient with me, and expressed his opinion that the case at this stage might be called one of "acute psoriasis".

On December 12th, the redness and infiltration were observed to be subsiding. The desquamation was still very abundant; but the scales were small and branny. The nails were beginning to show signs of having taken part in the morbid process; the basal portion of every nail being quite soft and fibrous.

December 19th. The redness was limited to the palms and soles. The stiff unyielding skin was now much cracked about the feet and hands, and behind the ears.

January 2nd, 1873. The skin was everywhere supple, though the abundant furfuraceous desquamation masked the progress of improvement. The rhagades were healed. Even the skin of the hands, which had been as tough as bacon-rind, was now quite pliable, though still of a dusky-red hue. The boy was alarmingly thin and weak.

February 20th. The rash was quite gone. Those parts of the skin which had been infiltrated were still dry and slightly scaly. The scalp was still covered with branny scales. The nails were being shed. The boy was emaciated and pulled down, but he began to take his food better than he did.

I never saw the patient again. About the middle of March, he was attacked by fever, which his medical attendant diagnosed as typhus; whatever it may have been, it killed him in a very few days. His skin-disease does not appear to have returned.

From November 25th to January 30th, he was treated with warm baths and inunction of ointment of benzoate of zinc, and took Fowler's solution internally. During February, he had cod-liver oil only. As he was an out-patient, his temperature was taken at rare intervals, and always in the morning; it never exceeded 100°.

* The poverty of medical literature in fully reported instances of rare forms of skin-disease is lamentable. One reason for this may perhaps be found in the bewildering confusion of nomenclature which has, until lately, deterred a majority of the profession from the study of the subject.

GROUP B.—EXFOLIATIVE DERMATITIS SUPERVENING ON ECZEMATOUS AFFECTIONS.

