

"The isolated lesions had the appearance of papules surmounted by a crust; but if the latter be removed it is seen to be not a crust, but a small, obtuse horn plunged into a dilated follicle orifice, and having a softer extremity, with a sebaceous aspect. The margins of the orifice are somewhat elevated and papular in character. In the axillary and especially inguinal regions the lesions are larger, conglomerated, and forming by their union true tumors, which become excoriated on their surface. Where the eruption was confluent, as on the sternum, scalp, axillæ, and back, there were brownish crusts, more or less fatty to the touch, and formed by a series of irregular hard formations rather adherent to the skin."

In an article in the *Annales de Dermatologie et de Syphiligraphie*, he summarizes the clinical aspects of the cases studied as follows:—"The lesions are almost always spread over the greater part of the cutaneous surface, but have points of election where they attain a maximum of development, or at least of confluence; they are, the scalp, face, presternal region, flanks, and especially the inguinal regions. In the first stage the elementary lesion is a small papule surmounted by a dark brownish or grayish crust, which is dry and hard to the touch, adheres firmly to the integument, and is a true horn, imbedded in an infundibuliform depression by a conical or cylindrical extremity, dirty-white in color, of semi-solid consistence, and somewhat fatty to the touch. The depression of the skin which receives this horn is slightly entormé at the margins, a little elevated, and manifestly corresponds to a dilated orifice of a hair-sebaceous follicle. Where the lesions are confluent there is a brownish or earthy-like layer in the skin more or less fatty to the touch; there is a series of irregular compact elevations giving a rasp-like feeling to the hand. Removal of this layer shows the skin irregular and rough, riddled with small, funnel-shaped orifices; the epidermis is not destroyed, and there is no oozing of blood. In a more advanced stage the lesions are larger; in certain parts the elevated margin is deprived of epidermis and appears ulcerated, whilst sebaceous matter, either pure or mixed with pus, can be pressed out of the follicle orifice."

The disease commences as small papules the

size of a pin-head and almost of the color of normal skin; as they increase in size they become somewhat hyperæmic, and in an advanced stage they are hemispherical or flattish in form. The summit of some is excoriated by scratching, and carry a hemorrhagic crust. When the lesions become confluent they form elevated patches covered with flattened, yellowish or brownish corneous or fatty concretions; or the corneous mass may form marked elevated collections, or even papillomatous growths.

Microscopical examination of the lesions in the cases observed by Darier showed the accumulation of special matter in the neck of the follicle, changes in the epidermis, especially in the rete, and some circulatory disturbance in the corium. The secreting portion of the glands was unaffected. Sections showed that the neck of the hair and sebaceous gland follicle was the principal seat of the lesions, but not exclusively. "The neck of the follicle is dilated, cone-shaped, and filled with a coherent mass of corneous-like material, which extends from the base of the cone to above the general surface, and corresponds to the adherent crust already described. The rete is hypertrophied, as shown by the presence of abnormal projections of this layer into the corium, both on the general surface and along the hair follicle. There is also a papillomatous growth of the corium towards the epidermis. These changes Darier believes are due to a special organism appearing under the form of round bodies, nucleated and surrounded by a thick membrane, and situated in the interior of the epithelial cells, displacing or pushing aside its nucleus. They are present in great numbers in the base of the cup, whilst the horny plug is composed in great part of these same bodies, which here have become transformed into refracting granules. They are also present in all portions of the rete layer. In old lesions the projection of the rete into the corium and the papilloma-like new formation of connective tissue was very marked, and resembled closely the condition present in epithelioma."

Dr. J. C. White, of Boston, has described under the condition *keratosis follicularis* two cases with very similar clinical conditions to those present in Darier's cases. Sections were studied by Dr. Bowen from these cases and he