It appears that ulceration of the stump of the umbilical cord has been followed by blood-poisoning in some cases, and that pus has found its way into the umbilical vessels. It is well then to dress the stump antiseptically, by enclosing it in a piece of lint treated previously to an application of carbolic acid and oil —J. MILNER FOTHERGILL, in *Philadelphia Medical Times.*

CLINICAL LECTURE ON SCROFULODERMA.

Delivered at the Hospital of the University of Pennsylvania.

By LOUIS A. DUHRING, M.D.,

Clinical Professor of Diseases of the Skin.

Reported by Dr. ARTHUR VAN HARLINGEN, Chief of the Skin Clinic.

GENTLEMEN,—We may with profit, I think, devote a portion of the hour to the consideration of *scrofuloderma*, of which the case before us is an example. This woman illustrates one form of scrofula of the skin, the several other varieties of scrofuloderma being much less frequently met with. Her history is as follows:

She is of Irish birth, 37 years of age, is married, and the mother of nine children. Five of these are dead from affections in no way connected with her present disease, and four are living and healthy. She herself has always enjoyed good health up to within the last three years. At this period she suffered with a severe cold and sore throat, which was followed by the enlargement of a gland at the right side of the neck, near the clavicle. This "kernel," as it was called, at first was no larger than an almond, and quite movable under the skin. It grew slowly, however, until it reached the size of a small hen's egg; became filled with fluid; broke, and discharged slightly; and then healed over spontaneously, leaving a scar. A little later another enlarged gland appeared, this time on the left side of the neck, and this followed the same course as the first, growing slowly in size up to a certain point, then softening, discharging for a while, and healing up with a red, knotty scar. Other enlarged and inflamed glands have since shown themselves in the cervical region, appearing one after another during the past year or two, and becoming more and more frequent and severe, especially of late. The disease has never shown itself in any other part of the body. We note her present condition as follows:

The affection is confined to the cervical and clavicular region. It consists of a number of irregular, funnel-shaped, deeply-depressed, violaceous cicatrices, situated about the rami of the lower jaws on both sides, arranged in an irregular line down along the sterno-mastoid muscle, together with a few about the thyroid region. Most of these irregularly linear cicatrices are bossillated, and several contain abscesses or are covered with yellowish crusts. There are three lesions, however, in a more actively diseased condition. One of these is a deeply undermined, irregular, unhealthy ulcer, oval, and about an inch in long diameter and half an inch deep, surrounded by a smooth border of violaceous, infiltrated integument, not raised above the skin generally. This is below the right clavicle. On the edge of the sterno-mastoid, just back of this, is a large-pea-sized ulcer, similar in character, but containing a crusted slough, which is just beginning to separate. On the upper border of the left clavicle is an abscess the size of a pigeon's egg and ready to break, surrounded by a violaceous areola. A small ulcer appears to be forming above the head of the sternum. The patient complains of poor appetite and of impaired general health; she is gradually losing strength.

The case is a typical one, and the picture must impress itself on your minds more forcibly than words can do. Scrofuloderma merits attention on account of its importance, its chronicity, and the disfigurement of the person which it in time causes by its ravages. And although, unfortunately, we do not know very much about its true nature, yet it deserves careful study and the attempt to treat it to the best of our ability.

From the frequency with which we hear of scrofuloderma, and meet with accounts of cases of so-called scrofula of the skin, it might be thought that the affection is one of common occurrence; this, however, is far from being the case, for our experience, both in this clinic and in the Philadelphia Hospital, indicates that the manifestation is by no means common. I speak, of course, of scrofula as it attacks the skin, and not of general scrofula, nor of glandular disease. From the history of this case, scanty as it is, many of you would know or suspect the character of the affection. If you look in the text-books to learn something about scrofuloderma, you will become perplexed; or if you converse upon the subject with members of the medical profession, you will find the most varied and confused notions existing; for the subject is an obscure one. I cannot direct you to any book or monograph which gives a clear idea of the affection. Most usually it is confounded with lupus vulgaris, or with syphilis inherited or acquired; but scrofuloderma is, I think, a distinct disease, and is to be clearly distinguished from these others. Such is the view taken by most dermatologists.

The form of scrofuloderma here presented is that most frequently met. The disease is, as we have seen, associated with scrofula of the lymphatic glands, but the cutaneous lesions, apart from the glandular involvement, entitle it to our especial consideration. It is possible that the disease began in the lymphatic glands, which became engorged, filled with a cheesy deposit, then suppurated and broke down, and, involving the integument covering them, opened, forming ulcers pouring forth a puriform secretion. But the patient gives so confused a history of the occurrence of the various lesions, that this view may not be correct, and the sequence of the lesions may have been otherwise. It is, in fact, impossible to say if some of the lesions — notably that one pointed out as existent below the right