No.	Sex; Age; Reference. Name given.	Previous History.	Integument.	General Symptoms.	Treatment.	Result, etc.
9.	Female, 64. H. von Hebra, <i>Vierteljahrsh. f. Derm.</i> , 1876, p. 508. "Pit. rubra universalis."	While attending for eczema impetiginodes of scalp and behind ears, she became ill and feverish. Two days later, skin universally reddened and slightly swollen. A week later, desquamation had begun.	Universal redness, with shedding of small whitish scales.	Feeble and broken down.	<i>External:</i> Oils and salves; baths; tar lotions.	Left the hospital two months after admission with her eczema cured, while the pityriasis remained <i>in statu quo</i> .
10.	Male, 20. E. Percheron, "Dermatite exfoliatrice aiguë"	Up to the age of 15, subject to eczema of scalp, breaking out annually, and associated with enlargement of cervical glands. Skin usually dry. Present illness began with redness on thighs and about neck, followed by puffiness of face and extremities, with sore-throat and fever. By the tenth day, the redness had become universal, and two days later he began to peel.	On admission (14th day), face red, puffy, shining, like commencing erysipelas. Branny desquamation all over head; yellowish scabs behind ears and in palpebral commissures. Body red all over, peeling in large papery squames. On hands and fingers, these squames are raised, by liquid effused under them, into huge flat blebs. Feet in same state as hands; considerable itching and tingling, especially at night. 27th day: Oozing of viscid liquid on hands, arms, thighs; profuse exfoliation; conjunctivæ injected; puffiness has subsided. 39th day: Hair and nails all coming off. 49th day: Exfoliation persists; moderate ectropion of lower lids. 86th day: Desquamation becoming furfureous and less abundant; infiltration subsiding; hair and nails beginning to grow again. 120th day: Profuse weeping (eczematous) from legs. 157th day: Gaining flesh; branny desquamation still goes on from palms and soles. 200th day: Renewed exfoliation from extremities. 245th day: Discharged; not yet free from branny desquamation; nails mostly normal, some thickened and fibrous; hair restored, but rather thin; skin pigmented in parts.	Very great constitutional disturbance; Much fever of remittent type; pseudo-membranous exudation on fauces and lips; occasional subcutaneous abscesses; œdema of extremities; effusion into both knee-joints; bed-sores; mitral murmur, which disappeared as the eruption subsided; paralysis of extension of right leg. This got quite well in time. Emaciation at one time alarming.	<i>External:</i> tar lotions. <i>Internal:</i> Quinine; arseniate of soda; various symptomatic remedies during the long progress of the malady.	Three months after his discharge, was quite strong and well, without either mitral murmur or any residual paralysis.
11.	Male, 68. Erasmus Wilson, <i>Dis. of Skin</i> , 6th ed. "Pityriasis rub. universalis", "eczema foliaceum", "pityriasis foliacea".	For twenty years he has suffered from dry scalliness, with fissures on both palms. In May 1864, the desquamation was very profuse; had "erysipelas" of face and head. In January 1866, feet similarly affected: three months later, the entire surface of the body was red.	Universal redness and profuse exfoliation; hands glazed and fingers rigid; no fissures or moisture; little pruritus; nails thickened, rough, uneven; hair not mentioned.	Feels well, but pulse = 110.	Not stated.	Gradual return to normal at the end of two months. Slight glutinous exudation (suggestive of eczema) on trunk and inner side of limbs.
12.	Male, 28. Erasmus Wilson, <i>Lect. on Eczema</i> , 1870. "Dermatitis exfoliativa", s. "ekzema exfoliativum"	Eczema erythematous in small patches on lower limbs for six months. Sudden chill after being wet through. Universal redness and heat of skin for one week, followed by exfoliation of cuticle.	Redness vivid and universal; profuse exfoliation of large squames all over body; skin tight; eyes staring; no moisture; rhagades in flexures, with blood-scabs. Nine weeks later, exfoliation still profuse, but skin paler and less infiltrated.	Alternate sensation of chilliness and burning heat. Several boils formed. General stiffness and soreness. Confined to bed four weeks. Thirst; pulse 110.	<i>External:</i> Unguentum zinci benzoati; caron oil with carbolic acid. <i>Internal:</i> Quinine and sulphate of magnesia.	Three months from onset, has nearly repaired his strength. Redness and exfoliation still persist on scalp, and about eyes, nose, and mouth. Nails were all detached at the roots, whitish, and undergoing separation.
13.	Female, age not given, but mother of 15 children. Magee Finny, <i>Dublin Journal</i> , March 1876. "Dermatitis exfoliativa", or "pityriasis rubra".	Twenty years ago, began to suffer from moist eczema on forearms, which subsequently invaded the lower extremities also. Severe menorrhagia 4 years ago, ushered in the change of life: the eruption then changed its type; it ceased to "boil water", and grew scaly. The scalliness had become universal twelve months before admission.	Universal vivid redness, fading to a yellowish tint on pressure. Universal desquamation: branny on scalp and face, elsewhere in large papery squames; exceedingly profuse. Feeling of stiffness about joints; partial ectropion; conjunctivæ much injected; no rhagades or moisture anywhere; no pain or itching; sensation of burning heat, and feeling "as if the skin would crack". Skin is slightly thickened, red, and glossy, when scales are stripped off. Hair and nails not mentioned.	Chief complaint is of debility. Pulse 90. Temperature (once taken) 99°. Urine febrile; no sugar or albumen.	<i>External:</i> Olive oil. <i>Internal:</i> Liquor arsenicalis ℥v, increased to ℥viij, three times a day, combined with iron, quinine, and strychnia.	Eight weeks under treatment. Recovered completely, except for a few small scales on the face.
14.	Male, 64. Blachez, <i>Gaz. Hebdom.</i> , 1875. "Dermatite exfoliatrice généralisée."	Mother had chronic eczema. Has suffered himself repeatedly from eczema behind the ears, with pityriasis on scalp and chest. In October 1869, acute eczema broke out on both arms; it grew dry and scaly; in the latter part of December, became generalised.	Universal redness, and very profuse exfoliation; much itching; skin under squames occasionally a little moist; hands stiff, swollen, and tender; double ectropion; nails dropped off.	Gradually increasing weakness; eyes became severely inflamed; profuse night-sweats. No sugar or albumen in urine. Suffered much from boils and abscesses.	Alkalies; arsenious acid in pills of one centigramme <i>ter die</i> ; took 100 of them; then phosphorus, 3 milligrammes <i>per diem</i> .	The disease lasted 12 months, at the end of which time he was carried off by acute pneumonia. The desquamation had become furfureous, and his strength had improved considerably.

