the condition had been going on for more than eight years, and it showed no sign of mitigation. I could not see any reason for regarding it as syphilitic; the condition seemed to approach nearest to what I have described as Sycosis of the Nails—a suppurative affection of the nail-bed, met with in delicate children, and often in conjunction with ophthalmia tarsi. But the child had no ophthalmia tarsi, nor did she appear to be delicate or strumous, nor, as regards most of the fingers, was the inflammation attended by suppuration. It is remarkable that, with so many fingers affected, the toes should have wholly escaped. A suspicion arose in my mind that the disease might be cryptogamic, but, on examination, we could find no fungus; and, further, I have never seen true tinea of the nails cause either suppuration or exfoliation.

XVIII.—SYMMETRICAL SLIGHT DISEASE OF NAILS IN A YOUNG BOY; SYPHILIS POSSIBLE BUT VERY IMPROBABLE.

The case of Master D. was of much interest with reference to diseases of nails. He was $4\frac{1}{2}$ years old when the nail of each ring-finger became affected. There was no disease of the adjacent skin, and not the slightest soreness. The two nails were exactly alike, and presented a series of little pits in their surfaces over and about the lunula. By these the nail was made quite rugged. There were a few minute white dots in the substance of the nail further on, but for the most part it retained its polish and smoothness. The nails of the other fingers were quite healthy, with possibly a slight exception in those of the little fingers. The symmetry of the affection rendered it almost certain that it was not due to any local cause. There were two points of special interest in the family history. An elder half-sister had been for years the subject of severe common psoriasis, and the father of both had suffered many years ago from syphilis. He had been under my care before his second marriage for a very persistent though but slight form of plantar psoriasis. He was a nervous man, and exceedingly anxious lest his children should inherit a taint. It was this anxiety which made him bring the child to me for his nails, which he confidently believed to be consequent on inheritance of a taint. There was not the slightest evidence corroborative of the supposition. The child appeared to be in perfect health, and had suffered from nothing in infancy. He was the eldest of the second family, and there were one or two younger who had also wholly escaped. I was inclined to think that the condition of the nails was due to an inherited tendency to common psoriasis rather than to specific disease, but it was, it must be admitted, not exactly the condition usually met with in that association.

XIX.—THE NAILS IN TRUE LEPROSY.

Mr. D., aged 18, shows very well the kind of disease of nails which occurs in leprosy. All his finger nails, with the exceptions to be mentioned, are broken up and fibrous, much thickened, and lifted by formation of epidermic scales in the nail-bed. No smooth surface whatever is to be seen on any of them. In a few places the inflammation has gone on to pus-secretion and scab. The only nails which have escaped are those of the little and ring-fingers of the left hand. That of the little finger is still smooth, and not at all thickened; that of the ring-finger has not escaped so completely; it is opaque, but not broken up. These two fingers have for ten years or more been involved in paralysis of the ulnar nerve on that side.

XX.—XANTHELASMA PALPEBRARUM ON THE LOWER LIDS ONLY: MIGRAINE ATTACKS, WITH TEMPORARY AMBLYOPIA.

It is not often that we see xanthelasma on the lower lids only. This occurred in Mrs. C. B., a lady aged 42, whom I saw in November, 1886. She had symmetrically-placed little yellow patches of the chamois-leather kind, and rather bigger than peas, on the lower eyelid of each side, a little under the canthus. She said that the one on the left side had come four or five years ago, and the other much more recently. Mrs. B. had suffered much from neuralgia and various nervous symptoms, which she attributed to inherited gout. She had never had a gout paroxysm, but often flying pains, and in early life rheumatic fever. She had never had bilious sick-headaches, but was accustomed to become dark round the eyelids when out of health. She was stout, of rather dark complexion, vigorous, but not strong. She had often had migraine attacks and obscurity of sight, also pins and needles in her left arm. She had taken great quantities of medicine all her life. When she had the attacks of dim sight the worst, she was taking champagne.

As it is well known that xanthelasma almost invariably begins in the upper eyelid, I have thought the above exception worthy of notice. On both sides the lower lid only was affected.

XXI.—ON LINEAR SCARS IN THE SKIN.

I doubt not that many observers have remarked that it is often difficult to find an explanation of linear scars in the skin, I mean those which resemble the scars of pregnancy. It is well known that they are produced by anything which has caused distension and stretching, and that they are often seen after pregnancy, dropsy, obesity, synovial effusion, etc. Sometimes stretching without distension causes them. I once saw them in a very marked form on the knees and ankles of a girl who suffered from cystitis, but who had never been fat, nor had any swelling of joints. The explanation was that she had been accustomed to sit for hours together in a squatting attitude on the chamber-utensil, straining to pass water. To repeat, however, my first assertion, I have often seen them when there was no explanation whatever to be obtained. A gentleman, aged 30, came to me for a chancre, and, in exposing his abdomen, I noticed that, crossing his abdomen on each side obliquely downwards, were a series of cicatricial streaks exactly like those of pregnancy. They were very conspicuous. He said that he had had them all his life, and that he used to be teased about them at school. He said, also, that a twin brother had them in exactly the same condition. This gentleman was stout, and it is possible that, in infancy, he was very fat, but unless this suggestion may be allowed to explain them, there was really nothing to be found. He had never had dropsy, nor any kind of abdominal distension. In these unexplained cases, it is worth keeping in mind that conditions of great local development of fat may have occurred in early childhood. I do not know how early in life these linear scars have been observed.

