

CUTANEOUS SYPHILIS.—A. Ravogli, Cincinnati (*Journal A. M. A.*, January 1), publishes the results of his studies, microscopic and otherwise, of the proliferating growths of syphilis. He remarks that in a short article on elephantiasis (*Jour. Cutan. Dis.*, 1906), presented to the American Dermatological Association, he had maintained the luetic origin of this condition when occurring in the genitals, in many instances. He also held that all cases of elephantiasis are started by the presence of infectious germs or of parasites causing irritation and lymph stasis. He goes at length into showing how the germ of syphilis acts in producing vegetating papillary growths, etc. His microscopic findings are illustrated, and he comes to the conclusion that the proliferating masses of the tertiary syphilitic ulcers show no special characteristics, but have common characters with the proliferations of other morbid processes. The imbibition of the tissues from the lymph stasis, the hypernutrition of the connective tissue corpuscles, cause their division and their proliferation. The normally limiting elastic fibres are gradually lost, and the collagenous elements are left free to proliferate without restraint. That the spirochete is a starting-point cannot be doubted, as they are shown in the secondary vegetating patches. In the tertiary, they were not found, but this does not disprove the above assertion. It is possible they are not so readily stained, or may be concealed in the deeper tissues. As regards treatment, it is not difficult to cure the secondary proliferated patches by internal constitutional treatment with external application of calomel or solution of mercurial chloride, one to five hundred. In some cases strong caustics may be necessary. In some cases other measures, like the use of iodide, local bathing with bichloride solution, one to one thousand, and local applications of mercurial plasters have been satisfactory, while in others, extensive curetting was required.

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It is but just that I should attest my satisfaction with the use of Resinol Ointment. It is a marvel of efficiency in pruritus ani. Also in relief of soreness due to the irritation of the discharge from acute nasal coryza, it acts like a charm.—J. H. Thompson, M.D., Goshen, N.Y.