The last case on my list is in many respects anomalous, and I hesitate in assigning a place to it. Its very singularity, however, makes it worthy of being put on record; and it will serve to introduce a few remarks concerning exfoliation supervening on pemphigus.

CASE V. *Acute Bullous Eruption, coming on Ten Days after Birth, and passing into General Exfoliative Dermatitis: Recovery.*—E. H., three weeks old, was brought to the Blackfriars Hospital on November 16th, 1876, by his mother, a thin, dark-complexioned, healthy-looking

young woman. She had one other child, who had never suffered from any skin-disease, or indeed from any disease at all. The present infant appeared in perfect health till ten days after he was born, when he became "red all over"; a small bleb then appeared in the left groin, increased in size, and burst. Similar blebs sprang up elsewhere over the body, and burst on attaining the size of a five-shilling piece; the largest, at least three inches across, was on the back. They were all filled with a clear liquid. The child did not snuffle; he took the breast freely and had no difficulty in swallowing. The entire surface of the body was of a deep red colour; but the reddened and slightly infiltrated

sodæ arseniatis, three times a day. On the 23rd, the dose was reduced to half-a-minim.

It would be rash to dogmatise concerning the true nature of the above case. "Acute pemphigus foliaceus" is the term one might be tempted to apply to it. But certain features in its clinical history, such as the extreme rapidity of its course and its favourable termination, are out of keeping with what knowledge of pemphigus foliaceus I have been able to acquire. Sherwell's case, an abstract of which is given in Group D, approaches it more nearly than any other with which I am acquainted.

GROUP C.—EXFOLIATIVE DERMATITIS SUPERVENING ON PSORIASIS.

No.	Sex; Age; Reference. Name given.	Previous History.	Integument.	General Symptoms.	Treatment.	Result, etc.
15.	Male, 51. Guibout, <i>Union Médicale</i> , 1874. "Herpétide maligne exfoliatrice."	Began to suffer from ordinary psoriasis at the age of 36. This lasted till he was 47; then exfoliative dermatitis set in suddenly, and lasted six weeks. He recovered, and the psoriasis resumed its course. A second attack of dermatitis commenced on April 15th, 1874.	Universal deep redness of skin, with very profuse exfoliation of large papery squames.	Great feebleness and emaciation; life in great danger.	<i>External:</i> Various emollient applications. <i>Internal:</i> Arsenic; wine & tonics.	Several months later, his skin had returned to its normal state, and he had regained flesh and strength.
16.	Male, 8. Fagge, <i>Catalogue of Skin Models at Guy's Hospital</i> , "Psoriasis acuta. Eczema".	Rheumatic fever two years before. A fortnight before admission, a "pink stain" appeared round the eyes and on the palms of the hands. Pink regions grew scaly. Disease spread to the back and other parts.	Large scaly patches in psoriasis-positions and elsewhere. Besides these, scattered red papules, some coated with white scales. A very large proportion of the cutaneous surface seems to have been involved. No infiltration; little itching and no pain. Rash everywhere dry but for a few bleeding fissures.	Heart, lungs, and urine normal. Temperature not given.	Not stated.	Scaly patches extended themselves. Thin skin under scales became inflamed and fissured, with profuse discharge. Pulse grew rapid, weakness increased, & death ensued three weeks after admission.

GROUP D.—EXFOLIATIVE DERMATITIS SUPERVENING ON PEMPHIGUS.

