

The Canada Medical Record

VOL. XVIII.

MONTREAL, MARCH, 1890.

No. 6.

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Original Communications.

PROGRESS OF DERMATOLOGY.

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The purpose of this department is to give in concise form to the readers of the RECORD a quarterly retrospect of the progress of dermatology; to bring before you the more important points of interest in matters dermatological.

KERATOSIS FOLLICULARIS.

(*Psorospermo Folliculaire Vegetante.*)

Of late there have been many valuable additions to clinical dermatology, but perhaps none more interesting than those recorded by Darier, of Paris, and Professor White, of Boston, Prof. White giving the disease the former title, Darier the latter. At the International Congress of Dermatology, held in Paris, August last, Prof. White recognized a case that was shown then (*psorospermo folliculaire vegetante*) as being in gross appearance identical with one he had described (*keratosis follicularis*) in the same number ('89) of the *Jour. of Cut. and Gen.-Urin. Diseases*. The case is especially interesting to me, as I happened to be attending Prof. White's clinique when the patient first cropped up, and had the good fortune to see it. It was a puzzle to all, Prof. White saying he had never seen a

similar one. What it seemed to me most to resemble was lichen ruber, barring the horny growths. Robinson holds lichen ruber to be a paratypical keratosis, the sweat ducts and hair follicles being especially involved. Is it not possible that this may have been a lichen ruber with an exaggerated keratosis. Prof. White was unable to find any of the dermatomycoses in the skin, and Darier speaks of and sticks to his original diagnosis of *Keratosis follicularis*. I shall extract from his paper the clinical features of the disease: Minute papules, pin head in size, smooth, firm, resembling normal skin in color. Somewhat larger papules, slightly hyperæmic. Still larger papules of flattened hemispherical shape, with smooth, dense covering of nail-like consistence, varying in color from dull red to purplish, dusky red, brown and brownish black. Extensive elevated areas formed by confluence of above lesions, with uneven surfaces, covered by thick yellowish or brownish, flattened, horny concretions. Elongated horny masses from one-half to one-third inch in diameter, and from one-eighth to one-half inch in height, of irregular outline, with blunt truncated apices, yellowish in color, dense consistence, compactly crowded, easily removed, showing bases elevated above general surface, hyperæmic, moist. These lesions occurring