

forms may be present in the same case, even in the same patch. In some cases there is marked thickening of the affected parts. This is due to hypertrophy and inflammatory edema of both the epidermis and the true skin. The surface of the lesions takes on a swollen, mammillated, fungoid appearance. The terms lupus hypertrophicus and lupus papillosus are used to describe these forms of the disease.

Although lupus vulgaris is generally characterized by nodules as one of its symptoms, there are occasionally met cases where the disease is more superficial in character, and then it has somewhat the appearance of lupus erythematosus; both lead to the formation of scar-tissue, but in case of lupus vulgaris the cicatrix is frequently situated at the border of a diseased area, whereas in erythematosus lupus it is only found in the central part. Again, if the border of a superficial lupus vulgaris is stretched, small, yellowish, nodules can usually be made out.

The diagnosis of lupus vulgaris is usually not difficult. It has to be distinguished from the following diseases, which may result in the formation of scar-tissue, namely: Syphilis, rodent ulcer, cancer, lupus erythematosus, leprosy, and scrofuloderma. The character of lupus vulgaris which should be remembered in distinguishing it from these diseases are the age at which it usually begins, the presence of apple-jelly nodules, the softness of the nodules and lupoid tissue, the slowness of the process, the character of the scar tissue, and the locality of the disease.

In the treatment of lupus vulgaris, the fact that it is a form of tuberculosis and that it occasionally follows, or is complicated by, tuberculosis in other organs, should not be lost sight of. Of 312 cases of lupus reported by Leloir, 32 were preceded by tuberculosis of the glands, 41 by scrofuloderma, and 29 by tuberculosis of bones and joints. Particular attention should be directed to diet and hygiene. The diet should be liberal but great care should be exercised lest it provoke indigestion, as disturbances of digestion invariably aggravate eruptions on the face.

Iron, iodine, calcium salts phosphates, cod-liver oil, are always of great value, both as foods and medicines. Although the internal and hygienic treatments are of value, the external treatment is of greatest importance. As long as lupus tissue remains in a scar, the disease is very apt to relapse. There are a great number of external methods of treatment of lupus, but I shall only mention a few of the most effective.

According to my experience, the most successful method of treatment, is the thorough scraping of the patches by means of a curette, followed by the application for a week of a 25 per cent. ointment of pyrogallie acid. As a rule, the application of the