

THE AETIOLOGY OF SEBORRHOEA
AND OF THE SEBORRHOEIDES.

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THE AETIOLOGY OF SEBORRHOEA AND OF THE SEBORRHOEIDES.

INTRODUCTORY.

The aetiological factor or factors governing the existence of the condition of the skin known as Seborrhoea or the Seborrhoeic Diathesis, with its closely allied states variously known as Seborrhoeic Eczema or Dermatitis, Acne Vulgaris, and Rosacea, have been and still are of extremely conjectural nature. An attempt is made in the following article, which incorporates a clinical study of some two hundred cases, to review the list of possible factors which have been cited in the past as having some possible direct or indirect bearing upon the causation of these conditions of the skin, and to advance a new and it may be extremely important one.

Since it is also invariably of extreme interest to examine the evolutionary history of the various conceptions as to aetiology of a condition, as based upon the clinical work and writings of the past, it has been decided that this should be the initial step in, and a fitting introduction to, the advancement of the theories which will subsequently be postulated.

HISTORICAL.

Hebra, the great Viennese dermatologist, writing at about the middle of last century, was unable to distinguish any eczematous form or forms of the seborrhoeic state. He described three conditions named respectively Seborrhoea oleosa, Seborrhoea Sicca, and Pityriasis Capitis, which he stated to be interdependent processes exhibiting similar histological elements, namely an abnormal secretion composed of epithelial cells impregnated with fat globules. The resulting condition of the skin depended upon the relative proportions in which these constituents were present, Seborrhoea Oleosa resulting in the presence of a maximal amount of oily secretion, Seborrhoea Sicca from a fairly equal proportion of epithelium and fatty material, and Pityriasis from a minimal amount of oily matter and a relative abundance of epithelial cells. He noted that the areas of skin most commonly affected in these disorders were the hairy scalp and the body folds and he concluded that all were manifestations of a single disease due to abnormal sebaceous secretion.

In describing Eczema, however, he noted that a very severe type, usually of confluent and crusted nature and known to him as Eczema Madidans, tended also to involve the skin of the scalp and of the body folds, and further noted that seborrhoea might sometimes complicate certain eczemas. Eczema was, moreover, generally considered to be in some way associated with "faulty innervation" of the skin, and was thought to occur most commonly in "lymphatic" individuals.

In considering the aetiology of Acne Vulgaris, Hebra stated that he did not think that there was any connection between the appearance of this disease and the exercise of generative functions, a popular theory held by the ancients and still to some extent prevalent. He considered the cause obscure, but noted that seborrhoea, occasionally at least, seemed to be concomitant. He described acneiform eruptions due to handling tar, which he considered to be mechanical in origin, and to the ingestion of iodides, for which he was quite unable to account, and noted their similarity to Acne Vulgaris.

He was likewise unable to advance definite theories as regards the causation of Acne Rosacea. He thought that there was little except a superficial connection between this disease and Acne Vulgaris, and was inclined to class Rosacea with the neoplastic conditions of the skin, though he again noted the common coincidence of one or other of the three seborrhoeic conditions described above. There appeared to be some association with exposure to inclement weather and with the excessive consumption of alcoholic liquor, particularly light wine containing ethereal oils and tartaric acid.

Erasmus Wilson, one of the pioneers of the British School of Dermatology, was likewise unable to distinguish an eczematous type of seborrhoeide. In considering Eczema, however, he noted a particular type known to him as Eczema Ichorosum, in which there was a definite predilection of the eruption for the skin of the scalp and body folds. This type of eczema was of severe nature and its cardinal signs were stated to be marked erythema, crusting, and exudation of serum. In addition, he stated that the type of condition known to Hebra as Pityriasis, and thought by the latter to be a very dry form of the secretory condition known as seborrhoea, was in fact in his opinion a chronic form of eczema limited to the scalp and not in any way of seborrhoeic nature. He further mentioned two distinct types of Pityriasis, a dry type in which the scaling was described as "furfuraceous", and a slightly more oily type in which it was described as "farinaceous".

As regards seborrhoea itself, Wilson had no doubt that it was a pure anomaly of sebaceous gland secretion. He described two distinct types of the condition, one, known as Seborrhoea Oleosa, in which the secretion was "oily", and another called Seborrhoea Sicca, in which the secretion was of "tallowy" consistency, concluding that the two conditions differed merely in that they presented a qualitative variation in the same secretion.

In considering the question of Acne Vulgaris, he stated that he considered this disorder to be one of torpid glandular action resulting in accumulation of altered sebaceous

material in the gland and follicle, inflammation resulting from the mechanical pressure, and irritation caused by the impacted matter. He indicated his belief, also, that the disease was in some way due to a disordered state of the innervation of the cutis and consequently of the skin blood vessels.

Acne Rosacea was not thought to have any connection with seborrhoea, and was thought to be more probably due to "reflex irritation" of the cutaneous nerves and vessels, originating in the nerve plexuses of the gut and of the reproductive system in both sexes.

Tilbury Fox, writing in the sixth and seventh decades of last century, stated, like the previous workers, that seborrhoea was merely a disease in which there was present an augmented secretion of fatty material, in some cases primary, but in the bulk of cases secondary to a pre-existing skin disease. In this latter connection, which in effect was a statement that seborrhoea of a secondary type commonly complicated other diseases of the skin, the abnormality of secretion was thought to be due to "irritation" of the sebaceous glands by a contiguous morbid process. The condition, whether primary or secondary, was stated to be entirely non-inflammatory. The skin of the scalp and face was stated to be the site of election, but a universal condition was agreed to occasionally occur. Young persons were said to be the most common sufferers.

Without taking any particular interest in the types of seborrhoea, as regards qualitative variation in secretion, Fox agreed with Wilson in classing Pityriasis as a distinct affection, to which he gave the name Pityriasis Simplex. He stated categorically that this condition appeared to be a superficial one which scarcely presented any characteristic phenomena except a simple desquamation of the epidermis, no coincident seborrhoea being commonly found. It was thought to be due to "excessive cell formation" of unknown origin, but the question of a hereditary peculiarity was postulated owing to the common occurrence of the condition. It was not, as distinct from Wilson's conception, thought to be of eczematous nature.

In considering Eczema, Fox described two types, Eczema Rubrum and Eczema Impetiginodes, which were of severe and confluent nature and which tended to affect the skin of the scalp and of the folds of the body and limbs. The latter type, Eczema Impetiginodes, was thought to be especially common in phthisical or "strumous" individuals. Both types seemed analogous to, and perhaps synonymous with, Eczema Madidans (Hebra) and Eczema Ichorosum (Wilson). Fox also agreed with the previous workers and particularly with Hebra in holding that the primary cause of eczematous conditions was one of "faulty innervation" of the skin,

causing abnormal cell proliferation and vascular reactions therein. Eczematous subjects were stated usually to be thin, pale, dry-skinned, and to be suffering from "a lowering of nerve tone". The presence of a definite and underlying diathesis was thought to be doubtful.

Acne Vulgaris was thought to be a purely secretory anomaly, commonly associated with true seborrhoea of primary or secondary nature, and occurring most often in "lymphatic or strumous" individuals as in the case of Eczema. Acneiform eruptions due to handling tar and pitch and to the ingestion of bromides and iodides were noted but thought to be doubtful as regards causation, with the exception of those due to the former substances, in which mechanical irritation was thought to be an important factor.

Acne Rosacea was described as a composite condition, the histological picture consisting chiefly of acne papules derived from congestion of the sebaceous glands, together with numerous non-glandular hypertrophied areas due to congestion of arterioles between the glands, resulting in a "lumpy and varicose" condition of the skin. Seborrhoea was said to be commonly present in association with this disease. As regards aetiology, the only other factors considered were those of stimulating diet and drink, exposure to cold, and emotional upset, which latter was agreed to be important.

H. G. Piffard, writing in the United States of America at about the same time as Fox in England, mentioned only one seborrhoeic condition, which he termed Acne Sebacea. The condition was described as a functional affection of the sebaceous glands, and consisted in an excessive formation of thin sebum which flowed in great abundance from the gland orifices. Those glands situated on the skin of the forehead, nose, and cheeks were stated to be mainly affected. No comparatively dry type of sebaceous disorder, as described by previous workers, was mentioned.

In considering Eczema, Piffard, placing this disease in all its varied forms under the so-called "rheumatic diathesis", stated that sufferers were in general otherwise healthy, with "well-developed appetites but sensitive skins". He stated that a condition of "acidosis" seemed to be basically present, and that the cause of this was a probable metabolic liver deficiency, the skin reactions being due to excess of uric, oxalic, and lactic acids in the body fluids.

Like Fox and Wilson, he considered that Pityriasis Capitis, now also stated to be synonymously known as Pityriasis Simplex (Fox) and Pityriasis Alba, was a distinct disease, and without stating definitely whether or not he considered it as a manifestation of Eczema, classed it as another manifestation of the "rheumatic" state. The chief characteristic was stated to be the presence of fine dry

"powdery" scaling, the sites of election were stated to be the scalp and other hairy parts, and, while the eruption was agreed to be usually dry, it was stated that, especially on the scalp, it was sometimes modified by the mingling of sebum with the scales. It was further stated that, in general, Pityriasis, whether on the scalp or elsewhere, was not associated with any except secondary seborrhoea. On the scalp, the eventual association of the condition with "central alopecia" of permanent type was noted.

Piffard now went further than any previous worker in examining microscopically preparations of scales from the scalps of persons suffering from Pityriasis, and was able to confirm the findings of Malassez (1874), in that examination showed the presence of vacuolated and abnormal horny cells and of numerous "spore-like bodies" variously measuring $2\mu \times 1\mu$ and $4-5\mu \times 2\mu$, most being either roughly spherical with a double contour, or having a very characteristic "flask-like" appearance. These latter were found in abundance in the Stratum Corneum and in the follicles of the sebaceous glands which were themselves apparently normal. Piffard, who of course regarded Pityriasis as being indirectly due to basic "acidosis", concluded that "the peculiar spores of Pityriasis may find in the already abnormal epidermis the habitat they require, and, having once taken lodgement, multiply with rapidity and aggravate what might have been a trivial affection".

Acne Vulgaris was considered by this writer to be a "reflex" condition with a sexual and digestive organic basis. Disorders in these organs apparently caused reflex activity of the sebaceous glands with resulting secretion of an abnormally thick sebum which was liable to be retained therein.

Acne Rosacea was considered in much the same way as that of previous workers. Sebaceous gland activity of an abnormal character, closely resembling but not so marked as that obtaining in Acne Vulgaris, was mentioned.

L. A. Duhring, a later American clinician, returned to some extent to the views of Hebra, making the terms Seborrhoea and Pityriasis synonymous. He described again the three types of secretory anomaly, saying that Seborrhoea Oleosa was a generalised hypersecretion of sebaceous matter, the glands of the scalp, face, chest and back being chiefly at fault, and that Seborrhoea Sicca was a variant of the same condition and of mixed scaly and oily character. Pityriasis, called by him Pityriasis Simplex after Fox, was stated to closely resemble the former conditions but to affect the scalp only. It was thought to be comparatively "inflammatory" and to be only doubtfully of truly seborrhoeic nature. The "spore-like bodies" described by Malassez and confirmed by Piffard as being present in cases of this latter type were not mentioned. In further elaborating the description of

Seborrhoea Oleosa and Seborrhoea Sicca, Duhring described the presence of circular patches of "eczematous" nature on the skin of the chest and back, to which he gave the name Seborrhoea Circinata Corporis, and which he thought to be manifestations of an eczematous process closely allied to, and probably resulting from the presence of, the secretory condition. He described also the types of individuals who seemed prone to develop such conditions, stating that they were in general pale and thin, with a tendency to "coldness of the extremities", that dark complexioned persons seemed prone to develop the oily type of condition, and fair complexioned persons the relatively dry type. Cold weather was said to be an apparent predisposing factor.

In discussing Eczema, Duhring stated that here also he considered that fair complexioned persons were most prone to develop eczematous states and that cold weather was a predisposing cause.

Acne Vulgaris was stated to be most common in people with fair complexions, and to be commonly associated with seborrhoea of one or other type, though it could often be seen to exist in the absence of any such association. Disorders of genital function and derangement of the bowel were also said to be in some way associated with the production of the condition.

Acneiform conditions due to ingestion of iodides and bromides were stated to be generally slow to develop and quick to settle on discontinuing the drug, but some cases had been observed in which the eruption had been of acute onset and had been relatively slow to heal. Eruptions due to bromide were stated to be most common in individuals with pre-existing seborrhoea, especially of the female sex.

Acne Rosacea was considered by this writer to be definitely associated with one or other of the seborrhoeic states, especially when occurring in young people. Extremes of temperature, stimulants, emotion and sexual disturbances were thought in many cases to be reflexly associated with the causation of the condition.

Another British clinician, W. A. Jamieson, writing in 1888, postulated the same three types of sebaceous secretory anomaly. He mentioned that either or all of these conditions had been found to be commonly associated with "eczema" especially on the scalp. He further stated that, in his opinion, Seborrhoea Oleosa and Seborrhoea Sicca were of truly seborrhoeic origin, and that Pityriasis, though commonly associated with over-action of sebaceous glands, was itself not of primarily seborrhoeic nature, any associated hypersecretion being of the secondary type as postulated by Fox.

In discussing Eczema, he quoted P. G. Unna of Hamburg's views that the type seen most commonly in children and

young adults, and affecting the skin of the scalp and flexures, was probably of "seborrhoeic" nature in the sense that this particular type appeared to excite considerable hypersecretion of sebum of the secondary type. This type was therefore named by Unna "Seborrhoeic Eczema" and appeared to correspond closely to Eczema Madidans (Hebra), Eczema Ichorosum (Wilson), and Eczema Rubrum and Impetiginodes (Fox).

Acne Vulgaris and Acne Rosacea were thought by Jamieson to be definitely associated with seborrhoea, particularly of the oily type, and he further expressed the view that Acne Vulgaris and eczema in any form seldom or never co-existed in a severe degree. Another interesting statement was to the effect that "in all the varieties of acne, it will be found that the blood supply to the skin is liable to disturbance in connection with the derangement of what is known as 'tone'".

T. McCall Anderson, writing a few years later, (1894), also accepted Unna's conception of a particular eczematous condition apparently closely associated with excessive sebaceous gland activity. In his Text Book of Diseases of the Skin published in that year, he devoted a chapter, written by Unna, to the establishment of the latter's theories on this subject.

Unna, who before and after this time published much in the same vein in various journals, believed that Seborrhoea Oleosa was the only one of the three popularly accepted "seborrhoeic" conditions which had any direct connection therewith. He was even inclined to doubt the existence of abnormality of the sebaceous apparatus in this connection, alleging that the excessive oily flow came from the coil-glands, and renaming the condition Hyperidrosis Oleosa. He thought that Pityriasis and Seborrhoea Sicca were variants of the same condition, but that they were both of eczematous nature, and that they were of probable organismal origin. He followed up the work of Malassez and Piffard by alleging that the "spore-like bodies" described by these workers, in association with a "mulberry-like coccus" closely resembling Staphylococcus Albus, and perhaps also "a small bacillus", were in his opinion the probable direct causes of the two conditions. He was also of the opinion that these organisms might exert an influence known as "sebotaxis" upon the epidermal elements with which they were in contact, thereby bringing about excessive activity of the oil-secreting cells of the coil-glands. Further, the condition of Seborrhoea Sicca or Pityriasis being established, the next tendency was for a spread to take place to the skin of the face, ears, neck, back, chest and body folds, the local scalp condition, itself thought to be of eczematous nature, having become the starting point of a generalised eczematous process affecting typical sites, including

Seborrhoea Circinata Corporis of Duhring, and known as Seborrhoeic Eczema. Unna re-emphasised his belief, however, that the word "seborrhoeic" as applied to these initial conditions, including Seborrhoea Oleosa, was a definite misnomer. The excessive flow of oily matter present in association with these conditions and with Seborrhoeic Eczema was derived from the sweat glands and was in any case of almost purely secondary nature, (Fox), though as regards uncomplicated cases of Seborrhoea (or Hyperidrosis) Oleosa, the condition was agreed to be primary and its cause to be doubtful. Unna thought, in addition, that, in the later stages of a Seborrhoeic Eczema, true over-activity of the sebaceous glands might occur following atrophy of the hairs due to blockage of the sebaceous gland ducts by parakeratotic epidermal cells. This, he pointed out, was also of very obviously secondary nature. He stated the important fact that the so-called "seborrhoeic" conditions invariably began on the skin of the scalp, saying, "it is very probable that the parasite finds here a convenient soil which guarantees for it, under favourable external circumstances, a lasting saprophytic existence, and, with the appearance of better nourishing material, urges it on to a genuine parasitic vegetation which manifests itself as a moderate or severe catarrhal disease of the epidermis". He thus agreed in essentials very closely with Piffard who had studied the condition nearly twenty years before.

McCall Anderson, apart from the above, mentioned nothing new as regards the "seborrhoeic" states. Acne Vulgaris and Seborrhoea Oleosa appeared commonly to coexist, but no connection between Rosacea and "seborrhoea" was touched upon.

J. N. Hyde and F.H. Montgomery, writing in the United States at the opening of the present century, had little to add to the foregoing except to state that, while they accepted Unna's views on the existence of a specific eczematous state associated with either Pityriasis or Seborrhoea Sicca Capitis, they emphasised the fact that, while such a condition might be either generally moist and crusted as described by Unna, a similar eruption, affecting the same sites, but so dry as to almost resemble Psoriasis, was also commonly seen. This latter eruption seemed closely analogous to Seborrhoea Circinata Corporis (Duhring). Predisposing causes were stated to be heat, moisture, and friction.

