inferior surface. Now and then they would appear on the epiglottis. Around the excoriations or membranes there was usually slight cedema, and salivation was not uncommon. Microscopic and bacteriological examinations were all negative.

The author has scanned the literature quite carefully, and comes to the conclusion that such cases must be very rare. A little more frequent are detachments of epithelium which remain membrane-like on the surface, and may resemble to a certain extent diphtheritic or croupous membranes.

With the exception of a few cases to be mentioned hereafter, the above cases of chronic pemphigus of the mouth appear to be all that have been observed. A few instances of pemphigus of the skin I now propose to mention briefly, and to accompany them with a very few remarks which are meant to elucidate the peculiar etiology of the affection.

Kirchner's case¹ was that of a man of 54 years. who was reported to have had a primary specific affection without, however, exhibiting secondary symptoms. For the past seven years he was frequently taken with pemphigus eruptions on arms, legs, face and neck, accompanied with general systemic disturbance and sweating. Sudden exposures to cool air after perspiration were presumed to occasion the attacks. At the Ninth Congress² of Internal Medicine a few cases of pemphigus were the subjects of discussion. claimed it as a vasomotor, Schwimmer as a trophoneurotic affection; as to its neurotic character there appeared to be no doubt. As the suspicion of its being of an infectious nature easily suggests itself, microbes were carefully looked for by Mosler, but not found. Nor was Landgraf more successful in this respect, in a case of chronic pemphigus of the conjunctivæ and the mucous membranes of the nose, fauces, and oral cavity.3 A similar case was reported by Boer 4 and Chiari; 5 it was observed in a coachman of sixty-three years, who developed pemphigus on the mucous membrane of the larynx. Tuberculosis was suspected,

Mosler's case is a woman of thirty, of pemphigus of the skin of the trunk and extremities, was decidedly of a neurotic character, in a neurotic family. The patient was always of delicate health, and had repeated attacks of epistaxis, fainting and epilepsy from her twelfth to her fifteenth year; afterward she suffered from chlorosis, dysmenorrhæa, hæmoptysis, and hæmatemesis.

Benedict observed pemphigus both after peripheral nerve lesions and central disturbances. So have Charcot, Leyden, and Eulenburg. Hebra quotes Dickson and Gilibert, who claim emotional excitement as among the causes of pemphigus, and admits the existence of a "pemphigus hystericus" which appears and disappears in combination with a series of hysterical symptoms. A unilateral case of the kind is reported by Pick (Wiener Med. Presse, 1880).

The majority of the neuroses of the integuments, which result either in a simple hyperæmia and edematous tumefaction or in exudation reaching up to and into the epidermis, have been described as either urticaria or herpes. They are found on the skin almost exclusively. In severe generalized urticaria of the surface I have, however, repeatedly met with an ædematous swelling of the mucous membrane of the mouth; once I observed an acute laryngeal catarrh with croupous cough and dyspnœa, and once a very intense rectal tenesmus. Herpes febrilis I have seen quite often, when severe on the lip or chin, to spread over tongue and cheeks, exhibiting the same character in all localities, and following the course of a peripheral branch of the trifacial nerve. As a rule, however, both urticaria and herpes are limited to the surface. Hæmorrhages into the skin I have now and then found in exquisitely hysterical women. Pemphigus, as the literature of the subject proves, is but rare in that connection. Whenever found, it is on the skin almost exclusively, not on the mucous membrane. With the exception of the few cases given in detail, there are amongst the instances quoted above only those of Landgraff, Boer, and Chiari, in which pemphigus was limited to the mucous membrane of the oral cavity.

but the diagnosis was dropped when subsequently the same eruption showed itself on the throat and mouth. No attempt is made in the publication to diagnosticate the cause.

¹ Archiv f. Dermatol. u. Syph., Wien, 1892.

² Verhandl., Wiesbaden, 1890, p. 252.

³ Berl. klin. Wochenschr., 1891.

⁴ Archiv f. Dermatol. u. Syph., 1890.

⁵ Wiener klin. Wochenschr., 1893.