

## TRANSPLANTATION.

On the 14th of May last I inserted a right superior central incisor, which had been extracted for more than a year, into an alveolar socket from which I had just extracted a like tooth for another patient. The tooth still remains firm in the socket, and the patient tells me that he does not know any difference between that and his other teeth.—*E. H. Locke, Troy, Alabama, in Dental Cosmos.*

## CASE OF ACNE ROSACEA TREATED BY OINTMENT OF CHRYSOPHANIC ACID.

By Dr. Balmanno Squire, Surgeon to the British Hospital for Diseases of the Skin.

A lady, aged forty-five, residing in one of the Midland counties, had been affected with acne rosacea for about a year and a half, when she came up to London to be treated for it. She is approaching the menopause—that is to say, for the past two or three years her periods have been irregular. However her general health is apparently perfect, and she declares that she has always enjoyed the best of health. She is a brunette of sturdy build and hearty appearance. Her face is her only misfortune. This region presents not merely the blotchy patches of discoloration which are characteristic of some varieties of acne rosacea, nor that copious sprinkling of minute pimples which represents another common phase of the disease, but rather what may be termed tuberculous variety of acne rosacea—that is to say, the papules, or rather tubercles, are individually large; not that their sebaceous core forms any considerable portion of their bulk (as is wont to be the case in the indurated phase of “acne juvenilis”), but that the elevated induration which encloses the small core is notably developed. These tubercles (several of which are the size of split peas), although they are mostly smaller, occupy very abundantly the forehead, the cheeks, and chin, and also that portion of the skin of the neck which lies immediately under the lower border or “base” of the lower jaw.

She was treated with chrysophanic acid ointment as an external application to the face, and with glycerole of nitrate of bismuth as an internal remedy. No other remedy, external or internal, was used from first to last.

She commenced treatment on January 19, 1877. On February 27 she presented herself quite free from any trace of her former eruption. I attribute the alteration she experienced purely to the action of the chrysophanic acid ointment. There was no indication whatever for the exhibition of bismuth; the patient's digestion was in no way out of order; but I was engaged at the time in making further observations on the effect of my glycerole of the nitrate of bismuth, the preparation and

physical properties of which have already been fully described in this journal.

In the case of this patient, a dose of the glycerole containing four grains of the nitrate of bismuth, given three times a day for a few weeks, produced no appreciable effect of any kind.

As to the ointment, it consisted at the first of twenty grains of chrysophanic acid dissolved in an ounce of lard at the temperature of an oil-bath. For the last ten days of the treatment, however, the strength of the ointment was raised to that of forty grains of chrysophanic acid to the ounce of lard. The ointment in either case was regularly, three times a day, rubbed well in all over the face, avoiding only the eyelids and the lips. From the beginning the beginning to the end the patient never experienced any smarting from this energetic treatment. However, occasionally the face became a little puffy, as if slightly swollen. Throughout this treatment the face became more or less stained by the action of the ointment, but it was not very much stained. The complexion of a field laborer about autumn time is often quite as dark as this patient's face was at any time of the treatment. The stain proved, of course quite transient, passing away completely after a few days' discontinuance of the ointment.

*Commentary.*—The case above related bears on some points of dispute as to the action of two new remedies. Of the glycerole of nitrate of bismuth it was generally prophesied that it would prove a very sharp and acrid medicine; but in this case a fair dose of it given for a long while did not appear to be at all a disagreeable remedy. Of the chrysophanic acid ointment it has been said by some that it is dangerous to use it to the face, and by others that even when used to the tougher regions of the skin its strength ought not to exceed a scruple of the acid to the ounce of lard, and even then its use ought to be cautiously limited to one or two, or at the most but very few, applications. Now, in this case, an ointment of forty grains to the ounce, well made by one of the best chemists in this city, was energetically rubbed in over the whole of the face three times a day for thirty times in all, without producing any sensation of smarting, nor causing more swelling than a very moderate puffiness of the face. Then the staining of the skin has been spoken of as a great disadvantage. “Patients,” it is said, “object to this very much.” Now, this patient did not make any difficulty of that kind. The case illustrates, moreover, quite a new field for the employment of chrysophanic acid. I have already pointed out that it is a serviceable remedy in cases of psoriasis. To this I have now to add, that it is capable, on occasion, of curing acne rosacea.—*Medical Times and Gazette, June 23, 1877, p. 665.*