With regard to Unna's conception that primary or secondary Seborrhoea Oleosa was really an anomaly of the sweat glands, these workers quoted a recent article by Wallace Beatty which disagreed with this statement and preferred the older hypothesis, though still unable to account for its occurrence in its primary form.

Acne Vulgaris was agreed to be definitely associated with "seborrhoea" of the scalp, and sometimes, though seldom,

with Seborrhoea Oleosa. "Constitutional predisposition" to the disease was stated to be an important factor, but the nature of this was not specified. Unna and R. Sabouraud were quoted as believing that those organisms commonly found in Seborrhoeic Eczema and its allied states were also the active agents in the production of Acne Vulgaris, and Gilchrist, another American worker, was said to have recently demonstrated in acne lesions a small bacillus similar to that noted by the former clinicians. This he, Gilchrist, had named Bacillus Acnes, and he claimed to have found specific agglutinin in the blood of sufferers from the disease.

Acne Rosacea was stated to be also in some way associated with scalp "seborrhoea", true seborrhoea, and with Acne Vulgaris. Women were said never to be so severely affected as men.

H. W. Stelwagon, writing in the United States towards the end of the second decade of this century, gave an admirable summary of the views and theories accepted at that date, 1918.

He stated that Seborrhoea Oleosa was the only truly primary sebaceous secretory anomaly, thinking that the sebaceous glands were at fault and in no case the coil-glands, despite Unna's views. He quoted Sabouraud as thinking that this condition might be due to the Bacillus Acnes, found by Unna and himself in Seborrhoeic Eczema and Acne Vulgaris, and subsequently found by Gilchrist in cases of the latter disease.

Seborrhoeic Eczema, having as precursors Pityriasis or Seborrhoea Sicca Capitis, was accepted by Stelwagon as a clinical entity and said to be either moist, "greasy", or dry as regards type of eruption. The dry type was stated to be most commonly found in children and young persons. The aetiology was said to be still not completely settled, but a parasitic cause was thought to be most likely. Sabouraud was said to believe (a) that Seborrhoea Oleosa was due to the Microbacillus (Bacillus Acnes), (b) that Pityriasis Simplex was due to the Pityrosporon of Malassez, (c) that Seborrhoea Sicca was due to the Pityrosporon and the "grey coccus" (Unna's "mulberry-like coccus"), and (d) that Seborrhoeic Eczema was due to the action of all three organisms. Common predisposing causes were said to be heat and the use of irritant hair lotions.

Acne Vulgaris was said to be produced by the same organism claimed as the causal factor in Seborrhoea Oleosa, namely the Bacillus Acnes. Sabouraud was quoted as thinking that a special staphylococcus known as the Staphylococcus Albus Butyricus was also instrumental, and Stelwagon himself thought that the Staphylococcus Albus might play a part, given certain conditions, of unspecified nature, in the

individual which produced a "soil" favourable for these to exert pathogenic action. The ingestion of bromides and iodides was agreed to aggravate an existing Acne Vulgaris and to be a predisposing factor to the development of a true Acne Vulgaris, in addition to causing Acne Artificialis.

Acne Rosacea was stated to be a passive hyperaemic condition of angioneurotic origin, often associated with a preceding "inflammatory seborrhoeic state", and also to be commonly the precursor of secondary Seborrhoea Oleosa.

H. W. Barber and H. C. Semon, writing in 1919, quoted Sabouraud and others as stating that the bacteria described as specific in the production of the "seborrhoeic" conditions, owed their activity and pathological effects mainly to the "soil" on which they were growing, the nature of which, in turn, was dependent upon the constitutional state of the patient. The writers fully agreed with the above theory, and postulated an "acidosis" underlying all "seborrhoeic" states, averring that the urine of individuals suffering from Seborrhoeic Eczema was highly acid during acute stages of the condition and became amphoteric or alkaline on its subsidence. They quoted A. W. Sellard as stating that five grammes by mouth of sodium bicarbonate usually changed an acid urine in a normal person to alkaline, and said that in their patients there was an unusually high "alkali tolerance" indicating "relative acidosis". The patients instanced were in every case suffering from moist and secondarily infected "seborrhoeic" conditions, and the writers further stated that, in their experience, the "lymphatic" type of individual appeared most prone to develop conditions of the skin such as these. It was also suggested that the "seborrhoeic organisms", in common with other pathogenic bacteria, preferred a slightly acid medium, hence the connection between an underlying "acidosis" and their proliferation and pathogenicity.

During the next decade, attention became to some extent concentrated upon the "seborrhoeic organisms" themselves, and in particular, since there was some considerable doubt as to its pathogenicity, upon the so-called Pityrosporon of Malassez. The necessity for the fulfilment of "Koch's postulates" before accepting this as the organism primarily causal of the "seborrhoeic state" was felt to require attention. Many attempts to cultivate this organism began consequently to be made, failures to reproduce any of the "seborrhoeic" conditions with cultures of the Bacillus Acnes and the "grey coccus" having made its successful growing a necessity.

Castellani, (1925), obtained some living cultures. Templeton, working in the United States in 1926, managed to grow it successfully both at 37°C. and at Room Temperature

on a medium composed of 1.5% Agar, 2% Glucose, and Beerwort with a Ph. of 6.2, on which he found that other organisms and fungi did not grow. Acton and Panja, working in India in 1927, obtained small, chalky-white colonies on the third or fourth day around scales from affected scalps sown on Petroff's Glycerinated Medium containing 0.004% of Gentian Violet to inhibit contaminating staphylococci. None, however, was able to obtain viability sufficient to allow of inoculation experiments in living subjects.

Two fairly recent British workers, R. Cranston Low (1927) and A. C. Roxburgh (1932), had little to add to the postulates of 1918 except to advance the theory that Seborrhoeic Eczema might be an example of skin hypersensitivity to some food or internal bacterial antigen, and that the resulting dermatitis or eczema merely became secondarily infected by the organisms causal of "seborrhoea" of the scalp.

Low stressed the fact that moist and dry "seborrhoea" of the scalp was of infective nature, and stated that spread by contaminated combs and brushes was rife. In support of this theory he instanced the fact that these conditions were much more common in males, who regularly visited the hairdressers, than in any except the more modern female, and in this connection also mentioned the fact that long hair meant better blood supply to the scalp and that this in itself kept the skin of that region more healthy in women. He further pointed out that the "coccus" said to be instrumental, along with the Pityrosporon of Malassez and the Bacillus Acnes, in producing "seborrhoeic" conditions had now been identified as distinct from, though very similar to, Staphylococcus Albus, and that its proper name was Staphylococcus Epidermidis Albus.

Roxburgh held similar views, except that he was inclined to think that streptococci played some part in the production of Seborrhoeic Eczema. He also stated that the condition usually found on the scalp appeared highly contagious but that some individuals were apparently resistant to infection.

Ota and Huang, working in Tokio in 1933, continued the attempts to cultivate the Pityrosporon of Malassez, which they correctly renamed Pityrosporum Ovale. They obtained living cultures, viable in some cases for three or four months, on Petragnani's Medium at Room Temperature, and attempted some inoculation experiments on animals which, however, failed completely. They therefore concluded that the spore was a saprophyte and pointed out that neither Unna nor Sabouraud, the chief advocates of its parasitic nature, had ever grown or inoculated it successfully, while numerous other workers, among them Bizzozero and Darier, were cited as having doubted in the past the pathogenicity of this organism. One further and very important observation, made on a culture obtained from Acton and Panja, was to

the effect that "par la méthode de Gram, le protoplasme des cellules se colore tantôt totalement (surtout chez les cellules jeunes) tantôt partiellement. Mais il y a des cellules qui ne prennent jamais le Gram. Quant à la membrane, d'ordinaire elle ne se colore pas par cette méthode." Similar observations as regards staining by Gram's method were made on spores obtained from some of Castellani's cultures.

R. L. Sutton, another well known American clinician, writing fairly recently (1935) again admirably summed up the views of previous workers and included a résumé of all theories advanced since Stelwagon's period.

Seborrhoeic Eczema was again described as following a moist or dry "dandruff" of the scalp and as being generally either moist and secondarily infected or dry and scaly while affecting the central regions of the body and the flexures of the limbs. The dry cases were said to be thought by some workers to be very closely allied to Psoriasis, to be commonly known as Psoriasiform seborrhoeides, and to be most often found in older persons. The moist and infected types were common among young people. The condition was still thought by the majority of dermatologists to be due to infection of the skin by the three so-called "seborrhoeic organisms", while "lowered vitality" and a diet habitually rich in fatty substances were thought to be predisposing causes. Seborrhoea Oleosa, which was sometimes apparently primary, was still thought to be the only true secretory dysfunction, but its aetiology was still doubtful. Barber and Semon were quoted as having postulated a relative and basic "acidosis" among persons presenting the "status seborrhoeicus", but Sweitzer and Michelson were stated to have been unable to confirm this one year later (1920) in a series of cases examined in the United States.

Acne Vulgaris was thought to be in some way due, like Rosacea, to reflex congestion of the skin, and focal infection was suggested as a possible causal or predisposing factor. The Bacillus Acnes was thought by many to be the direct cause of the condition and "dandruff" of the scalp and Seborrhoea Oleosa were said frequently to coexist. Recent American workers had found that gastric acid values had no apparent bearing on the duration, type, or severity of the condition, and recent work had also shown that the blood sugar curves in acne cases were usually quite normal.

Acne Rosacea was agreed to frequently coexist with Seborrhoea Oleosa, Acne Vulgaris, and Seborrhoeic Dermatitis or Eczema. A recent American investigator had noted a somewhat "mixed picture" as regards types of patients subject to this disease, the sufferers having in general a combination of low blood pressure, visceroptosis, gastric subacidity and subnormal weight.

M. Moore, working in St. Louis in the same year, reported very successful cultivation of the *Pityrosporum Ovale*. He stated that this spore grew on the scalp as an ovoid or spherical cell measuring usually 2-4 μ in length, though a spherical form measuring up to 11 μ could commonly be found. On artificial media it varied in size and in proportion, forming thick-walled cells or chlamydospores of up to 5 μ in diameter. The organism was most easily grown aerobically and at Room Temperature on Beerwort Agar (Difco) of low Ph. (4.8) growth being evident on this medium on the third or fourth day around the implanted scales, which became from grey to creamy-white in that time. The purest culture could be obtained on this medium which appeared to effectively inhibit the growth of all other organisms and fungi.

In the following year (1936) Moore, R. L. Kile, M. F. Engman (Sen.) and H. F. Engman (Jun.) reported successful inoculation of cultures grown by Moore into animal and human subjects. They obtained 100% positive inoculations on the scalp and 40% upon the chest, and considered their findings very suggestive, if not absolutely conclusive, of the fact that the *Pityrosporum* might cause pityriasisiform conditions closely resembling the "seborrhoeic" diseases. Inoculations with exotoxin and endotoxin derived from these organisms proved, however, completely abortive.

In 1938, R. L. Kile and M. F. Engman (Sen.) reported similar experiments with very similar results, observations being made to the effect that inoculation and "take" did not apparently in any way affect a pre-existing "seborrhoeic" condition no matter its type, and that inoculation of a pure culture into the scalp produced the most noticeable results.

During the discussion following the presentation of this work as a paper at a dermatological society meeting, Moore stated that, in his opinion, the *Pityrosporum Ovale*, in an acute rapidly spreading condition, was typically small and "bottle-like" and measured 2-4 μ in length, while on artificial media and in chronic lesions the cells were large and thick-walled. He stated his conviction that the small type was parasitic and the large type saprophytic, that the spores grew most easily and in the purest culture on Beerwort Agar, but that in Maltose and Glycerine Agar very good growths had been obtained in which they tended to assume the small and "parasitic" form. He further stated that the true and experimentally-produced lesions were histologically identical.

H.J. Templeton also spoke in the same discussion, commenting on his own work in 1926 and saying that he had at that time found the *Pityrosporum Ovale* in abundance on apparently normal scalps. He also said that he thought that many of the "seborrhoeic" eruptions were "ids" in the biological as well as in the morphological sense. Kile, in

replying, stated that he and his colleagues had often demonstrated the presence of spores in these lesions.

During the same year, G. B. Dowling read a paper at the Annual Meeting of the British Association of Dermatology, in which he stated that the consideration of the diseases known as the "seborrhoeides" must be approached from two aspects. He considered first the question of a pre-existing state of the skin which would permit of pathogenic action thereon of the causal organisms, and stated that a recent worker had postulated (a) functional instability of the skin, particularly secretory, but also manifest in hypersensitivity to internal and external irritants, vasomotor instability, and diminished resistance to infection, and (b) endocrine imbalance. Dowling thought that these functions, while difficult to assess, were probably those determining the response of particular skins to the immediately exciting cause in Seborrhoeic Eczema and allied conditions, and he further stated that "perhaps only 'dandruff' and the petaloid eczematide can be said to occur in a subject with no constitutional deviation from the normal". He thought, also, that atopic individuals tended to have intractable "seborrhoeic" eruptions, while truly seborrhoeic persons were likewise usually severely affected though this latter type of individual was relatively uncommon.

In considering the immediately exciting cause of Seborrhoeic Eczema, Dowling gave a résumé of past bacteriological findings, including all the recent work in the United States and elsewhere on the cultivation and inoculation of the *Pityrosporum Ovale*, mentioning in passing that McLeod and himself had grown what afterwards proved to be the wrong organism in 1928. He also stated that another British worker (A. Bingham) had recently (1937) conducted an investigation in fifty persons suffering from scaly diseases of the skin and in twenty apparently normal subjects with interesting results. Bingham had concluded that the Spore of Malassez was a normal inhabitant of the scalp and that it was frequently present in "seborrhoeic" lesions, both on the scalp and elsewhere, though, being almost always in association with other organisms, it could not be definitely stated to be the sole or even a partial causal factor. It was, however, not found on the body in cases of Psoriasis, Pityriasis Rosea, and Allergic Eczema nor was it found, except in a very few instances, on the bodies of normal subjects, whereas other "yeasts" were present in abundance on the bodies of these individuals.

Dowling concluded that Seborrhoeic Eczema was due to a primary infection of the skin by "yeast-like organisms", including the *Pityrosporum Ovale*, which were normally

saprophytic, but which could develop a variable degree of pathogenicity under certain conditions of doubtful nature. The picture could be at any time altered by secondary pyogenic infection or alteration of the associated constitutional factors.

G. H. Percival, reading a paper at the same meeting and on the same subject, said that in his opinion there were three types of so-called "seborrhoeic" namely (a) Pityriasis Capitis with secondary eczematide, (b) streptococcal infection and cutaneous hypersensitivity thereto and (c) staphylococcal infection and cutaneous hypersensitivity thereto. He considered that, as regards (b) and (c), there was a probable sensitisation of the skin to the causal organisms from some internal focus thereof. Pointing out that "seborrhoeic" was in general a misnomer, he suggested the following names for the three allied conditions, namely, (a) Infective Pityriasis and Infective Eczematide, (b) Flexural Infective Dermatitis and (c) Follicular Infective Dermatitis.

F. F. Hellier, writing in Leeds at about the same time, stated his belief that deficiency of vitamin A might play some part in the aetiology of Seborrhoeic Eczema, but, though he claimed to have demonstrated this by means of the dark adaptation test, he was not certain as to whether the deficiency was caused by actual dietary discrepancy or by mal-assimilation due to faulty absorption from the bowel.

Finally, the importance of riboflavin, a derivative of the vitamin B complex, in the production of a condition clinically very closely resembling the drier forms of Seborrhoeic Eczema (Seborrhoeic Dermatitis) was postulated in 1939 and 1940 by various American workers. Definite proof of the identity of the skin condition was, however, not forthcoming, and the condition existed not alone, but with a further group of symptoms which seemed to indicate a syndrome and which were not common concomitants of the "seborrhoeic state", two examples being cheilosis and a very characteristic glossitis.

The history of the aetiology of the so-called "seborrhoeic" conditions and the present conceptions thereof can thus be summarised as follows. Seborrhoea Oleosa (Hyperidrosis Oleosa) of Unna would appear to be accepted by all as a definite and probably the sole secretory anomaly, the sebaceous glands being agreed, by all except Unna, to be at fault. This condition may in a few cases be primary, and in these cases Sabouraud held the view that the cause was probably the organism known as the Bacillus Acnes, a small, Gram-positive bacillus of the "diphtheroid" type, measuring $2\mu \times 0.5\mu$, of microaerophilic nature and most easily cultivated on Glucose or Glycerine Agar. In the majority of cases, Seborrhoea Oleosa is thought to be of secondary nature, and it is almost always found to coexist with such

conditions as Seborrhoeic Eczema, Acne Vulgaris and Acne Rosacea. The sites affected are usually those attacked by the concomitant disease, or, if primary, the sites on which the sebaceous glands are unusually well developed, namely the skin of the scalp, nose, cheeks, chest, back and body folds.