ON FROST ITCH, OR PRURIGO HYEMALIS.

By J. F. PAYNE, M.D., F.R.C.P.,

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MANY persons suffer from itching of the skin in cold weather, especially when the air is keen, dry, and frosty. They begin to scratch when they take off their clothes to go to bed, and some can foretell, by their sensations, a frosty night. Others suffer more from the irritation when they become warm, more particularly from the radiant heat of a fire, but only when the outside temperature is low. In short, change of temperature more than absolute cold is the exciting cause, and dryness of the air is also an important factor.

In most cases these inconveniences are transitory, and not severe enough to cause the sufferer to apply for medical advice; but sometimes the liability to irritation from this cause is so great that it constitutes a very troublesome affection, and may deserve a special name. As such it was first described by Dr. Duhring, of Philadelphia, in the *Philadelphia Medical Times* for 1874, as "Pruritus hyemalis," and independently by Mr. Jonathan Hutchinson, in 1875, as "Winter Prurigo" (*Lectures on Clinical Surgery*, vol. i, part 1, 1878, p. 100; *JOURNAL*, 1875, ii, 773). Since then the affection seems to have received little attention, and hence the following account of some cases observed in the last two winters may be worth placing on record.

The one characteristic of this affection is intense itching, which lasts more or less through the winter, from November or December till March or April; varying to some extent with the severity of the weather. The only lesion of the skin is one which appears to be secondary to the irritation, namely, small hard papules not passing into vesicles, on the outer aspects of the arms and legs, seldom on the trunk, and accompanied by signs of scratching. This eruption is rather the consequence of the disease than its cause, being set up by the scratching and rubbing to which the itching gives rise. It is essentially the same in most itching affections of the skin where there are not more distinct lesions, and may be called symptomatic prurigo, distinguished from substantive prurigo (Hebra's disease), where the papules appear to be the starting point of the irritation.

The affection is unconnected with any special state of health, and may recur every winter for many years. But in mild winters it may be quite absent; and possibly the mildness of the weather in several winters previous to 1885-6 is the reason why this affection has not been lately much noticed. The following case is one of the best marked.

CASE I.—Mr. C., aged 33, a London tradesman in good circumstances, came to me in January, 1886, during cold weather. He complained of the most intense itching, which tormented him both day and night, but especially when he was hot. It was torture to him to be near a fire, and he could not bear hot rooms, so that he

never went out to any evening entertainments. Christmas Day was spent by this poor man not in the society of his family, but alone in his bedroom, scratching himself. The condition was aggravated also after meals; and eating anything indigestible, such as pastry, brought on the irritation at once. At night the itching was sometimes very severe, so as to lead the patient to rub himself when in bed with a hair-glove, but sometimes, on the other hand, he slept pretty well. These symptoms had afflicted him for the past four years, but only in winter, always going away in March. The last winter (1884-5) he had suffered very little, but this was a mild season. He was a tall robust man, and enjoyed very good health, except for indigestion, of which he complained a good deal, and which he attributed to want of exercise. Very likely this had some foundation, as for a man of his physical development his occupations were too sedentary.

The eruption consisted of hard papules, not vesicular, situated chiefly on the outer sides of the thighs and to a less extent on the inner sides, also on both aspects of the forearms, and a little on the upper arms, but none on the trunk or the face. There were also marks of scratching. The papules were sometimes red, sometimes pale; when scratched much, they formed crusts.

CASE II.—John W., aged 25, an engine fitter, came to St. Thomas's Hospital February 10th, 1886. He complained of excessive itching in the skin of the body and limbs, which had lasted about eight weeks, so that its commencement would have been towards the middle of December, 1885. The itching was most severe on undressing, but also brought on by heat, especially when he was near a fire. He had been wearing a thick woollen under-vest, and, thinking that might have caused the irritation, had left it off, and substituted a coloured cotton shirt, but found himself worse for the change. The only eruption on his body consisted of papules, distributed chiefly on the outer aspects of the arms, both above and below the elbow, with a few on the inner aspect. There were a few on the back, more on the front of the body, and nothing notable on the legs. There was no trace of scabies, nor of the presence of pediculi. The patient was in good health, and the only circumstance in his habits which seemed important was that he worked in a very hot workshop, heated by steam, and with gas burning, and had to pass from this direct into the open air. On March 3rd he was noted as being much better.

This winter I have also met with some cases.

