

so as to form one. After their formation the base became congested. The serous contents would in a day or two degenerate into pus. During this time, however, owing to tension and soreness patient would rupture the vesicles and bullæ, thus obtaining relief.

After rupture, they might take any one of the following courses :

1. A scab would form and afterwards dry up and fall off, leaving a slightly congestive healing surface. The skin gradually returned to the normal condition. A brown discoloration remained for some weeks. There was very little desquamation at any time. It thus differed from Pemphigus Foliaceous.

2. A pustule would form on the site of the old bullæ, and of about the same size, and be filled with pus. At the same time small vesicles or pustules would form around the circumference of the old site, thus producing an extension of the patch. Then from even slight rubbing the epidermal covering might be entirely removed, leaving a raw, bleeding surface.

3. When the first scab was rubbed off, a raw surface might remain, which would extend by the formation of vesicles and pustules as before described.

4. Extension sometimes took place by a simple loosing and elevating of the epidermis. The most striking feature in the pathological process was the peculiar manner in which extension of the patches took place after rupture of the primary bullæ.

No ulceration took place at any time during the disease.

It might be asked, why not call this a case of Pemphigus? It might certainly be placed under that head. The points of difference are, first, the distinct herpetiform arrangement of the vesicles and pustules, and secondly, the peculiar method of extension. This mode of extension was quite similar to that described in the accounts given by Hebra of his cases of Impetigo Herpetiformis. Then there was a large amount of suppuration in the case.

I would rather class it as a case of Dermatitis Herpetiformis, resembling in its course most strongly the Impetigo Herpetiformis of Hebra. Hebra's cases were pustular from the first. This case was serous and then pustular. In Dr. Heitzman's case, on the other hand, the exuda-

tion was first pustular and then became serous. I have been long of opinion that too great importance has been given to the character of the exudation in the classifying of inflammatory skin diseases. We are well aware that in many internal inflammations, pleurisy for instance, in some individuals the exudation is serous, whereas in others it is purulent almost from the commencement. The same may take place in inflammation of the skin.

Because in this last case the exudation was first serous and then purulent, that is not sufficient to separate it from the Impetigo Herpetiformis, which was pustular from the first. It certainly resembles the latter disease in many respects.

This change of character of the exudation seems to be a frequent occurrence in Dermatitis Herpetiformis, as is shown in Dr. Duhring's cases.

The severity and fatal character of this last case might be thought sufficient to put it in a separate class. It must be remembered, however, that the patient suffered occasionally for years from a mild vesicular and bullous disease, a circumstance which is of great importance in connection with this question.

Dr. Heitzman, in his report of a very similar case spoke of its relation to Pemphigus.

I was particularly struck in the latter stages in my first case with its resemblance to a fatal case of Pemphigus Foliaceous, of which I read a description before this Association. In both cases there was diarrhoea and vomiting, and the same tendency to hemorrhage. The epidermis appeared in both cases loose and could be easily rubbed off the body. In the case now described there was no excessive exfoliation.

In my opinion, the relationship between these diseases is very clearly shown in Dr. Bronson's classification. Under the head, "Aconthoses Angioticæ," he places :

1. Pemphigus, acute and chronic.
2. Pemphigus Foliaceous.
3. Impetigo Herpetiformis.
4. Herpes Gestationis.
5. Cheiro Pompholyx.

If in the places of the third and fourth had been inserted Dermatitis Herpetiformis, the relationship of Pemphigus with that disease would be more clear.