The condition known as Seborrhoeic Eczema, as first tentatively described by Duhring and later more fully described by Unna, is agreed to exist in both moist and infected and dry and scaly forms, to affect mainly the skin of the scalp, chest, back and body folds, and to generally arise from a preceding moist or dry eczematous condition of the hairy scalp, these latter conditions being usually respectively designated Seborrhoea Sicca and Pityriasis Simplex Capitis. It is further a generally accepted view, recently strengthened by the work of Moore and others on the cultivation and inoculation of the Pityrosporum Ovale, that this yeast-like organism has a probable effect, on the skin of its apparently natural habitat the scalp, in producing either Seborrhoea Sicca or Pityriasis Sicca Capitis, and further in giving rise to moist Seborrhoeic Eczema or dry Seborrhoeic Dermatitis affecting, either locally or generally the glabrous skin. It is also a general view that the Pityrosporum Ovale may be aided in its production of all the so-called "seborrhoeic" conditions of the scalp and body by the concomitant presence of the Bacillus Acnes and of the "morococcus" of Unna, now identified as the Staphylococcus Epidermidis Albus, which is probably an attenuated form of the Staphylococcus Albus and which latter organism it closely resembles in both morphological and cultural characteristics. Finally it is agreed that the scalp conditions and Seborrhoeic Eczema and Dermatitis are of inflammatory and eczematous nature and that they are in no way primarily of secretory dystrophic origin.

The conditions known as Acne Vulgaris and Acne Rosacea are also generally agreed to be allied states and to invariably occur in association with scalp eczemas of the "seborrhoeic" type, the former being generally associated with Seborrhoea Sicca and the latter with Pityriasis Simplex, though variations may occur. Inflammatory eczematous conditions of the glabrous skin not infrequently complicate these diseases also, while primary or secondary Seborrhoea Oleosa is likewise a not uncommon concomitant condition. All the above diseases are stated, moreover, to have as predisposing causes factors leading to reflex congestion of the skin, particularly extremes of temperature, emotional upset, and a diet rich in fats and "stimulating" articles. From the earliest to the latest worker the question of "faulty innervation" of the skin and of its capillaries and of the "lowered vitality" of the sufferers continually

recurs, while the question of a "suitable soil" in which a commonly saprophytic organismal flora can assume pathogenic properties is continually referred to. Underlying and relative "acidosis" is postulated by Piffard in 1876 and by Barber and Semon in 1919, while Low, Roxburgh, Sutton and Percival consider that sensitisation of the skin by absorption of toxic substances from an endogenous bacterial focus may be an aetiological factor. Avitaminosis is the most modern theory as regards aetiology, but up to the present time lacks complete confirmation and investigation.

OBJECTS OF INVESTIGATION.

In considering the above, it was felt that most indications pointed to a close affiliation between Seborrhoea Oleosa, Seborrhoeic Dermatitis and Eczema, Acne Vulgaris and Rosacea, and that an organismal cause, probably common to all, was extremely possible in view of the recent work of Moore and his compatriots. It was thought, however, that proof of a similar aetiological connection between these commonly associated, though still in many ways remarkably different, clinical conditions was still wanting. Much seemed to depend upon the constitutional "make-up" of the patient, which might well modify the "soil" sufficiently to produce certain changes in the morphology of commonly saprophytic organisms, and thus, in turn, enable these to exert a varying, though closely related, pathogenic action. The question of factors which tended to produce reflex or other congestion of the skin seemed important in this latter connection. The well known association between the appearance of Acne Rosacea and emotional upset, dietary indiscretions, exposure to extremes of temperature and gastric subacidity, the question of sexual excitement in Acne Vulgaris, and the predisposition of local rise of skin temperature to the development of Seborrhoeic Eczema and Dermatitis and of their scalp counterparts, seemed likewise of extreme interest as pointing to the presence of a common or at the least closely associated aetiological basis. Certain fairly recent investigations by British and American clinicians seemed of importance in this respect, and these were carefully studied before finally formulating a scheme of investigation.

J. H. Stokes and D. M. Pillsbury, writing in the United States in 1930, noted that emotions in general, and depressant or unpleasant emotions in particular, had chiefly depressant effects on gastro-intestinal mechanism, both secretory and motor, while emotions of a pleasant kind tended to have an opposite effect. As appertaining to diseases of the skin, they quoted recent work by Knowles and Decker to the effect that cases of Acne Vulgaris were in general found to have normal or hyperacid gastric secretion,

and stated that Urticaria Factitia (Dermographism) appeared to be commonly associated with "irritable colon", allied conditions being Asthma and Hay Fever which were both usually considered to be associated with increased vagal tone. In speaking of the vagus-sympathetic control of the gastro-intestinal tract the writers emphasised the importance of recent work which had tended to point to the fact that stimulation of one or other system did not necessarily bring about a decrease in the tonus of the other. The result depended entirely upon which system was in a state of positive tonus in the first place; if the vagus, and vagal stimulation carried out, the tonus thereof would be still further raised; if the sympathetic were stimulated in the presence of increased vagal tone, that tone would still tend to be, at least momentarily, increased. The authors concluded as follows. "The larger our experience and the more careful our search, the more we are inclined to believe that in the urticarias and urticarial dermatitides of middle life, in the diathetic eczemas and Rosacea, and even in dermatoses which, like Epidermophytosis, seemed far removed from psychologic considerations, the tension make-up, the personality defect, the conflict and anxiety, the repression and the complex, have their place as causal influences".

W. H. Brown, M. S. Smith, and A.D. McLachlan, writing in Glasgow in 1935, concluded a series of observations with particular reference to Rosacea which had been begun by the first named some years previously. They stated that only about 51% of cases appeared to suffer from hypoacidity of gastric contents, 23% of these being of very slight nature. The remaining 49% showed normal or increased acidity, and it was noted that the bulk of this group was composed of male patients. As regards cases of Seborrhoeic Dermatitis and Eczema, assessed as a single group, very similar figures were given, 51% of patients having hypoacidity, 53% severe and 18% slight, the remaining 49% being normal or hyperacid as regards their gastric acid values. Only one case of Acne Vulgaris was reported upon and this showed marked hypochlorhydria, while 75% of cases of Urticaria showed normal and hyperacid results. The writers concluded that, in general, acute dermatoses appeared to exist side by side with normal or hyperacid gastric secretion, while chronic conditions appeared to be more commonly linked with atonicity of the stomach and low titratable gastric acidity.

W. Sachs, in an excellent treatise published in 1936 in From Johannesburg, considered extremely carefully the entire question of autonomic nervous systemic imbalance, with particular reference to the symptom-complexes of individuals suffering from increased general vagal tone (vagotonia), increased sympathetic tone (sympathicotonia) and increase of the tone of both systems (amphotonia), and with reference to the various methods of ascertaining the state of the

autonomic or vegetative nervous system in any given individual. He did not particularly stress the question of the relationship of particular diseases to basic autonomic imbalance as Eppinger and Hess had done, but instead merely instanced certain diseases which had been finally accepted as being due to abnormal variation of vegetative tone, good examples being Raynaud's and Euerger's Diseases, and, as regards diseases of the skin, probably Scleroderma, concluding from this that many other diseases of doubtful or unknown aetiology might eventually come to be explained on such a basis.

In addition to the gastric changes noted in the two previous articles as being thought to be associated in some way with the presence of the "seborrhoeic" states, Sachs' description of the symptom-complexes of typically vagotonic or sympathicotonic individuals seemed suggestive of an association between basal vegetative imbalance and the production of these conditions. A person suffering from marked vagotonia was stated, among other things, to have a cold, moist and pale skin, with a tendency to develop acne and urticaria, to have in general a hyperacid stomach and bowel, and to exhibit a tendency to low blood pressure, venous stasis and spastic constipation. The blood sugar was usually normal. A sympathicotonic individual was, in general, dry-skinned, showed active hyperaemic flushing and tended to exhibit atonicity of the gastro-intestinal tract, raised blood pressure, and a tendency to lowered sugar tolerance. Vagotonia appeared, from the passage of urine containing a relatively high proportion of fixed base, to exist in association with a relative "alkalosis" of the body fluids and tissues, while sympathicotonia appeared to coexist with a relative "acidosis". A rise of ionic blood calcium was said to indicate a sympathetic stimulus and an increase in the "acidotic" state, while a relative increase in the sodium and potassium content of the blood was said to indicate vagal stimulation and an increase in "alkalosis". X-rays, radium, ultra violet rays and heat were instanced as vagal stimulators, while cold was stated to stimulate the opposite system. Modification by age and sex was said also to be possible. Numerous tests, postulated by many different workers in this field over the previous twenty years or more, were described by Sachs who claimed that, by a combination of these, he could quickly and accurately arrive at a fairly clear picture of the autonomic state in a given case.

As, therefore, it seemed a definite possibility, in view of the above theories, that the state of the skin in individuals prone to develop "seborrhoeic" conditions might well be in some way bound up with the nature of the blood supply to the skin itself, and to the associated state of the tissues as dependent upon vegetative nerve function, it was decided to investigate sufferers from these various

*Youth and male sex were said to be usually associated with relative vagotonia, and age and female sex with relative sympathicotonia.

diseases and from a "control" series of other conditions of the skin from the point of view of autonomic nervous systemic tone. Variation in this state was thought to be a possible deciding factor in the clinical differences between such obviously closely allied states as Acne Vulgaris and Acne Rosacea, Seborrhoeic Eczema and Dermatitis, Pityriasis and Seborrhoea Sicca Capitis, and perhaps even the more distantly connected Seborrhoea Oleosa.

As, also, the "seborrhoeic" conditions had already been found and agreed to have a common though rather doubtfully pathogenic skin organismal flora, the question naturally arose as to whether a variable tissue state might materially affect the virility and morphological characteristics of one or all of these common skin saprophytes, being conducive to a change from a state of saprophytic quiescence to one of variable pathological activity. It was, therefore, in addition decided to investigate the cultural and morphological characteristics of the "seborrhoeic" organisms as found in the same "control" and specific series of patients.

It had incidentally been noted that, during Moore's investigations, growths of the *Pityrosporum Ovale* had been obtained, though with difficulty owing to contamination by other organisms and fungi, on media such as Potato Dextrose Agar and Glycerine Agar, the Ph. of which more nearly approached the alkaline side (Potato Dextrose 6.2: Glycerine 7), which appeared nearer akin to the small and active "bottle bacilli" usually found in acute spreading "seborrhoeic" conditions. The difficulty in obtaining a pure culture owing to the multiplicity of concomitant organisms was easily understandable when one considered the well known fact that the optimum Ph. of culture media for pyogenic organisms is about 7.5, and was also interesting and suggestive in view of the secondarily infected nature of moist "seborrhoeic" states.

INVESTIGATION.

Two hundred cases in all, comprising patients of all ages and of both sexes, were investigated, the lines of enquiry being directed as follows.

(1) A short history obtained from the patient, or, in the case of the very young, from parents or relatives, was recorded. Particular reference was made to the presence or absence of previous scalp "dandruff" and of any previous history of diseases particularly affecting the bowel, kidneys, nose and throat or nervous system.

(2) The type and stage of the disease of the skin under consideration was ascertained and described, a detailed account of the eruption and of the areas affected being recorded.

(3) A few simple tests of the central nervous system, as

particularly appertaining to its inter-relation with the vegetative nervous system, were carried out. Thus the triceps, the patellar, the achilles, the abdominal and Leri's reflexes were tested. Results were based on accepted facts, in that sluggishness of triceps, patellar, and achilles, with brisk abdominal reflexes, was said to indicate relative vagotonia, and opposite reactions to indicate relative sympathicotonia (Sachs et al.). Leri's test was said to be generally positive in all except individuals suffering from hypotonia of the entire autonomic system.

(4) The vegetative nervous system was next examined in considerable detail by means of recognised tests as follows, the majority of the reactions being repeated at various intervals to avoid error. (For a detailed description of the more important tests, see appendix B.)

(a) Clinical manifestations: Skin moist or dry, salivation increased, normal or lessened, thyroid normal or abnormal (macroscopically), patient well nourished or thin, the first observation indicating vagotonia and the last sympathicotonia.

(b) Pharmacodynamic tests: Adrenaline-nasal reflex (Muck). A recognised result, indicative of increased tonus of one or other system, was recorded.

(c) Visceral reflexes: Vagotonic: 1. Oculo-cardiac reflex (Aschner). 2. Ruggeri's reflex. 3. Respiratory arrhythmia (Hering). Sympathictonic: 4. Cilio-spinal reflex. 5. Mannkopf's reflex. Mixed: 6. Palatino-cardiac reflexes. Positivity of 1, 2 or 3 indicated vagotonia, and of 4 and 5 sympathicotonia. No. 6, being a "mixed" test, was read as indicative of increased tonus of one or other division in respect of the findings recorded. Several of the more typical examples of abnormality of the oculo-cardiac reflex were represented graphically. (See appendix D.)

(d) Dermal reflexes: 1. Pilomotor reflex. 2. Idiomuscular reflex. 3. Dermographism. Positivity of 2 and 3 indicated vagotonia, while positivity of 1 was indicative of sympathicotonia.

(e) Pupillary reaction: A brisk reaction to light was indicative of vagotonia.

(5) The blood and circulatory system was also examined by means of (a) Charcot's test, (b) bleeding time, (c) coagulation time and (d) blood pressure. As regards (a) a result of over 2-3 seconds was taken as being indicative of relative sympathicotonia. In considering (b) and (c), low normal results and results definitely below normal pointed to sympathicotonia and high normal findings to vagotonia. A raised blood pressure was, in general, taken as indicative of extension of the sympathetic tonus.

(6) The question of sensitisation of the skin to organisms present in an endogenous focus (e.g. teeth, tonsils, bowel and accessory nasal sinuses) as postulated by Percival and

others, was examined by means of skiagrams and direct examination. Wherever possible, washings from sinuses, throat swabs etc. were examined for the presence of significant organisms.

(7) Water excretion was investigated by means of a modification of the simple water dilution test of Volhard, concentration of the urine being ascertained by means of testing of the specific gravity with the urinometer, and, where necessary, by means of "specific gravity beads". The Ph. of the urine was ascertained by means of Universal Indicator (B. D. H.) and was further arbitrarily checked by expression of total acidity in terms of N/10 NaOH. It was found most expedient to determine the reaction by both methods, (a) in the early morning (fasting) specimen, and (b) in two specimens passed during the test. A markedly diminished return of fluid, below 1200 cc., and marked acidity in the initial specimen and throughout the test, was taken as indicative of relative "acidosis" and of sympathicotonia. Substantial return of fluid and relative alkalinity of specimens was taken as being indicative of vagotonia. (The above is given in detail in appendix B.)

(8) Stomach function was examined by means of the fractional test meal, normal limits being taken as 50 (upper) and 30 (lower) in terms of N/10 NaOH. Despite variations dependent upon the pre-existing tonus of the two divisions of the autonomic system, hyperchlorhydria was, in general, taken as being indicative of vagotonia, and subacidity of sympathicotonia.

(9) The bacteriology of the affected areas of the skin, and of any internal foci reported as being or as having recently been of active nature, was carried out by means of direct examination by microscope and, where possible, by cultural methods. A modified Beerwort Agar, prepared after Biourge's recipe, as recorded by Muir and Ritchie, and with a Ph. definitely on the acid side, was used to culture the *Pityrosporum Ovale* from implanted scales obtained from the diseased parts. Glycerine Agar was used to cultivate the *Bacillus Acnes*, and ordinary peptone agar for the cultivation of this and other organisms such as the *Staphylococcus Epidermidis Albus*. Direct preparations were, in general, stained by Gram's method.

(10) Conclusions were set down in each case as based upon the results of the above tests.

The following symbols were used to indicate the results of the various tests.

- N. indicated normal.
- + indicated positive, or above normal.
- ++ indicated strongly positive.
- + - indicated diminished, or below normal.
- indicated negative, or absent.
- + indicated sympathicotonia (Huck's Test).

- indicated vagotonia (Muck's test).
- + indicated vagotonia (Ruggeri's reflex).
- indicated sympathicotonia (Ruggeri's reflex).

The following were the average figures of the reactions and tests as found in normal cases and accepted by the majority of investigators.

A.V. (Actual value of vagal tone) in Aschner's test 10-12.

R.V. (Relative value) in Aschner's test 17-20.

P. (Pre-experimental pulse rate) in Aschner's test 72.

Respiratory Arrhythmia (A.V.) 10-12.

Charcot's test, a few seconds.

Bleeding time, 4 minutes.

Coagulation time, 5 minutes.

The importance of ascertaining the relative value in Aschner's test (oculo-cardiac reflex) was, according to Sachs, due to the necessity for recognition of the importance of the pre-experimental state of vagal or sympathetic tonus referred to both by himself, by Stokes and Pillsbury, and by many other workers in the field of vegetative nervous systemic disease.

Not all of the cases investigated had the full examination carried out. The investigation was commenced early in 1938, and sixty-eight persons, fifty-seven being cases of Seborrhoeic Eczema or Dermatitis, one being a case of Acne Vulgaris, and ten being "control" cases of diseases of the skin other than "seborrhoeides" but closely resembling such conditions, had been fully examined by the end of August, 1939, when enlistment in the Royal Army Medical Corps temporarily suspended research for more than a year. Permission was, however, subsequently obtained to examine typical cases admitted to, or seen at, the Dermatological Department of the Military Hospital, Glasgow, and a further series of one hundred and thirty-two patients was dealt with during 1940 and 1941. Owing to lack of laboratory and side-room facilities, these cases had only the nervous and circulatory tests performed. It was found possible, however, to obtain a fairly clear estimate of the state of the vegetative system from these tests alone. Of this latter series, four cases suffered from Acne Vulgaris, five from Acne Rosacea, and the remaining one hundred and twenty-three from varied "seborrhoeic" conditions of localised and generalised nature.

RESULTS.

The results of the above investigation proved to be fairly conclusive and instructive. They are to be found in tabular form, together with a more detailed account as provided by the case summaries themselves, in appendix C.

CONCLUSIONS.