No.	Sex; Age; Reference. Name given.	Previous History.	Integument.	General Symptoms.	Treatment.	Result, etc.
17.	Girl, aged 7. Sherwell, <i>Arch. of Dermatology</i> , January 1877. "Pemphigus foliaceus."	Began as a papulo-vesicular rash on chest and abdomen, diagnosed to be eczema. In three weeks' time, had covered the whole trunk: exfoliation was taking place on chest and belly; eczematous oozing in flexures. A couple of days afterwards, small bullæ, surrounded with a red areola, began to appear, and the exfoliation became general.	The culminating point of the disease was reached in about a month from its commencement. At this time, the surface was universally affected; the cuticle peeling freely in large lamellated scales, somewhat everted and curled at their edges; the underlying cutis being of a purplish hue, not much infiltrated, and only slightly excoriated here and there, the excoriated parts exuding a trifling quantity of viscid fluid. Dorsum of tongue studded with circular abrasions: once, an unruptured bleb was seen there.	During first fortnight, serious marasmus. Temperature 102°; pulse 120; sense of chilliness. No albumen in urine.	<i>External:</i> Tepid alkaline baths. <i>Internal:</i> 1. Arsenic, iron; 2. Quinine; 3. Cod-liver oil.	From time to time, a sparse crop of easily ruptured and partially abortive bullæ, mostly confined to trunk and extensor surfaces of limbs; these exacerbations were accompanied by an increase both of constitutional disturbance and of exfoliation. Two months and a half after the disease began, the patient was said to be improving.
18.	Female, 43. Fagge's <i>Catalogue</i> , No. 205. "Pemphigus foliaceus."	Under Mr. Hutchinson in 1866 for many months with ordinary pemphigus, which was completely cured, but subsequently returned.	In Guy's Hospital in 1870. Exfoliation universal; large scales, thin, turned up at edges, "like flaky pie-crust"; underlying surface bright-red and moist; secretion very scanty, and did not stiffen linen; cutis not infiltrated; irritation slight. In several places, remains of small bullæ; no unbroken ones seen. Nails not affected.	Mucous membranes not affected; urine normal; general health good.	<i>External:</i> Lotion carbonis detergens. <i>Internal:</i> Arsenic.	Eleven months in hospital under Dr. Wilks. Some improvement, but not cured.

cutis was only visible about the flexures, on the buttocks, and between the thighs, where the parts were always moist. Elsewhere, it was concealed by greyish, flaky squames of large size, about as thick as note-paper. The desquamation was as abundant on the face, scalp, palms, and soles as on the trunk. There was not a single bleb to be seen; on the back, however, there was a large circular area, covered with desquamating cuticle, which was said to correspond to the largest of the bullæ mentioned above.

On November 23rd, the deep red colour of the skin had disappeared, except in the fold of the buttocks and about the neck, where it resembled ordinary intertrigo. The rest of the surface was simply rosy, with a decided tinge of yellow. Instead of the thick, flaky squames, there was an abundance of small branny scales. This furfuraceous desquamation was universal, and included the palms, soles, and hairy scalp. The hair and nails appeared unaffected. There were no blotches or condylomata. No snuffling. "The boy is thinner than he was; he continues to take the breast freely; his bowels have been relaxed by the medicine. No fresh blebs have appeared."

The little patient's progress was henceforth uninterrupted. The branny desquamation continued on the head for some time after the rest of the skin had returned to its normal condition. Several of the nails were shed from the toes and fingers.

From the 16th to the 23rd of November, he took one minim of liquor

The term "pemphigus foliaceus" has been applied by different authors to two conditions, between which it is necessary to distinguish, and whose mutual relations it is not easy to determine. On the one hand, it has been used to designate the later stages of ordinary pemphigus in broken-down subjects, when the blebs, instead of being tense and full of liquid, are abortive and shrivelled; on the other, it has been applied to a severe form of the disease, in which profuse exfoliation of the cuticle over the whole or a large part of the body is the dominant symptom, the exudation of liquid under the squames being reduced to very insignificant proportions. Sometimes, indeed, when the liquid is distinctly stated not to stiffen linen, it is difficult to avoid the suspicion that it may be the ordinary secretion of the sudoriparous glands, acquiring a peculiar foetid odour from its imprisonment and decomposition under the partially adherent squames. It is only in the latter sense that the term pemphigus foliaceus is employed here. In this form, it closely resembles the exfoliative dermatitis with which we have been dealing. The resemblance has even forced itself upon the notice of observers who would scarcely be disposed to admit the identity of the two affections. When Sherwell's case (No. 17), for instance, was brought before the Dermatological Society of New York, his diagnosis of "pemphigus foliaceus" was universally accepted; but its very close similarity to "pityriasis rubra" was insisted on by more than one speaker. The photograph appended to Dr. Sherwell's paper, indeed,

might be taken as a fair representation of exfoliative dermatitis. In this connection, too, it is interesting to note that Devergie's two cases (7 and 8 in my summary) are called by him "pityriasis rubra, *se transformant en pemphigus*". Again, in his description of the case of pityriasis rubra (No. 5), Mr. Hutchinson says, after giving a summary of the main clinical features of the disease: "pemphigus foliaceus probably nearly fits with these points, the chief difference between it and pityriasis rubra being in the form of the eruption".