CASE III.—A gentleman, aged 62, came to me on January 7th, 1887. He had suffered from extreme irritation of the skin in the winter for six years more or less, but especially for three winters past. The irritation was always worse in cold weather, but, as usual, brought out by changes of temperature. It was very troublesome at night; not generally increased by the heat of the fire, but worse on coming into a hot room out of the cold. It was also aggravated by eating pastry or other indigestible things. He dressed warmly, but a rough, thick, woollen vest made the irritation worse. In this case there had been no visible eruption till three weeks before I saw the patient, and this was evidently not the cause of the irritation, but, if at all connected with it, rather a consequence. The ordinary pruriginous papules caused by scratching I found only on a few places on the arms, but there was on the trunks and limbs an eruption which I will briefly notice, though its connection with the pruriginous symptoms was doubtful. It consisted of flat, slightly raised patches of angular shape, covered with scarcely perceptible scales. On the back, waist, and abdomen they were about an inch or three-quarters of an inch in diameter; on the arms and legs decidedly smaller. They came out in successive crops, which lasted two or three weeks, being at first of a dull red or pink colour, afterwards darker, and went away leaving a brown macula. When I saw the patient a second time, the patches were almost all in the macular stage, only a few fresh ones appearing. Those on the lower leg were, as is usual in many other affections, much darker, being of a tawny or almost a coffee colour. They did not appear to increase the irritation. I conclude, therefore, that this eruption was either identical with or closely resembled the pityriasis rosea of Gibert, and was independent of the pruriginous condition. The rather excessive pigmentation might be regarded as due to the advanced age of the patient. Many skin affections produce pigmentation in elderly people which do not do so in the young. The patient was dyspeptic, and had what appeared to be, or at least was thought to be, a decidedly gouty history. He improved in a marked degree under treatment, which consisted in giving a mixture containing sulphate of magnesia, with a very small dose of colchicum, and on the local application of glycerine. But in the sudden burst of cold weather which commenced in the first week of February, he suffered a relapse, and was as bad as ever. As this gentleman is a member of our profession, his account of his symptoms may be received with implicit confidence.

CASE IV.—Another case this year was that of a young man, aged 20, who came to St. Thomas's Hospital on February 18th, 1887, complaining of irritation of the skin. He had been treated for scabies, but, whether he ever had it or not, was certainly free from that disease when I saw him. His history was that the itching had begun in November, and troubled him to some extent through the whole winter, but had got better in January. Lately, however, since the return of cold weather in the first week of February, he had got so much worse that he was induced to come to the hospital. He stated that he had suffered precisely in the same way the winter before, the itching beginning to trouble him in November and subsiding in the spring. On examination, he showed the usual type of symptomatic prurigo; papules chiefly on the outer sides of the limbs, rather the result of scratching than the cause. On one arm a small impetiginous patch had been produced by scratching, but this was a transitory matter. There were no papules, or scarcely any, on the trunk. Nothing in his health threw any light upon the irritation.

The treatment of this troublesome affection is not very satisfactory. If the patient suffers from dyspepsia and debility, we naturally treat him for these symptoms, but with little effect as regards the itching. The only true indication seems to be to soothe and protect the skin as thoroughly as possible. Warm clothing is, of course, essential; but, since any woollen garments which are at all rough often irritate the skin, some soft, pure woollen must be found. It should be remembered that much of the so-called "merino" clothing is more than half cotton.

Next, some physical protector in the form of an oily or viscid lubricant should be applied to the skin. This, by soaking into the epidermis, makes it a much more perfect non-conductor of heat, and thus the peripheral nerves are shielded against changes of temperature. Glycerine is the favourite substance, and in Case 3 the patient thought nothing else did him any good; but patient No. 2 preferred vaseline. The glycerine may be used pure, or diluted with an equal part of water or camphor-water. Probably free inunction with olive-oil would be better still; but I have not been able to induce patients to give it a fair trial.

At first I used lotions containing lead, carbolic acid, and glycerine, but afterwards came to the conclusion that the last was the only useful part of the prescription. In certain cases, especially when the irritation is worst at night, small doses of chloral hydrate are very useful. In case No. 2 I gave fifteen grains every night for a time, and believe that the benefit attributed to local remedies was chiefly due to this. For obvious reasons, it is a remedy not to be used hastily or continued too long; but the benefit is not confined to the night, as the nerves are permanently soothed.

ABSTRACTS OF LECTURES ON MALARIAL FEVERS.

By W. NORTH, B.A., F.C.S.,
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LECTURE III.—RECENT RESEARCHES INTO THEIR ETIOLOGY AND PATHOLOGY: THE POSSIBILITY OF PREVENTION IN THE INDIVIDUAL, AND OF IMPROVING THE CONDITION OF MALARIOUS COUNTRIES.

AFTER considering the general and local distribution of malaria, and the conditions under which it exists, the next question which arises is: How far may the symptoms which characterise the disease be regarded as the natural consequence of exposure of the individual to these conditions? Or is it necessary to go further, and seek their origin in some poison whose growth and development is especially fostered by these conditions?

A simple, uncomplicated attack of malarial fever, as is well known, begins with a "cold stage," often accompanied, but not necessarily, with more or less violent rigors; then follows a "hot stage," or condition of fever, which terminates in profuse sweating, the "sweating stage." It is possible to have such a train of symptoms, to recover, and have no return of them if the patient be promptly treated; but in most cases they repeat themselves at varying but exceedingly regular intervals, constituting what is known as quotidian, tertian, quartan ague. Further, it is possible for an individual, after an interval of immunity, varying from days to years, to have a re-