A careful consideration served to formulate certain obvious conclusions and theories as regards the underlying diathesis in the various manifestations of the "seborrhoeic" state and the apparent influence thereof on the organismal flora associated therewith.

It appeared, in general, fairly conclusive that the acute, moist, and secondarily infected eczematous "seborrhoeide" (Seborrhoeic Eczema of Unna) was associated with a general vagotonia of variable degree, the intensity of which, in some cases at least, appeared directly proportional to the severity and extent of the eruption. Acne Vulgaris appeared from the test results to be likewise associated with general vagotonia, though of milder degree, as might reasonably be expected, given an associated aetiology, in view of its relatively localised and subacute nature. It was further felt that a similar aetiology might be postulated in the case of acneiform eruptions due to external contact with tar derivatives and to the ingestion of iodides and bromides, in view of the well known fact that tar exerts a localised vasodilatory effect upon the skin, that iodides and bromides have a "soothing" effect upon emotional states and that both these actions point to vagal stimulation.

The relatively chronic Seborrhoeic Dermatitis, of which the best examples were the exfoliative and the so-called "petaloid" types (Seborrhoea Circinata Corporis of Duhring, most cases) appeared, on the other hand, to exist in direct association rather with general underlying extension of the sympathetic tonus. Acne Rosacea, at least of the mild or "first degree" type with early hyperaemia and flushing and commencing teleangiectasia, seemed also to fall into this latter group, though it was rather remarkable that the only case of the more marked or "second degree" type with associated acneiform lesions and relatively passive congestive erythema, appeared to conform more to the vegetative picture of vagotonia.

Seborrhoea Oleosa, though noted in what was probably its secondary form on many scalps and bodies, was not seen on one single occasion in an uncomplicated state, and thus could not be studied as a separate entity with reference to vegetative tone. The series of "control" cases appeared to present a relatively labile vegetative tonus most nearly allied to amphotonia.

It thus appeared that the conceptions of Brown and his co-workers with regard to the fact that fully fifty per cent of cases of Seborrhoeic Dermatitis showed relative gastric subacidity while the remaining fifty per cent tended to the opposite extreme, and those of Barber, Semon and Piffard that a relative "acidosis" existed in association with certain "seborrhoeic" conditions, had been somewhat substantiated in the light of autonomic imbalance. The numerous

hypotheses of earlier workers that the various manifestations of this disease depended to some extent on "lowered vitality" and "disturbance of tone" seemed also to have been borne out in a definitely more concrete fashion. Further, the influence as predisposing factors of certain external applications, of temperature changes, of generative stimuli, of the ingestion of various articles of food and drink and of certain drugs appeared to derive a more factual significance if considered from the point of view of their effects as stimulators as one or other set of autonomic nerve fibres. In the same way, modification of the type of eruption by the age and sex of the patient could also be envisaged, though little of this was evident in the series of cases investigated, while another point made by Brown, namely that, in his opinion, chronic dermatoses in general tended to be associated with sub-acidity of the gastric contents, seemed extraordinarily interesting in view of the past findings in Rosacea and the present findings in Seborrhoeic Dermatitis.

The question of the influence of the "soil" afforded by the tissues on the morphology and pathogenicity of the "seborrhoeic" organisms now seemed, in general, also to have been answered. As stated above, it seemed very possible that a state of mild and relative "alkalosis" existed in the vagotonic individual, who, in turn, appeared prone to develop a moist and secondarily infected eruption of localised or generalised nature. It seemed likewise probable that a mild relative "acidosis" obtained in sufferers from the relatively dry and chronic "seborrhoeides". In association with the underlying "alkalosis" there appeared on the skin of the scalp a highly numerous flora, the *Pityrosporum Ovale* in such cases being the small "highly invasive" cell, staining positively with Gram's stain as described by Ota and Huang, and thought to be the parasitic phase by Moore. In such cases, also, the associated organisms (viz. *Staphylococcus Epidermidis Albus* and *Bacillus Acnes*) appeared in relative abundance, with, on numerous occasions, a very marked secondary invasion of the more virulent pyogenic organisms. The reason seemed obviously that of the underlying Ph. of the tissues, since culture media of Ph. 7.5 were known to be most suitable for the cultivation of the ordinary pyogenic bacteria, and media approaching alkalinity had been shown by Moore to have produced a growth of the *Pityrosporum Ovale* most nearly akin to the parasitic type. In the same way, the relatively large size of the spores obtained from scalps and skins showing evidence of chronic dry "seborrhoea", together with the comparative absence of satellite organisms and the complete absence of the "secondary invaders", seemed to point directly to an acid reaction of the tissues, the spores obtained from such skins conforming almost exactly

to the "chlamydo-spores" grown by Moore in such abundance on a highly acid (Ph. 4.8) medium.

The "control" cases, which had, in toto, a much more labile vegetative nervous system, presented a hypothetical intermediate stage in which, on account of a relatively "amphoteric" tissue reaction, the organisms remained, on their site of election the scalp, in a state of saprophytism presenting rather similar morphological appearances to those seen in cases of chronic "seborrhoea", but causing no pathological disturbance of the skin. The "normal subjects" of Templeton and Bingham, who yet had "seborrhoeic organisms" on their scalps and in some cases on their bodies, would appear also to conform to this latter picture.

In view of the above, the conceptions of Unna and Sabouraud as regards an alternating saprophytic and parasitic existence of the "seborrhoeic organisms", and, in particular, of the Pityrosporum, seemed rather completely borne out. It seemed reasonable also, to suppose that the use of Gram's stain might be of considerable importance in estimating the relative pathogenicity of the spores, and that a heightened tone of one or other division of the autonomic system might be to a great extent associated with the severity and tendency to spread of the various eruptions.

The theories with regard to sensitisation of the skin to endogenous bacterial foci and secondary invasion of a pre-existing eruption by the "seborrhoeic organisms" were not borne out by the x-ray and other findings. A few cases only presented evidence of focal sepsis, but the foci were, in general, found to be inactive in the above sense.

The statement made by Stelwagon that the drier forms of "seborrhoeide" occurred generally in children and young adults was not substantiated, while Cranston Low's theory, that a rich scalp blood supply tended to prevent "dandruff" appeared to be, as regards the "oily and infected" type at least, also erroneous.

Avitaminosis of marked degree was not apparent in any of the cases examined.

SUMMARY OF CONCLUSIONS AND INVESTIGATIONS.

The history of the aetiology of the "seborrhoeic states" was considered in detail over the past hundred years.

Two hundred cases, including sufferers from the various forms of skin disease classed usually as "seborrhoeic", and from various diseases in general closely resembling but not thought to be allied to the above, were examined and tested as regards bacteriological findings and basal vegetative tonus in an attempt to further extend the already existing knowledge as to the aetiology of the former conditions.

A general vagotonia is postulated in association with the conditions known as Seborrhoeic Eczema and Acne Vulgaris and it is further felt that a similar aetiological factor

may be postulated in the case of acneiform eruptions due to external contact with tar compounds and to the ingestion of iodides and bromides. A general sympathicotonia is, on the other hand, thought to be associated with cases of Seborrhoeic Dermatitis and of early Rosacea. Later cases of Rosacea are thought to take their place in the former (vagotonic) group.

Relative "alkalosis", occurring in association with extended vagal tone, is thought to be responsible for a comparatively marked pathogenicity of the *Pityrosporum* *Ovale*, and probably also of its satellite organisms, which are likewise usually non-pathogenic. Relative "acidosis", associated with sympathicotonia, is thought to cause a fairly abundant reproduction of large, thick-walled spores which cause a relatively dry and chronic type of eruption, and in which the attendant organisms play little or no part as regards causation.

A labile vegetative nerve tonus is thought to exist in normal individuals and in individuals suffering from other diseases of the skin, producing a truly saprophytic existence of the "seborrhoeic organisms" on their natural habitat, the scalp.

From the series of cases investigated, it is concluded that Seborrhoea Oleosa is rare in its primary form, but that it is certainly very commonly seen in association with the types of condition which have been erroneously named "seborrhoeic", chiefly on account of this association. It is conjectured that this disease is also in some way dependent, whatever its form, on the same factors as apparently influence the production of the "seborrhoeides".

Lastly, a plea is made for the use of staining by means of Gram's method as a pointer to the degree of severity or otherwise of a given "seborrhoeic" condition.

My thanks are due first to my wife, who has rendered invaluable assistance in typing the entire article and in correcting its proofs, and also to Drs. A.D. McLachlan, L. McQueen and W. Martin, for their kindly encouragement and criticism and for permission to pursue investigations in the Skin Departments of the Western Infirmary and of Stobhill Hospital, Glasgow. In addition, I am indebted to Dr. F.E. Reynolds, Pathologist, Stobhill Hospital, for his kindness in affording laboratory facilities, and lastly, to Col. D.F. Mackenzie, D.S.O., late A.D.M.S. Glasgow Area, for permission to carry out simple tests on patients attending at the Skin Department of the Military Hospital, Glasgow.

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APPENDIX A.

BIBLIOGRAPHY.

... (1974) ...
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- STOKES, J.H. and PILLSBURY, D.M. (1930), Arch. of Derm. and Syph., 22, 962.
- SUTTON, R.L. (1935), Diseases of the Skin, Vols. 1 & 2, 9th. edition. London, Kimpton.
- SWETZER, S. and MICHELSON, E. (1920), Arch. of Derm. and Syph., Chicago, 2, 61.
- TEMPLETON, H.J. (1926), Arch. of Derm. and Syph., 14, 270.
- UNNA, P.G. (1893), Volk. Klin. Vortrag. No. 79, (Sept.)
_____ (1894), Brit. Jour. of Derm. and Syph., 6, 25.
(Abstract of above.)
- WILSON, E. (1864), The Students' Book of Cutaneous Medicine, Parts 1 & 2, London, Churchill.
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REFERENCES AND OTHER NOTES

APPENDIX B.

VEGETATIVE AND OTHER TESTS.

Vegetative and other Tests.

A. Pharmacodynamic Tests.

Muck's Test, or the adrenaline nasal reflex, is the most easily performed and important local test, incorporating the use of a drug, of vegetative nerve function.

This worker observed, in sufferers from Bronchial Asthma, a peculiar silvery colouration of the nasal mucosa and further noted that this became more prominent on painting with adrenaline. Further, on irritating the surface by "stroking" with a probe, he noted that, in asthmatic subjects, there appeared numerous "red spots" which tended to remain visible for hours. Relatively pale spots of similar character were noted to appear in sufferers from Migraine.

Asthmatics are, in general, thought to be of vagotonic, and sufferers from Migraine of sympathicotonic mould, and a result of the type found in the former is thus usually taken as indicative of vagotonia, and of the other type as pointing to sympathicotonia.

Normal subjects show "spots" of a light rose colour and of evanescent character.

B. Visceral Reflexes.

Parasympathetic group.

(1) The oculo-cardiac reflex (Aschner) was first noticed by Van Jauregg (cited by Sachs) but was finally fully applied and appreciated by Aschner and Dagnini, who described it simultaneously in 1908. The reflex is produced as a result of pressure on the eyeballs, and its anatomical pathways are stated by Sachs to be still a subject of dispute among workers in this field of medicine. It would appear, however, to be generally accepted by all investigators that the vagus is the efferent pathway, while the most popular conclusion as regards the afferent fibres is that they probably run by way both of the cervical sympathetic and of the fifth cranial nerves.

The technique of the experiment was as follows. The patient, who had, if possible, an empty stomach, to obviate physiological slowing of the pulse, lay flat on his back, while the doctor, seated on his right side, held a stethoscope in position on the apex of the heart with his (the doctor's) right elbow. The middle finger of the doctor's right hand was placed upon the patient's forehead just above the nose, and the fore and third fingers on each eyeball. Pencil, paper, and watch were within reach of the doctor's left hand.

The pre-experimental pulse rate was first noted and pressure was then gently commenced and gradually increased. The pulse rate was noted from the first moment of pressure, which was usually maintained for $1\frac{1}{2}$ minutes, and for a further $\frac{1}{2}$ minute after relaxation of pressure. It was counted, as recommended by Sachs, in periods of 15 seconds each, and was therefore counted in all eight times during

the experiment.

The following rules were used as a basis on which to assess results. (a) There is a latency period, the end of which is reached at normally not more than 15-30 seconds after commencing pressure. Protracted latency indicated sympathicotonia, and curtailed latency vagotonia. (b) The normal vagus response to the test is indicated by retardation of the pulse rate by 10-12 beats per minute. Higher values indicated vagotonia and lower sympathicotonia, but, in order to better assess results by taking into consideration the important pre-experimental tone of the two divisions of the autonomic system, it was, as suggested by Sachs, made a general rule that the relative as well as the absolute value of the reaction should be worked out. The actual reading over the first minute of the test (A.V.) was expressed as a relative value (R.V.) in terms of the pre-experimental pulse rate and of the figure 100 according to Sachs' formula as follows... $R.V. = \frac{A.V. \times 100}{P}$ where P sig-

nifies pre-experimental pulse rate. This figure (R.V.) was stated to be in normal persons usually 17-20, and results exceeding this were accordingly taken as indicating vagotonia, lesser results indicating sympathicotonia. (c) A post-experimental or residual acceleration of the pulse rate, or a complete inversion of the test results were taken as indicative of sympathicotonia.

(2) Ruggeri's reflex, a modification of the above, depended on the fact noted by this worker that voluntary convergence of the eyeballs had a similar effect on the pulse rate as had pressure.

In this test, in order to avoid confusion with the above, figures were not worked out, the result being shown as positive if the A.V. exceeded 12, particularly in the presence of a positive Aschner's reflex, and a sympathicotonic if below 10. Normality was taken at an A.V. of 10-12.

(3) Respiratory Arrhythmia (Hering) consisting in the fact that slow and forced inspiration normally slows the pulse by 10-12 beats per minute, was said by this clinician to be due to medullary vagal control and to show an increased A.V. (and R.V.) in vagotonia. For the same reason as in (2) the R.V. was not here worked out, but, again to simply differentiate between the three tests, the A.V. was recorded.

Sympathetic group.

(4) The cilio-spinal reflex is thought to be due to hyperexcitability of the sympathetic, the superior cervical ganglion being in such cases easy of stimulation by pinching the skin of the neck. The result is pupillary dilatation on the side of stimulation, and this is absent in normal and vagotonic individuals.

(5) Mannkopf's reflex is, like the above, only present in sympathicotonic individuals. It is produced by pinching the skin of the upper arm, and manifests positivity by an in-

crease in the pulse rate.

Mixed group.

(6) The palatino-cardiac reflexes are two in number, (a) acceleration of pulse rate indicating sympathicotonia and (b) retardation indicating vagotonia. The first is produced by pressure on, and the second by rubbing of, the upper palate. Absence of both indicates normality.

C. Dermal Reflexes.

(1) The pilomotor reflex is, if positive, indicative of sympathicotonia. It is produced by gentle scratching of the skin by means of a blunt-pointed instrument, and consists in the appearance of "goose skin" immediately following this. Absence indicates normality or vagotonia.

(2) The idiomuscular reflex (in reality a sensori-motor test but here included because of expedience) consists in a "wave-like" contraction of skeletal muscle fibres occurring in response to a sharp tap on the skin over the muscle. Positivity is stated to indicate vagotonia and absence normality or sympathicotonia.

(3) Dermographism is said to be common in vagotonic persons. Its production and appearance need no description.

D. Other Tests.

Charcot's test, or the experiment of the first drop of blood, was originally described by its discoverer to be a symptom of hysteria. Normally, after the skin has been pricked, this should appear in a few seconds, but, in hysterical persons, a delay of up to 180 seconds has been recorded. A delay of over 2-3 seconds was taken as indicative of relative sympathicotonia and due to vasoconstrictor spasm. Normality indicated amphotonia or vagotonia.

Volhard's water dilution test is carried out by giving 1500 cc. of water on an empty stomach and after emptying the bladder. The patient is then instructed to pass urine half-hourly or hourly until three or four hours have elapsed. All or most of the fluid should, under normal circumstances, be excreted within three hours and the specific gravity of specimens should show wide variation. In the presence of kidney disease some of the fluid may be held up, and variations in specific gravity are generally small.

In the present investigation, this test was used in a modified manner as a simple indication of water excretion in the absence of abnormality of the kidneys. The assessment of the Ph. of specimens was found to be very easily carried out in association with it, both by means of indicator and by expression of total acidity in terms of decinormal soda. The specific gravity was thought to be significant when taken as an average reading over the entire test.

As vagotonia is known to be associated with a relatively normal excretion of fluid due to normality of blood supply to the kidneys, and sympathicotonia to be associated

with decrease thereof owing to deficiency of such supply, a diminished return of water, especially of over 300 cc., was taken, in the absence of renal abnormality, as indicative of sympathicotonia, as also were marked urinary acidity and a relatively high average specific gravity.

Opposite results were, in turn, thought to be suggestive of vagotonia.

APPENDIX C.
TABULATED RESULTS
and
CASE HISTORIES.

Sensori-motor System. Average findings.

	Triceps.	Patellar.	Achilles.	Abdominals.	Leri.	Sensation.
Normal Person.	n. or +-	n.	n.	n. or +-	+	n.
Seb. Eczema.	+ -	+ -	+ -	+ +	+	n.
Seb. Dermatitis.	+	+ or ++	+	+ - or -	+	n. or +
Aene Vulgaris.	-	+ -	+ -	+	+	n.
Aene Rosacea.	+	+ or ++	+	+ -	+	n.
Control Cases.	+ -	+ -	+ -	+ -	+	n.

Vegetative Nervous System.