A comparison of all the above cases, which I have brought together for purposes of mutual illustration, lends considerable likelihood to the view that the general exfoliative dermatitis which occurs as a primary disease is substantially identical with that which occasionally breaks out in the course of certain more familiar cutaneous affections; and that many, if not most, of the cases recorded under the names of *eczema squamosum universale*, *eczema foliaceum*, *psoriasis diffusa seu universalis*, *lichen ruber universalis*, *pemphigus foliaceus*, etc., are examples of one and the same morbid state. The relation of Hebra's pityriasis rubra to exfoliative dermatitis has already been discussed; and the cases in Groups A and B are sufficient to corroborate my statement as to the inadequacy of any criteria hitherto suggested for their discrimination. The insuperable difficulties in the way of distinguishing the various forms of exfoliative dermatitis from one another are well illustrated in the valuable monograph of Percheron. (*Etude sur la Dermatite Exfoliative*: Paris, 1875.) After giving a most elaborate account of his own case (No. 10 in my tables), he is at infinite pains to mark out the characters which differentiate it from generalised psoriasis, from pemphigus foliaceus, from pityriasis rubra, and so on. This he succeeds in doing, but as regards his own case only; in other words, the differences between exfoliative dermatitis and those secondary affections from which he seeks to distinguish it are not more definite or more important than those which may be traced between one case of primary exfoliative dermatitis and another. The diagnosis is really retrospective; based on the history of the antecedent eruption and on that alone, in the vast majority of cases.

The immense services rendered to dermatology by the analytical method of the Vienna school have led to undue neglect of the attempts at synthesis which have been made from time to time in France. These attempts were, no doubt, often premature; and some of them have justly been forgotten. But the practical importance of acknowledging the intimate relationship subsisting between constitutional eczema (including pityriasis), psoriasis, lichen ruber—and, I would venture to add, pemphigus (the "relapsing pemphigus" of Mr. Hutchinson)—can hardly be exaggerated. It may be pathologically inaccurate—it is certainly unnecessary—to regard them as the outward manifestations of a latent "dartrous" or "herpetic" diathesis, if we mean anything more by such language than to symbolise the existence of certain common characters. The grouping is essentially clinical, not pathological. Looked at in this light, it is not merely allowable—it is indispensable—unless we choose to shut our eyes to obvious facts. After all, it must not be forgotten that of the intimate pathology of all these affections we are wholly ignorant—as ignorant as we are of their causation. We really know no more about them than we can gather from watching the local changes in the skin from their first beginnings through their maturity and decline, and studying the effect of remedies upon them. From such observation, we learn that all the members of the group are non-communicable; that they show a tendency to be symmetrical, to spread, and to relapse; that they are often hereditary; that they are connected by a number of transitional or intermediate forms; that they do not leave scars; that they are beneficially affected by tar and arsenic. Let us suppose for one moment that we knew nothing of syphilis anterior to the development of secondary eruptions. Would their polymorphism counterbalance in our minds the cumulative evidence derived from their relation to mercury, the existence of transitional forms between them, etc.? Should we not feel justified in inferring their connection with a common cause; or, at any rate, in grouping them together under a single head? Botanists were successful, after all, in forming natural orders of plants before the Darwinian theory came to substantiate and elucidate their classification.

If the natural affinity between the constituent members of the dartrous group be admitted, it ceases to be wonderful that they should occasionally issue in one and the same process. Indeed, the possibility of their doing this is a further token of their intimate connection with one another. Looked at from this point of view, general exfoliative dermatitis is no longer a mere curiosity; it assumes an intelligible position, both giving and receiving light. Even if the generalisation I have attempted to advocate (and considerations of space debar me from producing all the evidence which tells in its favour) rests on too narrow a foundation, I am quite sure that its adoption as a provisional hypothesis will conduce to a more fruitful study of the clinical history of

exfoliative dermatitis, and to a better understanding of its nosological position.

