

internal administration of diaphoretics or external applications employed for the purpose of producing sweating. Erythematous conditions of the skin, miliaria, sudamina and even eczematous dermatitis may be thus produced unless care is exercised in drying the skin. The author finds that greasy applications are not well borne in such inflammations. A much graver class of skin manifestations in nephritis presents features resembling those of urticaria or erythema multiforme. These eruptions are usually of bad prognostic significance, indicating serious alteration in the blood and kidneys. As has long been known, diabetes specially predisposes the skin to invasion by pyogenic micro-organisms, so that boils, carbuncles and gangrene of the skin are very prone to occur in those the subjects of glycosuria. Seborrheic dermatitis is of frequent occurrence in the "gouty" form of glycosuria, and when neglected is apt to produce very troublesome forms of eczematous inflammation in the axilla, the groin or perineum. A very distressing form of dermatitis associated with intense pruritus is frequently seen about the genitalia of those suffering from diabetes, due in the first place to the contact of the saccharine urine with the skin and secondarily to fermentative changes. In the treatment of this distressing affection warm baths, simple or made alkaline, are especially recommended; and lotions containing from 20 per cent. to 50 per cent. of glycerin with 0.5 per cent. to 1 per cent. of carbolic acid are of great service. In all cases it is most important to regulate the diet. Another series of lesions of the skin is met in those who present, according to the author, "a fixed condition of depression of the vasomotor impulses, so that the whole of the capillary and venous area of the cutis is constantly flooded, without any recognizable lesion of the heart." In such persons, when the extremities are affected, there may be a superficial resemblance to Raynaud's disease. They suffer severely from chilblains and subsequent superficial ulceration. A reticulated hyperemia of the legs is frequently present resulting in reddish-brown pigmentation of the same areas. In such individuals slight injuries of the skin are frequently followed by chronic ulceration. Finally, attention is called to the resemblance between these lesions of circulatory origin and certain so-called "tuberculides." In the treatment of those suffering from the vascular condition above described the nutrition should be carefully regulated and watched. Great care should be taken of the skin. Frequent warm baths followed by careful drying, and warm and properly-fitting clothing are to be advised. In mild cases cardiac stimulants, such as digitalis, strophanthus, or strychnia, produce gratifying results.—*American Medicine.*