Average findings.

	Skin.	Salivation.	Thyroid.	Physique.	Muck's Test.	Oculo-cardiac		Reflex. R.V.	Ruggen.	Hering.	Clio-Spinal.	Mannkopf.	Bilating-Cardiac.	Plomotor.	Idio-muscular.	Der-mographism.	Pipillary.
						P.	A.V.										
Normal Person.	n.	n.	n.	n.	n.	72	12	17	n.(10-12)	10-12	-	-	(a) - (b) -	-	Variable.	Variable or -	n.
Seb. Eczema.	Moist.	n. or +	n.	n.	-	60	20	33.3	+	18	-	-	(a) - (b) +	-	+	+	+
Seb. Dermatitis.	Dry.	+ -	n.	Thin.	+	74	12	16	-	12	+	+	(a) + (b) -	+	-	-	+ -
Aene Vulgaris.	Moist.	n. or +	n.	n.	-	66	20	30	+	18	-	-	(a) - (b) +	-	+	+ -	+
Aene Rosacea.	Dry.	+ -	n.	Thin.	+	74	12	16	-	12	+	+	(a) + (b) -	+	-	-	+ -
Control Cases.	Moist or Dry.	Variable.	n.	Variable.	-	72	12	17	+ -	10	-	-	(a) - (b) -	-	+ -	-	n.

Blood and Circulatory System. Average findings.

	Charcot's Test.	Bleeding Time.	Coagulation Time.
Normal Person.	2-3 seconds.	2-5 minutes.	4-5 minutes.
Seb. Eczema.	2-3 seconds.	4-5 minutes.	4-5 minutes.
Seb. Dermatitis.	Over 3 secs.	2-3 minutes.	3-4 minutes.
Aene Vulgaris.	2-3 seconds.	4-5 minutes.	4-5 minutes.
Aene Rosacea.	Over 3 secs.	2-3 minutes.	3-4 minutes.
Control Cases.	2-3 seconds.	4 minutes.	5 minutes.

Kidney Function. Average findings.

	Water excretion.	Ph. of Urine.	Av. Specific Gravity.
Normal Person.	n.	5.5 - 7	Variable. 1003 - 1025 (In Volhard's Test.)
Seb. Eczema.	n.	5.5 - 7.5	1012 and under. (In Volhard's Test.)
Seb. Dermatitis.	+ -	5 - 6.8	1012 and over. (In Volhard's Test.)
Aene Vulgaris.	n.	5.5 - 7.5	1012 and under. (In Volhard's Test.)
Aene Rosacea.	Not studied.	Not studied.	Not studied.
Control Cases.	n.	5.5 - 7	Variable. 1010 - 1015. (In Volhard's Test.)

Stomach Function. Average findings in test meal.

Normal Person.	Variable. (4% may be subacid, 8% hyperacid. (Brown et al.))
Seb. Eczema.	Normal or hyperacid.
Seb. Dermatitis.	Normal or subacid.
Aene Vulgaris.	Hyperacid. (one case only).
Aene Rosacea.	Not studied.
Control Cases.	Variable.

Bacteriology. Average findings.

	Body and Scalp Organisms.	Morphology and Staining of Pityrosporum Ovale.	Cultivation of Pityrosporum Ovale. (Beerwort. Agar)
Normal Person. Bingham, Templeton et al.	Pityrosporum Ovale + - } Scalp Staph. Albus. and E. Albus. + } only. Bacillus Aenes ?	Nil recorded.	Nil recorded.
Seb. Eczema.	Pityrosporum Ovale + + Staph. Albus. E. Albus and Citreus + Bacillus Aenes + - Staph. P. Aureus + -	Small and active type. Gram positive.	Four cultures obtained. (one doubtful)
Seb. Dermatitis.	Pityrosporum Ovale + - Staph. Albus and E. Albus. + + Bacillus Aenes + - or -	Large "resting" type. Gram negative.	Four cultures obtained.
Aene Vulgaris.	Pityrosporum Ovale + Staph. Albus and E. Albus + Bacillus Aenes + or + -	Small and active type. Gram positive.	Nil obtained.
Aene Rosacea.	Not studied.	Not studied.	Not studied.
Control Cases.	Pityrosporum Ovale + - } Scalp Staph. Albus and E. Albus + - } only. Bacillus Aenes usually - 2 cases - foral.	Large "resting" type. Gram negative.	Nil obtained.

CASE 1.

NAME. S-- C--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 5 years.

HISTORY. Patient's skin became affected when she was one and a half years of age. It is stated that "boils" first appeared on the scalp and then on the upper part of the body, while some little time later a generalised eruption, which was very itchy, affected the skin of the arms, legs, scalp and face.

Since then she is said never to have been free of the condition, which clears up under treatment only to relapse again. There is no known history of skin disease in the family, and no member has ever suffered from any of the allergic diseases such as Asthma or Hay Fever.

EXAMINATION. There is an extensive, crusted and confluent dermatitis present on the skin of the face and scalp. The eruption is most marked in the skin folds.

The skin of the trunk is the site of a definite Xero-

ERRATA.

For Ruggieri's read Ruggeri's, and for Mankopff's read Mannkopf's, throughout the case histories in appendix C.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex Difficult to perform. Results doubtful. 2. Ruggieri's Reflex. As 1. 3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins. 3. Coagulation time 5 mins. 4. B.P 105/85.

4. Allergy.

X-Rays of teeth, bowel and sinuses were negative.

CASE 2.

NAME: A-- Y--. DIAGNOSIS: Dermatitis (Seborrhoeic).
AGE: 52 years.
OCCUPATION: Labourer (dustman).

HISTORY: Patient stated that about eight months ago, while working at his usual employment, he found a vial of green liquid, and while examining it, it broke and the contents splashed over his hands and forearms. About seven days later the skin of the right forearm became inflamed and itchy and small blisters appeared, thereon. These broke down and discharged watery material, forming raw areas by their confluence. Some days later a similar eruption appeared on the skin of the left forearm and hands, with similar consequences. After another interval of a few days, the skin of the ears and legs became similarly affected.

Patient further stated that he had never before had any skin trouble of any kind, and that there was as far as he knew, no family history of skin disease. He was in the regular army in 1914 and served during the War in India, Palestine, Egypt, South Africa and France. He had Sand-Fly Fever while in Palestine, but stated that he had never had any other serious illness.

He further stated that he had noticed that starchy foods seemed to aggravate the eruption since its commencement, but that he had never had any stomach trouble of any kind. He had always been troubled with "Dandruff".

EXAMINATION: On examination, a squamous condition was found to be present on the skin of the scalp, the hair being dry and scanty. (Seborrhoea Sicca and Seborrhoeic Alopecia). The skin of the ears was found to be the site of a very scaly and erythematous papular eruption, with much apparently chronic inflammatory thickening, while behind the left ear was a certain degree of fissuring and moist tawny scaling. On the back, between the shoulders, the skin showed a squamous papular patch, while in the left axilla were a number of small "boils". The right axilla was found to be clear of lesions.

On the skin of the lateral borders and anterior surfaces of both forearms were well-defined patches of an originally vesicular nature, the vesicles having ruptured, leaving large raw areas.

Scaly patches were also present on the dorsal surfaces of both hands and in the webs between thumb and forefinger on both sides, while circumscribed raw patches were also present on the buttocks in the region of the natal cleft. The outer surfaces of the left thigh, knee and ankle showed discoid patches of squamous eruption.

The groins and interdigital spaces of the toes were

The groins and interdigital spaces of the toes were clear of lesions, and the nails of the fingers and toes were healthy.

The scaling present was everywhere tawny-yellow in colour, while the symmetry of the eruption generally was rather striking.

The gums were edentulous and appeared healthy.

INVESTIGATION:

1. Sensori-motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Not performed.

C. Visceral Reflexes: Not performed.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System:

1. Charcot's Test. 7 secs. 2. Bleeding Time. 3 mins.

3. Coagulation Time. 3 mins. 4. B.P. 145/95.

4. Allergy: X-Rays of teeth and bowel were negative, but there was some evidence of infection of the left Maxillary Antrum and of the Ethmoidal cells.

5. Kidney Function: Ph. 5.8 (Urinary).

Water Test (Amount given. 1500 cc.
(Amount ret'd. 1380 cc.
(Time. 3 hours.
(Av. Specific Gravity. 1009.

Test abnormal.

6. Stomach Function: Test meal showed a definite Achlorhydria.

7. Bacteriology: Scraping from skin: Smear: Gram's Stain. Pityrosporon of Malassez + -. (Gram negative). Staphylococcus Albus +. Bacillus Acnès + -. Culture: Staphylococcus Albus and Staphylococcus P. Aureus. (Agar).

Scraping from scalp: as above.

Antibiotic showed the presence of Staphylococcus Albus in smear and culture.

CONCLUSIONS: A patchy Seborrhoeic eruption of dry type. The occasional moist areas may be due to sensitisation to toxic products derived from the remote foci in the sinuses. The general diathesis is Sympathicotonic.

CASE 3.

NAME: J-- K--.
AGE: 11 years.
OCCUPATION: Nil.

DIAGNOSIS: Dermatitis. (Seborrhoeic).

HISTORY: On or about July 13th. 1937, patient had a crop of "boils" on neck, arms and buttocks. These were troublesome but cleared up very well. "Dry Dandruff" of two years duration, was present on the scalp.

About August 25th. 1937, that is to say roughly three weeks ago, she suddenly developed a rash on the skin of both forearms. This eruption was of a yellowish red colour and was attended with a certain degree of itch and with much scaling. Subsequently, a very similar eruption appeared on the skin of the neck and face, and the whole has continued without either spread or improvement until the present date.

Patient and her Mother stated that prior to having the "boils" in July, patient had never before had any skin trouble of any kind and that there was no family history of skin disease.

EXAMINATION: On examination, an erythematous-squamous eruption was found to be present on the skin of both forearms, particularly affecting their flexor surfaces and extending from wrist to elbow. The skin of the face showed a similar eruption, affecting the circumoral region, the cheeks, and the forehead particularly. The rash was of a tawny, yellowish red, colour and was very dry.

INVESTIGATION:

1. Sensori-Motor System:

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals +-.
Leri +. Sensn. normal.

2. Vegetative Nervous System:

A. Clinical Manifestations: Skin dry. Salivation + -.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test: Not performed owing to age.

C. Visceral Reflexes: Not performed owing to age.

D. Dermal Reflexes: Not performed owing to age.

E. Pupillary Reaction: Not performed owing to age.

3. Blood and Circulatory System:

Tests were not performed owing to age.

4. Allergy: X-Rays of teeth, bowel and sinuses negative.

5. Kidney Function: Ph. 5. (Urinary).

Water Test (Amount given. 1500 cc.

{ Amount ret'd. 1500 cc.

{ Time. 2½ hours.

{ Av. Specific Gravity. 1008.

Test Abnormal.

6. Stomach Function: Test meal curve was of normal type.

7. Bacteriology: Scraping from scalp: Smear: Gram's Stain. Pityrosporon of Malassez +. (Gram negative). Staphylococcus Albus +. Bacillus Acnes + -. Culture: negative for all except Staphylococcus Albus. (Agar).

Scraping from body: Smear: negative. Culture: Staphylococcus Albus and Staphylococcus P. Aureus. (Agar).

CONCLUSIONS: A very definite and wide-spread Seborrhoeic Dermatitis. The eruption is of the dry type and is associated with a general Sympathicotonia, despite the age of the patient.

CASE 4.

NAME: J-- M--.

DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 15 years.

OCCUPATION. At school.

HISTORY: About two months ago (July 1937) a small itchy red patch appeared on the skin of the left axilla and gradually enlarged, spreading slightly on to the skin of the upper chest, and on to that of the left upper arm on the inner side. This has remained fairly stationary since then, showing no further tendency to spread.

Patient stated that he had never before had any skin trouble of any kind, and that, as far as he knew, there was no family history of skin disease.

His parents stated that he sweated fairly copiously at all times, and that he was of a nervous and "jumpy" disposition. He suffered from nasal catarrh, had had his tonsils and adenoids removed at the age of four years, and had had an operation for intususception at the age of seven months.

EXAMINATION. On examination, the patient was found to be a slimly built but healthy looking boy. There was slight acrocyanosis of the skin of the hands and feet, and some sweating was going on. In the left axillary region was a single reddish patch with marginate scaling of a tawny yellow colour. A few scattered reddish papular lesions were present on the skin of the left anterior axillary fold. The skin of the remainder of the body and limbs was found to be clear of lesions. One bad tooth was present. There was a mild degree of Pityriasis Oleosa Capitis.

INVESTIGATION:

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -. Abdominals +. Leri +. Sensn. +.

2. Vegetative Nervous System.

A: Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Slim.

B. Pharmacodynamic Tests: Not performed owing to age.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 70. A.V. 20. R.V. 28. 2. Ruggieri's Reflex +.

3. Respiratory. Arrhythmia. 20. Sympathicotonic. 4. Cilio-Spinal Reflex. -. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes. (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. IdiOMUXULAR Reflex + -. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System:

1. Charcot's Test. 2 secs. 2. Bleeding Time. 4 mins.

3. Coagulation Time. 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of teeth shows dental root sepsis in one premolar.
X-Rays of bowel and sinuses negative.

5. Kidney Function.

Ph. 6.5. (Urinary).

Water Test (Amount given. 1500 cc.
(Amount retd. 1490 cc.
(Time. 2½ hours.
(Av. Specific Gravity. 1010.

Test Normal.

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp: Smear: Gram's Stain. Pityrosporon of
Malassez +. (Gram negative). Staphylococcus Albus +.
Culture -. Scraping from skin
Scraping from body: Smear: Staphylococcus Albus +.
Culture: Staphylococcus Albus. (Agar).

CONCLUSIONS. A dry seborrhoeide which is associated with
a mild but definite general Vagotonia. This is a definitely
unusual finding. The history given may be somewhat in-
accurate.

CASE 5.

NAME: H. Q.--.

DIAGNOSIS: Seborrhoeic Eczema.

AGE: 32 years.

OCCUPATION: Shop Assistant.

HISTORY: Patient had, eight years ago, a reddish rash on scalp, face, and neck which was moist and scaling. Six years later she had a similar though much milder attack. She had always been troubled with "dandruff".

On the present occasion, about three weeks before admission, she felt very tired and unwell and also noticed that her dandruff appeared to be becoming more severe. Despite treatment by her doctor, the condition grew worse and spread, becoming moist in addition. No generalised spread took place, but chest, and cheeks were slightly affected.

EXAMINATION: At the anterior hair margin a reddish yellow, tawny, eruption was found to be present, with much thick yellowish greasy scaling. Patches showing similar characteristics were found to be present on the cheeks, sternal, and intrascapular regions.

Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION:

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -. Abdominals++.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test (Adrenaline-Nasal Reflex) -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex+.

3. Respiratory Arrhythmia. 18. Sympathicotonic. 4. Cilio-Spinal Reflex.-. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes. (a)-, (b)+.

D. Dermal Reflexes: 1. Pilo-Motor Reflexes-. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System:

1. Charcot's Test. 3secs. 2. Bleeding Time 4 mins.

3. Coagulation Time. 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of teeth, bowel and sinuses were negative.

5. Kidney Function.

Ph. 6.5. (Urinary).

Water Test (Amount given 1500 cc.
(Amount ret'd. 1500 cc.
(Time. 2½ hours.

(Av. Specific Gravity. 1003.

Test Normal.

6. Stomach Function.

Test meal showed slight hyperacidity.

7. Bacteriology.

Scraping from scalp: Smear: Gram's Stain. Pityrosporon of Malassez +. (Gram positive, cells smaller than usual.) Staphylococcus Albus +. Bacillus Acnæs +. Culture: Pityrosporon grew. (Beerwert Agar.) Staphylococcus Albus (Agar). Scraping from body: Smear: Staphylococcus Albus +. Culture: Staphylococcus Albus +. (Agar).

CONCLUSIONS. A moist Seborrhoeide which is associated with a definite general Vagotonia.

CASE 6.

NAME: J--. T--. DIAGNOSIS: Dermatitis (Seborrhoeic).
AGE: 60 years.
OCCUPATION: Housewife.

HISTORY. In October, 1937, patient noticed a rash on the skin of the back of the neck. This was very itchy and soon began to become moist. The entire scalp became involved and the hair began to fall in large quantities. Red patches then began to appear on the forehead and on the cheeks.

This state of affairs persisted with remission and relapse until February, 1938, when a patch of eruption, similar to the above, appeared on the skin of the back of the left forearm and commenced to spread.

EXAMINATION. On examination, the skin of the scalp, forehead, cheeks and ears was found to be the site of an erythematous and squamous eruption of fairly dry nature. A moist eczematous condition was present on that of the post-auricular folds. The skin of the left forearm and of the sternal and interscapular regions was the site of an eruption similar to that present on the scalp and face.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +. Abdominals -.
Leri +. Sensn. +.

2. Vegetative Nervous System.

A: Clinical Manifestations: Skin dry. Salivation + -.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 74. A.V. 12. R.V. 16. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia. 12. Sympathicotonic. 4. Cilio-Spinal Reflex+. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes. (a)+, (b)-.

D. Dermal Reflexes: 1. Pilo-Motor Reflex+. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test. 6 secs. 2. Bleeding Time. 3 mins.

3. Coagulation Time. 3 mins. 4. B.P. 145/100.

4. Allergy.

X-Rays of teeth, bowel and sinuses negative.

5. Kidney Function.

Ph. 5. (Urinary).

Water Test (Amount given. 1500 cc.