It may be convenient, in conclusion, to throw the more important points which this paper is designed to illustrate into a series of propositions.

1. General exfoliative dermatitis is characterised by the two features embodied in its name: universal or very extensive distribution; profuse and continuous shedding of all epidermic structures. The subordinate characters, on which it has been attempted to found distinct categories of exfoliative dermatitis, are none of them constant. Thus, the state of the cutis may vary from simple hyperæmia to brawny infiltration; the nails may escape or be completely destroyed; the surface may be quite dry, or there may be some cracking and oozing in the flexures, or the papillary body may exude a little fluid under the epidermic squames, etc.

2. General exfoliative dermatitis may occur, as a substantive disease, in a previously healthy subject. It may occur, and commonly does occur, in persons suffering from, or liable to, certain constitutional forms of skin-disease. When any one of these maladies becomes generalised, invading the whole, or nearly the whole, integument, it tends to merge its special features in those common to all varieties of exfoliative dermatitis, whether of primary or secondary origin.

3. The rare disease known as pemphigus foliaceus cannot always be distinguished from general exfoliative dermatitis supervening on other skin-affections. That relapsing pemphigus tends, however seldom, to pass into this form, is an additional argument in favour of its being related to the "dartrous" group; pemphigus foliaceus being to ordinary pemphigus what exfoliative dermatitis is to ordinary eczema or psoriasis.

4. There is reason to believe that the pityriasis rubra of Hebra is only a chronic form of exfoliative dermatitis, with the most acute varieties of which it is connected by a series of transitional phases.

5. When allowed to run its course without interference, general exfoliative dermatitis often tends towards a fatal issue. This may be speedy or the reverse. In the former case, it is preceded by rapid emaciation and loss of strength, with diarrhoea, albuminuria, fever of a remittent type, and pulmonary œdema; in the latter, death may be caused by some intercurrent malady (e.g., pneumonia).

6. The prognosis in cases of general exfoliative dermatitis is always grave (especially in children). Its gravity appears to be proportionate to the extent of surface involved; to the depth to which the skin is affected (amount of infiltration); to its rate of progress; to the resistance offered to specific remedies. It should be borne in mind that, even in the most chronic forms of the disease (pityriasis rubra of Hebra), exacerbations may occur, during which the patient's life is placed in jeopardy.

7. As regards treatment, it is certain that oily applications are to be preferred to baths and lotions. Internally, the administration of quinine in the more acute, of arsenic in the more chronic, phase of the affection has often proved beneficial. In certain cases, however, the disease offers a most obstinate and successful resistance to the latter remedy. [This may sometimes be explained by the impossibility, owing to accessory conditions, of bringing the system fully under its influence. But this explanation does not cover all the cases in question.] The failure of strength often necessitates the use of stimulants; the loss of flesh, the administration of cod-liver oil. It is very important to guard against the accumulation of even small quantities of secretion under the epidermic squames, where they undergo decomposition and may acquire infective properties. Neglect of this precaution is probably one cause of the occasional outbreak of multiple boils, and even abscesses.

METRRORRHAGIA AND ITS TREATMENT BY PLUGGING THE CERVICAL CANAL.

By HENRY BENNET, M.D., The Ferns, Weybridge.

IN the JOURNAL for July 19th, the Paris correspondent, in reporting a discussion on the treatment of menorrhagia, which took place at the Clinical Society of Paris, presents as a novelty the proposal of M. Panas to meet severe metrorrhagia by plugging the cervical canal itself, instead of the vagina. As I have been in the habit of resorting to this treatment for above a quarter of a century, and believe that I was the first to suggest and describe it in the fourth edition of my work on *Uterine Inflammation*, published in 1861, I send a brief extract (page 422), not so much from a desire to claim the priority of what really is a most valuable addition to therapeutics, but because I wish to draw the attention of the profession to its thoroughly practical character.

"In those cases in which, as we have seen, the hæmorrhage persists after the entire removal of local disease, owing to enlargement of the uterus, to the presence of a small unrecognised polypus or uterine tumour