

months previously, he had received a heavy blow on the right side of the nose. Upon examination I found marked deflection of the cartilaginous portion of the septum to the left, causing partial stenosis, and there was also post-nasal catarrh. The facial disfigurement consisted of rather an abrupt turning of the tip of the nose to the right. I did Delstanche's operation in this case with the most satisfactory results in regard to both the nasal stenosis and the external deformity.

THE USE OF IODINE, CARBOLIC ACID AND CHLORAL IN DERMATOLOGY.

BY DR. C. W. CUTLER, NEW YORK.

Mr. Geo. L. F., aged 27, called at my office on July 20th, 1890, with the following history: About six months ago he noticed a little itching about the pubis. Having been once affected with crab-lice, he attributed this itching to a similar attack, and applied remedies which he had found previously beneficial. Instead of an improvement, however, the itching became worse, and the area of redness, which he attributed to the scratching, became increased in size. He then consulted a physician, who told him his trouble was eczema, and began a course of treatment for its cure. As the disease, instead of showing an improvement, continued steadily to increase, he consulted a specialist in skin diseases, who confirmed the diagnosis of eczema, and advised a different plan of treatment; but even this change of treatment resulted in no improvement, and the disease, which at first was limited to the pubic region, began to extend down the inner sides of the thighs, spreading from the centre toward the periphery by a well-marked, raised, circular margin; while new areas of the disease also developed on the inner sides of the thighs.

After being under treatment for several months and deriving no benefit, he consulted another specialist, who told him that the disease was often called eczema, but was really a form of ringworm which was very difficult to manage, always taking a long time to effect a cure.

Another method of treatment was inaugurated, and continued for two months without benefit, the disease still showing a tendency to spread, and without any signs of improvement. By the advice

of his physician, he decided to try the benefit of a different climate, as the disease was beginning to affect his general health, so he came to New York and placed himself under my care. On examination, I found the skin of the pubis, lower portion of the abdomen, penis and inner sides of the thighs extending backward about the anus and buttocks, reddened and thickened, presenting a well-defined, marginate, raised border separating it from the normal integument. Around the borders of this patch were a few discrete, pin-head sized papules and papulo-pustules, some of which were perforated by a hair. The inflamed area of the skin was of a dark red color, boggy to the feel, scaly, and covered in places with yellowish crusts which could be quite easily removed, leaving a denuded surface that exuded a little serum, giving the general appearance of an eczema. The history of the disease, its method of extension, the well-defined, raised, marginate borders, and its rebelliousness to treatment, left no doubt in my mind that I had to deal with a well-marked case of eczema marginatum of Hebra, or tinea trichophytosis cruris, as we consider it to-day. The patient had worried very much about the disease, but otherwise than being slightly anæmic, I could not discover that his general health had in any way suffered. The itching, however, annoyed him terribly, kept him awake at night and made him very nervous and irritable. Recognizing that all the usual plans of treatment had been tried thoroughly, I decided to begin at once a somewhat different method of treatment than had been previously adopted in this case. The patient was ready to submit to any plan of treatment I could hold out to him with encouragement, no matter how painful or how closely it might confine him to the house. He was even willing to go to bed and remain there, if necessary, so that I met with no opposition or neglect to carry out my instructions to the letter, and to these facts was largely due the good result of the plan of treatment which I will now describe:

The affected region was first thoroughly shaven, and as the process was a painful one, owing to the severity of the inflammation, a lather was made with a 4 per cent. solution of cocaine, after which the process was accompanied with very little difficulty. The raised marginate edges and the papules and papulo-pustules surrounding were