(Amount ret'd. 1050. cc.

(Time. 2½ hours.

(Av. Specific Gravity. 1003.

Test Abnormal.

6. Stomach Function.

Test meal shows Achlorhydria.

7. Bacteriology.

Scraping from scalp: Smear: Gram's Stain. Pityrosporon of Malassez +. (Gram negative). Staphylococcus Albus +.

Culture: Staphylococcus Albus +. (Agar).

Scraping from body: Smear: Staphylococcus Albus +.

Pityrosporon of Malassez + -. Culture: Staphylococcus Albus. (Agar).

CONCLUSIONS. A dry seborrhoeide which is associated with a definite Sympathicotonia.

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CASE 7.

NAME. T-- D--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 32 years.

OCCUPATION. Labourer.

HISTORY. Patient had noticed a great deal of scaliness of the scalp over the past three or four years.

Some weeks prior to admission a sudden general eruption appeared on all areas of the skin of the body. The eruption was of a reddish and tawny colour, with vesiculation and scaling.

EXAMINATION. A generalised erythematous and squamous eczematous eruption was present. The scaling was yellowish and greasy. The folds were particularly affected and Pityriasis Oleosa Capitis was marked.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominal+ Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test. -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 58. A.V. 22. R.V. 38. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. Palatino-Cardiac (a)-, (b)+.

D. Dermal Reflexes: 1. Pilo-Motor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test. 2.secs. 2. Bleeding Time 4 mins.

3. Coagulation Time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of bowel and sinuses were negative.

5. Kidney Function.

Ph. 7. (Urinary)

Water Test (Amount given 1500 cc.

(Amount retd. 1490.cc.

(Time 2½ hours.

(Av. Specific Gravity. 1005.

Test Normal.

6. Stomach Function.

Test meal showed marked hyperacidity.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain Pityrosporon of Malassez + +. (Gram positive: cells small). Staphylococcus Albus +. Bacillus Acnès + -. Culture. Staphylococcus Albus +.

Scraping from body. Smear. Staphylococcus Albus. +.
Pityrosporon of Malassez + -. Culture. Staphylococcus
Albus (Agar).

CONCLUSIONS. A moist seborrhoeide with a coincident and
rather marked general Vagotonia.

On the skin a generalized papular and scaly eruption was
noticed, which was generally present on the body and limbs.
The eruption was characterized by a chronic and recurrent
course, and was accompanied in places with yellowish-brown
crusts.

In the course of the disease the patient was treated with
various remedies, which were generally unavailing. The
eruption was accompanied by a chronic and recurrent course,
and was accompanied in places with yellowish-brown crusts.
The patient was treated with various remedies, which were
generally unavailing.

REFERENCES:

- 1. *Journal of the American Medical Association*, 1914, 53, 1000.
- 2. *Journal of the American Medical Association*, 1914, 53, 1000.
- 3. *Journal of the American Medical Association*, 1914, 53, 1000.
- 4. *Journal of the American Medical Association*, 1914, 53, 1000.
- 5. *Journal of the American Medical Association*, 1914, 53, 1000.
- 6. *Journal of the American Medical Association*, 1914, 53, 1000.
- 7. *Journal of the American Medical Association*, 1914, 53, 1000.
- 8. *Journal of the American Medical Association*, 1914, 53, 1000.
- 9. *Journal of the American Medical Association*, 1914, 53, 1000.
- 10. *Journal of the American Medical Association*, 1914, 53, 1000.

CASE 8.

NAME. A-- R--.

DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 68 years.

OCCUPATION. Blacksmith.

HISTORY. Eight weeks ago the skin of the wrists and ankles felt itchy and became red in colour. A spread then took place to the forearms, legs, and to the body generally, the eruption being composed of small bright red "lumpy" lesions. The skin of the scalp became irritated, red, and moist, with prolific scaling at about the same time.

There was a previous history of "eczema" in 1900, and of a red and "weeping" eruption on the hands in 1934, which was at the time attributed to handling ivy, and which has occasionally recurred on the wrists. "Dandruff" has always been present.

EXAMINATION. A generalised papular and scaly eruption with erythema was generally present on the body and limbs. The scalp showed a subacute Seborrhoeic eruption. The ears were moist and covered in places with yellowish greasy scales.

Seborrhoeic or Senile Warts were scattered over the skin of the back, which was generally atrophic, showed teleangiectasis, and was the site of a certain degree of brownish follicular pigmentation. Pigmentation was also present on the skin of the arms, legs, and of the sacral region.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +. Abdominals* + -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 75. A.V. 10. R.V. 13. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilo-Motor Reflex +. Idiomuscular Reflex -. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test. 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 150/100.

4. Allergy.

X-Rays of bowel and sinuses were negative.

5. Kidney Function.

Ph. 5. (Urinary).

Water Test (Amount given. 1500 cc.
(Amount ret'd. 1290 cc.
(Time 2 hours.
(Av. Specific Gravity 1003.

Test Abnormal.

6. Stomach Function.

Test meal showed marked Achlorhydria.

7. Bacteriology.

Scraping from scalp: Smear. Gram's Stain. Pityrosporon of Malassez +. (Gram negative). Staphylococcus Albus +. Bacillus Acnes + -. Culture. Staphylococcus Albus. (Agar). Scraping from body: Smear and culture gave finding analogous to the above except that Pityrosporon of Malassez was only doubtfully present.

CONCLUSIONS. A dry and widespread **Seborrhoeide**. The associated diathesis is markedly Sympathicotonic.

CASE 9.

NAME. J-- W--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 39 years.

OCCUPATION. Brass Moulder.

HISTORY. Twelve days ago patient noticed itch on the skin of the chin and severe itch on the scrotal skin. Subsequently a haemorrhagic rash appeared on the skin of the upper third of each leg and a diffuse erythematous blush on the skin of the chest, back and arms. The latter areas later became scaly.

EXAMINATION. An Erythemato-squamous eruption was present on the skin of the face, ears, and neck, the upper part of the chest and the anterior axillary folds. There was a punctate papular eruption present on the skin of the upper thirds of both lower legs, and on the palms of the hands and soles of the feet. An erythemato-squamous eruption, similar to that on the above sites, was present on the skin of the external surfaces of the forearms and of the folds of the groins. The eruption was of dry nature.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Leri +. Sensn. normal. Abdominals +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. Idiomuscular Reflex +. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of teeth, Bowel and sinuses were negative.

5. Kidney Function.

Ph. 7. (Urinary)

Water Test (Amount given 1500 cc.

(Amount ret'd. 1560. cc.

(Time 2½ hours.

(Av. Specific gravity 1006.

Test normal.

6. Stomach Function.

6. Stomach Function.

Test meal showed a marked hyperchlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Gram positive). Staphylococcus Albus +. Bacillus Acnes + -. Culture. Staphylococcus Albus only. (Agar). 8

Scraping from body. Smear. Staphylococcus Albus +. Culture. Staphylococcus grew.

CONCLUSIONS. A widespread seborrhoeide associated with a general Vagotonia. Five days after admission the condition suddenly became vesicular and moist, especially in the folds. This seemed more in keeping with the diathesis as evidenced by the tests carried out.

Case 10.

NAME. J-- J--.

DIAGNOSIS? Dermatitis (Seborrhoic)

AGE. 28 years.

OCCUPATION. Sheet Iron Worker.

HISTORY. Patient noticed an erythematous patch on the anterior aspect of the right thigh and also on the lower third of the right leg. This patch quickly became moist and oozing. Thereafter a papular eruption appeared on the skin of the entire surface of the body, the papules becoming vesicular and then rupturing to discharge their contents. The entire skin surface then became exfoliated.

EXAMINATION. A generalised exfoliative dermatitis was present. The hairy scalp showed a powdery scaling of the type of Seborrhoea Sicca. There was a little crusting on the skin of the ears and cheeks.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A: Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B: Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 70. A.V. 13. R.V. 18.5. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a) +, (b) -.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. Dermographism -.

E. Pupillary Reaction: Light Reflex + - (sluggish).

3. Blood and circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 130/90.

4. Allergy.

X-Rays of bowel and sinuses were negative and the teeth were very careous.

5. Kidney Function.

Ph. 5. (Urinary).

Water Test (Amount given 1500 cc.

(Amount ret'd. 1200 cc.

(Time 3 hours.

(Av. Specific gravity 1005.

Test Abnormal.

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. Staphylococcus Albus + -. Culture. Staphylococcus Albus (poor growth). (Agar). Scraping from skin. Smear. Pityrosporon of Malassez + -. Staphylococcus Albus + -. Culture negative. Spores of large type.

CONCLUSIONS. A widespread dry seborrhoeide. Diathesis tends to be, Sympathicotonic but is somewhat doubtful. The age of the patient may be a modifying factor.

CASE 11.

NAME. A--F--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 13 years.

OCCUPATION. At school.

HISTORY. Commencing two years ago as a red spot on either temple,, patient has been suffering from a moist, greasy, and scaly eruption involving the skin of the scalp with lately an involvement of the face and body. The eruption has shown remission and relapse.

EXAMINATION. Patient had several careous teeth and the tonsils were enlarged. There was an extensive eruption of a greasy, scaly, and tawny yellow erythematous character affecting the skin of the scalp and face especially that of the temples and cheeks. There were many fissures on the post auricular skin. The skin of the back, chest, and shoulders was also involved, but at these sites the eruption was of a drier character and some patches were circinate in outline.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.
P. 58. A.V. 20. R.V. 34. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia. 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. Idiomuscular +.
Dermographism +.

Pupillary Reaction: Light Reflex +.

3. Blood and circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 108/70.

4. Allergy.

X-Rays of bowel and sinuses were negative. There were some careous teeth.

5. Kidney Function.

Ph. 7.8 (Urinary).

Water Test { Amount given 1500 cc.

{ Amount ret'd. 1440 cc.

{ Time 3 hours.

{ Av. Specific gravity 1001.

Test normal.

6. Stomach Function.

6. Stomach Function.

Test meal showed marked hyperchlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram & S Stain. Pityrosporon of Malassez +. Staphylococcus Albus +. Bacillus Acnes +-. Culture. Staphylococcus Albus. (Agar).

Scraping from body. Smear. Pityrosporon of Malassez + -. (Gram positive.). Staphylococcus Albus +. Culture. Staphylococcus Albus. (Agar).

CONCLUSIONS. A moist seborrhoeide with an associated and fairly marked general Vagotonia.

CASE 12.

NAME. J-- M--. DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 59 years.

OCCUPATION. Driller.

HISTORY. Patient had been suffering from recurrent "boils" for the past four years. For the past seven weeks he had been troubled with "itch and redness" of the scalp, together with superficial scaling.

EXAMINATION. On examination, the skin of the scalp and forehead and of the posterior auricular folds showed an erythematous, papular and squamous eruption, fissures being also present on the posterior auricular areas. Numerous "boils" were present on the skin of the face and neck.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.

Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 12. R.V. 16. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-

Spinal Reflex + -. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular

Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 140/100.

4. Allergy.

X-Rays of teeth, bowel and sinuses were negative.

5. Kidney Function.

Ph. 6. (Urinary).

Water Test { Amount given 1500 cc.
{ Amount retd. 1080 cc.
{ Time 3 hours.
{ Av. Spec. Gravity 1012.

Test abnormal.

6. Stomach Function.

Test meal showed a fairly normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and poorly stained.)

Staphylococcus Albus +. Staphylococcus P. Aureus + -.
Culture. Staphylococcus Albus. (Agar).
Scraping from face: Smear. Staphylococcus Albus.
Culture -.

CONCLUSIONS. A dry seborrhoeide complicated by the
presence of pyogenic infection of follicles. A general,
though mild, Sympathicotonia was present.

CASE 13.

NAME. D-- G--.

DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 20 years.

OCCUPATION. Motor Driver.

HISTORY. Three months ago, isolated reddish pimples appeared on the skin of the left cheek, increasing in number to form confluent red blotches. A spread took place to the entire skin of the face and the scalp became very dry and scaly. Despite treatment, the skin of the neck, back, right axilla and limbs became subsequently involved. "Dry Dandruff" had been present for about two years prior to the above occurrence.

EXAMINATION. The skin lesion consisted of a diffuse erythematous-squamous condition which covered the body in its entire surface except that of the left upper arm and shoulder, and the lower half of the body beneath the level of the umbilicus. The scalp was reddened and scaly as also were the eyebrows. There was marked redness and scaling behind the left ear. Circinate patches were present at the anterior hair margin, and on the back between the scapulae. On the whole, the eruption was markedly dry in character. The tonsils were unhealthy and the teeth careous.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles + -.

Abdominals -. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 78. A.V. 10. R.V. 13. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 11. Sympathicotonic. 4. Cilio-

Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-

Cardiac Reflexes (a) - (b) ++.

D. Dermal Reflexes: 1. Pilomotor Reflex +. Idiomuscular -.

Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 125/90.

4. Allergy.

X-Rays of teeth, bowel and sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1200 cc.
(Time 3 hours.
(Av. Specific gravity 1008.

Test Abnormal.

<u>Titration</u>	7 a.m.	25.5 cc.	N/10 NaOH.	Ph. 5.9 (Acid).
	9 a.m.	18 cc.	do.	Ph. 5.5 (Acid).
	10 a.m.	16 cc.	do.	Ph. 6.5 (Acid).
				(B.D.H. Indicator).

6. Stomach Function.

Test meal showed a fairly normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez.+. (Gram negative). Staphylococcus Albus + -. Bacillus Acnès + -. Culture. Staphylococcus Albus. (Agar). Scraping from body. Smear and culture gave results identical with above though fewer spores were found.

CONCLUSIONS. A dry and widespread seborrhoeide of almost exfoliative type. There is an associated Sympathicotonia of marked degree.

Case 14.

NAME. W-- S--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 20 years.

OCCUPATION. Miner.

HISTORY. About one month after sustaining a wound on the scalp, patient, while combing his hair one evening, "removed some scabs" and the area became raw and exudative. A spread of this moist condition took place until the entire scalp had become involved, and a further extension soon followed, to the skin of the right ear, and to that of the neck. Later a similar eruption appeared on the skin of the wrists and ankles.

There is a history of his having had "Impetigo" of the chin about one year prior to the commencement of the above condition. "Oily dandruff" had been present for about three years prior to the above.

EXAMINATION. There was present on the skin of the face, scalp, neck, inner aspects of the groins and lower thirds of the legs a moist vesiculo-squamous and erythematous eruption.

A bright red erythematous-papular eruption was present on the skin of the distal thirds of the forearms and of the dorsal surfaces of the hands. Slightly pigmented patches of healing erythematous and squamous nature were present on the skin of the chest and abdomen. The skin of the back was singularly free from involvement.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.

Abdominals +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C: Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)*.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of teeth and bowel negative. X-Rays of sinuses showed Maxillary Antral opacity probably due to previous disease.

5. Kidney Function.

Water Test { Amount given 1500 cc.
 { Amount ret'd. 1500 cc.
 { Time 2½ hours.
 { Av. Specific gravity 1010.

Test Normal.

<u>Titration</u>	7a.m. 20cc. N/10 NaOH.	Ph. 5.5 (Acid).
	9a.m. 2.4cc. do.	Ph. 7.5 (Alk.).
	10a.m. 2.4cc. do.	Ph. 7.5 (Alk.).
		(B.D.H. Indicator).

6. Stomach Function.

Test meal showed hyperchlorhydria (+). Some mucus, yeast cells, and Lactic Acid present.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + +. (Cells small and tend to retain Gram's Stain).
Staphylococcus Albus + +. Bacillus Acnæ + -. Culture.
Staphylococcus Albus. (Agar).
Scraping from body. Smear. Pityrosporon of Malassez + -.
Staphylococcus Albus + +. Culture. Staphylococcus Albus.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia of fairly marked degree.

CASE 15.

NAME. E-- B--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 34 years.
OCCUPATION. Housewife.

HISTORY. Patient complained of a dry and scaly condition of the skin, generalised in nature, recurring every Spring since the age of six years, and subsiding by the beginning of Summer.

Four years ago, following childbirth, she had a very severe attack of the condition, the face being involved, an unusual occurrence.

About three weeks ago a recurrence took place, commencing on the anterior aspects of both knees and spreading gradually to involve the entire surfaces of the trunk, limbs, head and face.

EXAMINATION. A generalised erythematous-squamous eruption was present on the body, limbs and face. The scalp and eyebrows were in a dry and scaly condition. The eruption was in general of an exfoliative and dry type. There were many posterior auricular fissures. The jaws were edentulous and the tonsils were normal.

INVESTIGATIONS.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Abdominals -. Achilles +. Sensn. +. Leri +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex. P. 80. A.V. 10. R.V. 12.5. (Residual Accn.). 2. Ruggieri's Reflex -. 3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. Idi muscular Reflex -. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test. 8 secs. 2. Bleeding time 3 mins. 3. Coagulation time 3 mins. 4. B.P. 135/90.

4. Allergy.

X-Rays of teeth, bowel and sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 660 cc.
(Av. Specific gravity 1006.
(Time 3 hours.

Test Abnormal.

<u>Titration</u>	7 a.m.	20 cc.	N/10 NaOH.	Ph. 5.5 (Acid).
	9 a.m.	4 cc.	N/10 NaOH.	Ph. 6.5 (Acid).
	10 a.m.	8 cc.	N/10 NaOH.	Ph. 6.5 (Acid).

6. Stomach Function.

Test meal showed high total acidity and free HCl in fasting juice. The remainder of the curve was fairly normal.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez. + -. (cells large. Gram negative). Staphylococcus Albus + -. Bacillus Acnés + -. Culture. Staphylococcus Albus. (Agar).

Scraping from body. Smear. Pityrosporon of Malassez + -. Staphylococcus Albus + -. Culture. Staphylococcus Albus.

CONCLUSIONS. A dry seborrhoeide of almost exfoliative nature. There was an associated general Sympathicotonia of very marked degree.

CASE 16.

NAME. D-- G--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 20 years.
OCCUPATION. Motor Driver.

HISTORY. Three months ago, a few red "spots" appeared on the skin of the left cheek, increased in number, coalesced, and became red blotches. The other cheek and the skin of the forehead next became involved and the scalp was noticed to be becoming very scaly and red. The skin of the neck next became involved and finally that of the back of the trunk and of both aspects of the forearms. The front of the chest and the right axilla, especially the anterior fold, had been the site of an eruption for many months. "Dry Dandruff" had been present for at least three years.

EXAMINATION. Patient was a well nourished young man whose skin was involved in a diffuse erythematous-squamous eruption over the entire upper half of the trunk, the scalp, and the forearms. The right axilla and anterior fold had also become affected. The erythema was of a tawny hue and the scales were yellowish but dry. The involvement of the back, between the scapulae, took the form of a large scaly and circinate patch. Many of the lesions on the forearms were of circinate outline.

The skin of the remainder of the body and limbs was healthy. The tonsils appeared to be infected and there were some carious teeth.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 75. A.V. 11. R.V. 15. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular-- Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 125/90.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test

(Amount given 1500 cc.
(Amount ret'd. 1080 cc.
(Time 3 hours.
(Av, Specific Gravity 1008.

Test abnormal.

Titration

7 a.m.	25.5 cc.	N/10 NaOH.	Ph. 5. (Acid).
9 a.m.	2 cc.	N/10 NaOH.	Ph. 7.8 (Alk.).
10 a.m.	5 cc.	N/10 NaOH.	Ph. 6.8 (Acid).

6. Stomach Function.

Test meal showed a curve of a fairly normal type.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. Staphylococcus Albus + -. Bacillus Acnes +-. Culture. Staphylococcus Albus. (Agar).

Scraping from body. Results obtained were identical with above. Spores of Malassez were of the large and Gram-negative type.

CONCLUSIONS. A dry seborrhoeide of circinate type with an associated Sympathicotonia of fairly marked nature.

CASE 17.

NAME. A-- W--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 17 years.

OCCUPATION: Shop Assistant. (Fishmonger).

HISTORY. Commencing in September, 1938, patient noticed a "scurfy" condition appearing about her forehead. The skin soon became reddened, itchy, and "hot." The scalp and ears next became similarly involved, and finally the skin of the neck became included in the disease process. The eruption had lately tended to spread to the front of the chest, and to the skin of the back between the shoulders. On the whole, it had been of a dry nature on these areas.

Her father, sister, and one brother had been troubled with similar conditions to the above at various times. "Oily Dandruff" had been present for about six months.

EXAMINATION. Patient had enlarged tonsils. Her teeth appeared to be in good condition. The skin of the neck and forehead was erythematous and scaly, some few moist, yellow, and greasy crusts being present and the desquamation being of a yellowish and greasy character. A dry erythematous-squamous eruption was present on the chest and back, and on the anticubital fossae. The posterior auricular folds were the site of an erythematous and oedematous condition. The skin of the remainder of the body and limbs was healthy, even on the flexures. Pityriasis Oleosa Capitis was mildly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.

Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.

Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of sinuses were negative. The tonsils were enlarged and infected.

5. Kidney Function.

Water Test { Amount given 1500 cc.
 { Amount retd. 1500 cc.
 { Time 3 hours.
 { Av. Specific Gravity 1008.

Test normal.

Titration.

7 a.m.	22 cc.	N/10 NaOH	Ph. 5.9 (acid).
9 a.m.	1.6 cc.	N/10 NaOH	Ph. 7.5 (Alk.).
10 a.m.	1.2 cc.	N/10 NaOH	Ph. 8 (Alk.).

6. Stomach Function.

Test meal showed a hyperacidity with swift fall to normal after one hour.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. Staphylococcus Epidermidis Albus +. Bacillus Acntis + -. Culture. Staphylococcus E. Albus. (Agar).

Scraping from body. Smear. Pityrosporon of Malassez and Staphylococcus E. Albus + -. (Spores from both areas were of the small type.) Culture. Staphylococcus E. Albus. (Agar).

CONCLUSIONS. A subsiding seborrhoeide of the moist type. with an associated general Vagotonia.

CASE 18.

NAME. J-- H--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 13 years.

OCCUPATION. At School.

HISTORY. In May, 1938, Patient noticed a few small "lumps" on his scalp. The entire scalp quickly became moist and crusted, and a spread took place to the glabrous skin of the ears. Treatment by his doctor settled the condition, however, as it did with a mild recurrence in July.

In September, a further outbreak suddenly took place, small "pimples" appearing on the skin of the face and neck in addition, becoming vesicular, and finally crusted and moist. Subsequently a reddish, "lumpy" rash appeared on the entire skin of the body. There was slight itch. The condition has since persisted with remission and relapse.

EXAMINATION. On examination, the scalp was found to be in an eczematised state, greasy yellowish scaling, moist areas, and a fair degree of thick yellowish crusting being present. The nape of the neck was similarly affected, as also were the flexures and ears. A reddish, blotchy, urticating eruption was present on the trunk, and papular and scaly lesions, somewhat lichenified, on the arms and legs.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +-.
Abdominals +. Sensn. normal. Leri +.

2. Vegetative Nervous System.

A. Clinical Manifestations:

Skin moist. Salivation normal.

Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

c. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 58. A.V. 24. R.V. 41. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 22. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of teeth and sinuses were negative. Tonsils were slightly enlarged.

5. Kidney Function.

5. Kidney Function.

Water Test { Amount given 1500. cc.
 { Amount ret'd. 1320 cc.
 { Time 3 hours.

Test Normal.

Titration

6 a.m.	28 cc.	N/10 NaOH	Ph. 5.6 (Acid).
8 a.m.	1 cc.	N/10 NaOH	Ph. 8 (Alk.).
9 a.m.	1.6 cc.	N/10 NaOH	Ph. 8. (Alk.).

6. Stomach Function.

Test meal showed slight hyperacidity.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez+. Staphylococcus E. Albus +. Bacillus Acnès + -. (The spores were of the small type and showed a tendency to retain Gram's Stain). Culture. Staphylococcus E. Albus. (Agar).

Scraping from body. Smear. Pityrosporon of Malassez + -. Staphylococcus E. Albus +. Culture. Staphylococcus E. Albus. (Agar).

CONCLUSIONS. A very acute and moist seborrhoeide, part of the eruption being urticarial in nature. There was an associated general Vagotonia of very marked degree.

CASE 19.

NAME. J--- M---. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 41 years.
OCCUPATION. Labourer.

HISTORY. Two months ago patient began to notice a degree of itch on the eyebrows and small vesicles appeared thereon, which broke down to leave crusting. The skin around and between the eyebrows gradually became itchy, raised, oedematous and inflamed, with a degree of weeping and crusting. According to his own story, the eye next became involved and the lashes were shed. Finally the upper lip and beard region became involved and the scrotal skin became similarly affected. There is a lengthy history of skin trouble similar to the above, commencing at the age of nine years. The last recurrence prior to the present one began as a result of an acute middle ear suppuration and discharge of pus.

EXAMINATION. Extending for about $1\frac{1}{2}$ " above and beyond the eyebrows there was an area of eczematised skin with weeping and crusting superimposed thereon. There was a subacute folliculitis and infective eczema of either cheek and the moustache area. There was a mild erythema of the scrotal area, but no actual folliculitis was present.

There was a marked Blepharitis Marginalis of long standing and pustular nature, and a mild conjunctivitis was present. The scalp was healthy.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +-. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 65. A.V. 18. R.V. 28. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 125/85.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1380 cc.
(Time 3 hours.
(Av. Specific Gravity 1010.

Test Normal.

Titration

7 a.m.	26 cc.	N/10	NaOH	Ph.	5 (Acid).
9 a.m.	2 cc.	N/10	NaOH	Ph.	7.5 (Alk.).
110 a.m.	2 cc.	N/10	NaOH	Ph.	7.5 (Alk.).

(B.D.H. Indicator).

6. Stomach Function.

Test meal showed a slight Achlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. Staphylococcus E. Albus +. Staphylococcus P. Aureus +. Culture. Staphylococcus P. Aureus and Staphylococcus E. Albus. (Agar).

Scraping from body. Results were identical with above.

CONCLUSIONS. A moist seborrhoeide of the Sycosiform type with superadded pyococcal infection from a chronic focus seated in the margins of the eyelids. The accompanying diathesis is not clearly defined, but is predominantly of the Vagal type. There is a possibility of modification of diathesis by the age of the patient.

CASE 20.

NAME. J--- S---.

DIAGNOSIS. Acne Vulgaris.

AGE. 22 years.

OCCUPATION. Labourer.

HISTORY. The patient had suffered from "dandruff" for a number of years, but seven weeks ago he noticed that the scaling had become worse and that a dry "scurfy" condition of the skin of the upper lip and chin was present. He stated that from time to time he had been troubled with "crops of boils" and that he noticed "blackheads" on the skin on occasion.

EXAMINATION. The skin was generally greasy. The scalp showed a degree of slightly greasy scaling. Mildly erythematous-squamous areas were present on the cheeks and chin. Acne papules were scattered over the skin of the chest and back and there were many scars which have followed deep pustular acneiform and perifollicular lesions.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.

Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 66. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

<u>Water Test</u>	(Amount given	1500 cc.
	(Amount retd.	1140 cc.
	(Time	3 hours.
	(Av. Specific Gravity	1006.

Test normal.

Titration

5 a.m.	24 cc.	N/10 NaOH	Ph. 5.6 (Acid).
7 a.m.	2.4 cc.	N/10 NaOH	Ph. 7.5 (Alk.).
8 a.m.	2 cc.	N/10 NaOH	Ph. 7.5 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed slight hyperacidity.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + +. Staphylococcus E. Albus +. Bacillus Acn@s +. (The spores are of the small type and tend to retain Gram's Stain.). Culture. Staphylococcus E. Albus (Agar).

Scraping from body. Smear and culture. Results obtained were identical with above except that the spores were only scantily present in the smear.

CONCLUSIONS. A mild Acne Vulgaris with associated Pityriasis Oleosa Capitis and a seborrhoeic eczematous condition, also of mild degree. There was an associated general Vagotonia.

CASE 21.

NAME. A-- T--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 45 years.

OCCUPATION. Traveller.

HISTORY. Patient stated that a small "boil" appeared on the crown of the head some two months ago. Despite local applications this did not heal and the skin of the scalp round it was noticed to be becoming scaly and lumpy. A few days later the entire scalp the entire scalp suddenly became very inflamed and moist, and a reddish blotchy rash then appeared all over the neck, upper chest, and legs.

The patches on the neck are now showing a tendency to "weep". He stated that he had always been troubled with "dandruff" and that he had, about five years previous to this, had a similar condition to the above, the scalp, chest, groins and axillae being then involved.

EXAMINATION. On the scalp a moist crusted eczematized condition was present, partly seborrhoeic and partly infected, and the skin of the neck in its entire circumference, and the upper part of the chest was in a similar condition. The skin of the remainder of the presternal area was the site of a follicular erythema. In the popliteal spaces the skin was eczematized as on the scalp and neck. The scars of old acne lesions and of recent "boils" were present on the back.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals +. Sensn. normal. Leri +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 59. A.V. 22. R.V. 37. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/90.

4. Allergy.

X-Rays of the sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1440 cc.
(Time 3 hours.

Test Normal.

Titration

6 a.m.	24 cc.	N/10	NaOH	Ph. 5.0 (Acid).
8 a.m.	2.7 cc.	N/10	NaOH	Ph. 7.3 (Alk.).
9 a.m.	1 cc.	N/10	NaOH	Ph. 7.5 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed mild hyperacidity.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + +. (Cells small and tend to retain Gram's Stain.) Staphylococcus E. Albus +. Staphylococcus P. Aureus + +. Streptococcus + -. Culture. Staphylococcus E. Albus and Staphylococcus P. Aureus. (Agar).

Scraping from body. Smear. Pityrosporon of Malassez + -. Otherwise as above. Culture. Results identical with above.

CONCLUSIONS. A moist seborrhoeide of acute nature with superadded infection by pyococci. A portion of the eruption was of urticarial nature. A marked general Vagotonia was present.

CASE 22.

NAME. C---.C---. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 6 years.
OCCUPATION. Nil.

HISTORY. Patient had always had a "dry" scalp, and had, in addition, for the past three months had a reddish rash on the back and chest, of a dry and scaly nature.

EXAMINATION. Pityriasis Sicca was present. There was a florid erythematous-squamous eruption on the skin of the chest, sternal area and on the interscapular region. Lesions showed a tendency to become circinate and to clear in the centre, where the scaling is yellowish and greasy. The flexures were clear.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. #.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test + -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 78. A.V. 10. R.V. 13. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 6 secs. 2. Bleeding time 2 mins.
3. Coagulation time 3 mins. 4. B.P. 105/65.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water test normal but slight deficiency in return (1320 cc.)
Urine very acid throughout titration.

6. Stomach Function.

Test meal showed a fairly normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Large vegetating type with tendency to lose stain.). Staphylococcus E. Albus +. Culture. Staphylococcus E. Albus. (Agar and Glycerine Agar). No growth on Beerwort Agar.

Scraping from body. Smear and Culture gave results similar to above.

CONCLUSIONS. A dry seborrhoeide with associated general

CONCLUSIONS. A dry seborrhoeide with associated general Sympathicotonia despite age of patient.

CASE 23.

NAME. M-- M--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 16 years.

HISTORY. This boy stated that he had had a moist eruption on the scalp since childhood undoubtedly of the greasy dandruff type with numerous "flares" particularly when scratched. When an exacerbation took place, "it was usual for the skin of the upper part of the forehead and of the backs of the ears, of the folds of the nose and neck, and of the armpits and groins, to become reddened and irritated and to discharge a yellowish and watery fluid!"

EXAMINATION. On the scalp was a marked oily seborrhoea, with much yellowish and greasy scaling, and the entire skin of the scalp was thickened, oedematous, and somewhat vesicular. The skin of the post-auricular areas, of the folds of the neck, of the naso-labial furrows and of the flexures were found to be in a similarly eczematised state, the affected skin being of a reddish yellow colour. A generalised tawny erythema with papulo-vesicles superadded, was present on trunks and limbs.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 22. R.V. 37. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 22. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2.5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of the sinuses were negative. The teeth were very careous.

5. Kidney Function.

Water test normal.

Titration.

5 a.m.	Ph. 5.5	(Acid).
7 a.m.	Ph. 7.5	(Alk.).
8 a.m.	Ph. 7.5	(Alk.).

6. Stomach Function.

Test meal showed a normal curve with a high Total Acidity in the fasting juice.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Small active type with tendency to retain stain.). Staphylococcus E. Albus + +. Staphylococcus P. Aureus + -. Bacillus Acnes + -. Streptococcus Pyogenes + -. Culture. Staphylococcus E. Albus and Staphylococcus E. Aureus. (Agar). Bacillus Acnes (Glycerine Agar). No growth on Beerwort Agar.

Scraping from body. Smear and Culture gave results identical with above.

CONCLUSIONS. A very acute seborrhoeide of the moist type. There was some secondary infection with pyogenic organisms. A general and fairly marked Vagotonia was present.

CASE 24.

NAME. J-- W--.
AGE. 14 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. This boy stated that he had always had a "dry dandruff". Six weeks ago this had suddenly become much worse and redness and scaling had appeared on the skin along the forehead. Thereafter a similar eruption had appeared on the skin of the chest, back and limbs.

EXAMINATION. A widespread and dry erythematous and squamous eruption was present. A mild degree of exfoliation was present on the patches, which did not tend to be of circinate character. The skin of the scalp was the site of a similar eruption. The flexor surfaces of the limbs were not unduly affected.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 74. A.V. 10. R.V. 14. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 11. Sympathicotonic. 4. Cilio-Spinal Reflex +. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 3.5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 115/75.

4. Allergy.

X-Rays of teeth, bowel, and sinuses were negative.

5. Kidney Function.

Water Test. (Amount given 1500 cc.
(Amount Retd. 1380 cc.)

Test fairly normal.

Titration.

6 a.m. 24 cc. N/10 NaOH. Ph. 5.9 (Acid).

8 a.m. 12.8 cc. N/10 NaOH. Ph. 6 (Acid).

9 a.m. 12,8 cc. N/10 NaOH. Ph. 6 (Acid).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a fairly normal curve with a rather high Total Acidity in the fasting juice.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells large and Gram -.) Staphylococcus E. Albus + +. Bacillus Acnes + -. Culture. Staphylococcus E. Albus. (Agar). Bacillus Acnes. (Glycerine Agar). On Beerwort Agar a white fluffy growth was obtained after three days. This contained spores similar to the above, but subculture failed.

Scraping from body. Results were identical with above but no culture was obtained on Beerwort Agar.

CONCLUSIONS. A generalised seborrhoeide of the dry type which showed a tendency to exfoliation. The associated diathesis was one of fairly marked Sympathicotonia.

CASE 25.

NAME. F-- C--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 21 years.

HISTORY. Patient stated that he had always had an oily and greasy scalp and that he was invariably troubled with "blackheads" on the skin of the face, chest, and back. Two weeks before admission, the scalp had suddenly become inflamed and moist, and thereafter a generalised greasy and moist eruption had suddenly appeared on the body, the axillae and groins being first affected.

EXAMINATION. A generalised vesicular eczematous eruption was present, the flexures being particularly severely involved. The skin of the scalp was the site of a similar eruption.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 22. R.V. 37. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays showed disease of both maxillary antra. The teeth were very careous.

5. Kidney Function.

Water Test (Amount given 1500 cc.

(Amount retd. 1230 cc.

Test fairly normal.

Titration.

5 a.m.	24.8 cc.	N/10 NaOH.	Ph. 5.0	(Acid).
7 a.m.	2.2 cc.	N/10 NaOH.	Ph. 7.5	(Alk.).
8 a.m.	3.2 cc.	N/10 NaOH.	Ph. 7	(Neut.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Washings from maxillary antra showed the presence of Staphylococcus P. Aureus in smear and culture. Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Small cells which tended to retain stain.) Staphylococcus E. Albus + +. Bacillus Acnes + -. Culture. Not performed. Scraping from body. Results were identical with above, though spores were relatively scanty.

CONCLUSIONS. A generalised and acute moist seborrhoeide. There was an associated Vagotonia of marked degree. The eruption did not appear to be directly secondarily infected by pyogenic organisms although an active focus was present.

CASE 26.

NAME. E-- M--.

DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 21 years.

OCCUPATION. Maid.

HISTORY. In June, 1938, patient had a small "sore" on the right cheek, near the lip, which showed a tendency to spread and become scaly, but subsequently healed. She was at the time suffering from an acute coryza.

In October, 1938, the eyelids of the right eye became inflamed and swollen. Thereafter a very itchy and scurfy condition appeared on the skin of the anterior aspect of the neck, and the remainder of the neck and the fronts of the elbows soon became similarly affected. Dispensary treatment settled the condition by about the middle of December. About June 12th. 1939, a sudden recurrence took place involving the skin of the face, and neck, and within the next two weeks a blotchy eruption appeared on the skin of the arms and chest. She had Goitre and was taking Iodine therefor.

EXAMINATION? The patient was a nervous young lady with Colloid Goitre. The skin of the forehead and chin was somewhat lichenified and scaly. That of the neck was in a similar condition, some fissuring being present in addition, while a similar affection was present on the skin of both anticubital fossae. A blotchy erythema was present on the skin of the upper thoracic and scapular regions. there was a mild Pityriasis Sicca on the scalp. There was no Blepharitis. Tachycardia was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar ++. Achilles +. Abdominals --. Peri +. Sensn. normal.

2. Vegetative nervous system.

A. Clinical Manifestations: Skin dry. Salivation + --. Thyroid abnormal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 80. A.V. 10. R.V. 12.5. (Residual Acceleration).

2. Ruggieri's Reflex -. 3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --. (Sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 135/90.

4. Allergy.

X) Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount Given 1500 cc.
(Amount ret'd. 780 cc.
(Time 3 hours.

Test abnormal.

Titration.

5	a.m.	26	cc. N/10 NaOH.	Ph. 5.9 (Acid).
7	a.m.	24.8	cc. N/10 NaOH.	Ph. 5.0 (Acid).
8	a.m.	11.4	cc. N/10 NaOH.	Ph. 6.5 (Acid).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed slight hyperacidity as regards Total Acidity. Free Acid normal.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. Staphylococcus E. Albus +. Culture. Not performed.

Scraping from body. Results identical with above. (Spores were of large type and did not retain Stain.)

CONCLUSIONS. A dry seborrhoeide with associated Sympathice-
tonia of marked degree.

CASE 27.

NAME. N-- M--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 19 years.
OCCUPATION. Baker.

HISTORY. About one month prior to admission to hospital a very itchy red spot appeared on the skin of the left cheek, and gradually grew larger. Despite treatment, the condition quickly became moist, and spread to involve the entire skin of the face and also to affect with some suddenness, that of the forearms.

EXAMINATION. The scalp was slightly affected with Seborrhoea Oleosa. The skin of the left cheek was in an acutely eczematised state, with oozing and yellowish crusting. The right cheek was, on the whole, rather more mildly affected. On the skin of the neck, forearms, and of the right iliac region were pale scaly and erythematous vesicular lesions, which were of the dry pityriasiform character. The tonsils were enlarged, but the teeth were sound.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.
3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of sinuses were negative. The tonsils were infected.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1500 cc.
(Time 3 hours.

Test normal.

Titration.

5 a.m.	20 cc.	N/10 NaOH.	Ph. 5.5 (Acid).
7 a.m.	2.8 cc.	N/10 NaOH.	Ph. 7.5 (Alk.).
8 a.m.	2 cc.	N/10 NaOH.	Ph. 7.5 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. Staphylococcus E. Albus +. Bacillus Acnes +. (Spores of small type, retaining stain.) Culture. not performed.

Scraping from body. Pityrosporon of Malassez + -. Staphylococcus E. Albus +. Staphylococcus P. Aureus +. Streptococcus Pyogenes +. Culture. Staphylococcus E. Albus, Staphylococcus P. Aureus, Streptococcus. (Agar).

CONCLUSIONS. A moist seborrhoeide which was secondarily infected to some extent by pyogenic organisms. There is an associated Vagotonia of fairly marked nature.

CASE 28.

NAME. W-- M--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 61 years.
OCCUPATION. Fireman.

HISTORY. At about the beginning of December, 1938, the skin of the backs of both forearms became very itchy and commenced to ooze. Treatment proved of little avail and similar eruptions appeared subsequently on the skin of the neck, arms, and legs. The condition had since persisted.

EXAMINATION. The skin of the arms and of the back of the neck showed a diffuse erythemato-squamous condition, with just a tendency to vesicle formation and moisture. On the skin of the interscapular region and of the buttocks was a dry erythema with scaling, and on the skin around the ankles was a dull erythema. The scalp was the site of a Pityriasis Sicca.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. Normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 145/100.

4. Allergy.

X-Rays of the sinuses were negative, The tonsils were healthy and the teeth artificial.

5. Kidney Function.

Water Test	(Amount given	1500	cc.
Test abnormal	(Amount retd.	510	cc.
Test abnormal.			

Titration.

5 a.m.	15.6	cc. N/10	NaOH. Ph. 5.5	(Acid).
7 a.m.	8.4	cc. N/10	NaOH. Ph. 6.5	(Acid).
8 a.m.	12.8	cc. N/10	NaOH. Ph. 6	(Acid).
			B.D.H. Indicator.	

6. Stomach Function.

Test meal showed an Achlorhydria.

7. Bacteriology.

Scraping from scalp. Smear, Gram's Stain. Pityrosporon of Malassez + +. Staphylococcus E. Albus + +. Bacillus Acnes + -. (Spores large and poorly stained.) Culture. Staphylococcus E. Albus. (Agar). White fluffy growth on Beerwort Agar after 72 hours, containing Spores of Malassez. Subculture negative. Bacillus Acnes. (Glycerine Agar).

Scraping from body. Pityrosporon of Malassez + -. Otherwise as above. Culture. Staphylococcus E. Albus. (Agar). No growth on other media.

CONCLUSIONS. A generalised seborrhoeide of the dry type with an associated general Sympathicotonia.

CASE 29.

NAME. A-- M--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 48 years.
OCCUPATION. Monument Sculptor.

HISTORY. A month ago patient developed itch and redness on the skin of the calf of the right leg which he rubbed and caused to spread. A few days later a similar condition appeared on the left leg, more or less over the same area. About two weeks later the face and eyelids began to swell, and a blotchy eruption appeared very suddenly on the skin of the body.

He had had Acne of the chest and back as a young man. Pityriasis Sicca of the scalp was present.

EXAMINATION. The skin of the scalp, face, and neck showed a dry erythema with adherent scaling. The ears were thickened, red, and crusted and in the folds were moist areas. On the skin of the back, buttocks and thighs was a much more active erythema, with many moist patches, the scaling being greasy, and yellowish crusting being present. The arms and upper chest showed the mild blotchy erythema with scaling, but on the antecubital fossae and axillae the eruption became moist and the scaling greasy. The skin of the legs was glazed in appearance and in a definite state of "Eczema Rubrum".

There was no obvious evidence of septic foci.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps + Patellar +. Achilles +. Abdominals + -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test + - ?

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 75. A.V. 10. R.V. 13. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex + -. 5. Mankopff's Reflex + -. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex + -. 2. Idiomuscular Reflex -. 3. Dermographism + -.

E. Pupillary Reaction. Light Reflex normal.

3. Blood and Circulatory System.

1. Charcot's Test 4 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins, 4. B.P. 135/90.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
Amount ret'd. 120 cc.)

Test very abnormal.

Titration.

6 a.m. Ph. 4.5 (Acid).
8 a.m. Ph. 4.5 (Acid).
B.D.H. Indicator.

6. Stomach Function.

Test meal showed slight hyperacidity.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Large. Gram-negative). Staphylococcus E. Albus +. Bacillus Acnes + -. Staphylococcus P. Aureus +. Culture. Staphylococcus E. Albus. and Staphylococcus P. Aureus. (Agar).

Scraping from body. Results identical with above in Smear and Culture except that Spores were relatively scanty.

CONCLUSIONS. A rather "mixed" seborrhoeide which was secondarily infected by pyogenic organisms. The associated diathesis tends to be Sympathicotonic and may be somewhat modified by age.

CASE 30.

NAME. J-- M--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 30 years.

OCCUPATION. Confectioner.

HISTORY. Following a slight injury over the right shin-bone, thirteen weeks before admission, patient developed a papular and erythematous-vesicular eruption which gradually encircled the leg. About six weeks before admission, a very itchy eruption suddenly appeared on the skin of the beard region, forearms, and hands, and thereafter a similar condition appeared on that of the face, scalp, and legs, the whole at first being papular and later vesicular and crusted. There was a previous history of industrial dermatitis of one hand (nine years previously). He stated that a few years ago "dandruff" had been troublesome and associated with some "acne" of the skin of the shoulders.

EXAMINATION. The skin of the scalp was the site of a very active Seborrhoea Oleosa with matting of the hair. The beard region showed a papulo-squamous eruption. The eruption on the right tibial region was of papulo-pustular type, and that on the remainder of the limbs was simply of a reddish papular nature. The sternal and interscapular regions showed a mild Acne Vulgaris. The teeth were sound and the throat was healthy.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.

Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.

Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 22. R.V. 37. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses were negative. The teeth and tonsils were healthy.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 1300 cc.)

Test normal.

Titration.

5 a.m.	26.4	cc. N/10	NaOH. Ph. 5.5 (Acid).
7 a.m.	2.8	cc. N/10	NaOH. Ph. 7.5 (Alk.).
8 a.m.	3.6	cc. N/10	NaOH. Ph. 7 (Neut.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small. Gram-positive.) Staphylococcus E. Albus +. Staphylococcus P. Aureus + -.

Bacillus Acnes + -. Culture. Staphylococci. (Agar).

Scraping from body. (a) From area round wound on leg.

Staphylococcus P. Aureus +++ in Smear. (b) From beard region. Staphylococcus E. Albus +. Bacillus Acnes and Spores + -. Culture. Staphylococcus P. Aureus and Staphylococcus E. Albus. (Agar), the first being particularly prominent in the culture taken from the leg.

CONCLUSIONS. A moist seborrhoeide which has apparently supervened following a Dermatitis (Infective Eczematoid) which itself had given rise to a secondary eruption of papular type. The associated diathesis was of fairly marked Vagotonic nature.

CASE 31.

NAME. V-- A--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 50 years.
OCCUPATION. Housewife.

HISTORY. In October, 1938, patient first noticed a small circular scaly patch on the back of the neck just within the posterior hair margin. A spread next took place to the remainder of the scalp, the condition becoming progressively more moist as it extended. Further spread to the glabrous skin of the face and ears, and finally to the body and limbs soon followed. The rash was in parts dry and scaly but there was, in general, a tendency to "weeping".

EXAMINATION. The scalp was massively crusted and moist and the face generally oedematous and squamous. The skin of the neck and upper chest was thickened, red, and scaly, and a similar condition was present in the antecubital fossae. Erythematous-squamous areas, patchy, dry, and of a pinkish colour, were found to be scattered over the lower abdomen and extensor surfaces of the limbs.

The tonsils were healthy. The teeth were artificial.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid Normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 68. A.V. 12. R.V. 18. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 13. Sympathicotonic. 4. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. B.P. 140/100.

4. Allergy.

X-Rays of sinuses and bowel were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1440 cc.

Test normal.

Titration.

6 a.m.	14 cc.	N/10 NaOH.	Ph. 6 (Acid).
8 a.m.	1.5 cc	N/10 NaOH.	Ph. 8 (Alk.).
9 a.m.	1 cc.	N/10 NaOH.	Ph. 8 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a definite, though slight, hyperchlorhydria.

7. Bacteriology. Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and retained stain.) Staphylococcus E. Albus +. Bacillus Acnes + -. Staphylococcus P. Aureus +. Culture. Staphylococcus E. Albus and Staphylococcus P. Aureus. (Agar).

Scraping from body. Results identical with above.

CONCLUSIONS. A rather mixed type of seborrhoeide which, however, tended to be moist and to be somewhat secondarily infected by pyogenic organisms. There was an associated general Vagotonia which appeared modified to some extent by the age of the patient.

CASE. 32.

NAME. P-- M--.
AGE. 33 years.

DIAGNOSIS. Seborrhoec Eczema.

HISTORY. Patient had an oily dandruff of the scalp. together with very inflamed eyelids, for many years. A few weeks prior to admission to hospital, the skin of the scalp suddenly became inflamed and the scaling gave place to a moist discharging condition which spread to the folds of the ears and neck.

EXAMINATION. A very much secondarily infected **Seborrhoec** Oleosa was present on the scalp. There was a tawny erythema, with crusting and scaling present on the skin of the beard region, and neck, with much moisture and oedema on the posterior auricular folds.

The tonsils were healthy as also were the teeth and gums. A well-marked Blepharitis Marginalis was present, however.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test. --

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of teeth, bowel and sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 1440 cc.

Test normal.

Titration.

6 a.m. 30 cc. N/10 NaOH. Ph. 5 (Acid).

8 a.m. .96cc. N/10 NaOH. Ph. 8 (Alk.)

9 a.m. 3 cc. N/10 NaOH. Ph. 7.5 (Neut.).

B. D. H. Indicator.

6. Stomach Function.

Test meal showed hyperchlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + (Cells small and retained stain.) Staphylococcus E. Albus †. Staphylococcus P. Aureus and Albus ++. Bacillus Acnes + -. Culture. Staphylococcus P. Aureus, Staphylococcus Albus, Staphylococcus E. Albus. (Agar). No growth on Beerwort Agar.

Scraping from neck. Results as above.

Scraping from eyelids. Pityrosporon of Malassez + -, and Staphylococcus P. Aureus. + in smear. The latter was also present in culture. (Agar).

CONCLUSIONS. A moist seborrhoeide, somewhat secondarily infected by pyogenic organisms. The pyogenic focus would seem to be present on the eyelids, in scales from which spores were also scantily present. There was a definite associated general Vagotonia.

CASE 33.

NAME. J-- P--.

DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 33 years.

OCCUPATION. Labourer.

HISTORY. About nine weeks prior to admission to hospital patient noticed an irritable eruption on the skin of the fronts of both forearms. A similar eruption also appeared in the armpits and on the body. Subsequently the skin of the legs and face became involved. The eruption was of a dry nature on the whole. Dandruff (dry) had always been present.

EXAMINATION. The eruption was widespread and composed generally of dry follicular papules. Here and there coalescence of these have given rise to a threatened squamous area.

There are thickened areas on the back of the neck, on the axillae, and in the antecubital fossae and popliteal spaces. Chest, back, forearms, upperarms, thighs and lower legs were the sites of the follicular papular eruption.

There was definite Pityriasis Sicca Capitis present and the eyelids showed the seborrhoeic type of Blepharitis. There was oral and nasal sepsis.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Achilles +. Patellar +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P.77. A.V. 10. R.V. 13. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-

Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular

Efflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + - (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 149/90.

4. Allergy.

X-Rays of sinuses showed disease of the right maxillary antrum. The teeth were careous.

5. Kidney Function.

Water Test (Amount given 1500 cc.
Amount ret'd. 840 cc.)
Test abnormal.

Titration.

5 a.m.	25.6	cc. N/10 NaOH.	Ph. 5 (Acid).
6 a.m.	16.4	cc. N/10 NaOH.	Ph. 5.5 (Acid).
8 a.m.	4.8	cc. N/10 NaOH.	Ph. 6.5 (Acid).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed achlorhydria following initial very peak rise.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and poorly stained.)
Staphylococcus E. Albus +. Bacillus Aznes + -. Culture.
Staphylococcus E. Albus and Staphylococcus Albus. (Agar).
Scraping from body. Results identical with above in smear.
Culture not performed.

CONCLUSIONS. A dry seborrhoeide with an associated general Sympathicotonia.

CASE 34.

NAME. J-- S--. DIAGNOSIS. Dermatitis (Seborrhoic).
AGE. 38 years,
OCCUPATION. Clerk.

HISTORY. Patient, who had always considered that he had an abnormally dry scalp and skin, developed a "scurfy" condition of the scalp and face following severe sunburn in July, 1938. In August, 1938, the condition became had become even worse and had since persisted without any tendency to spread until a few months ago when the skin of the armpits had become inflamed and slightly scaly.

He had always been troubled with "nervousness".

EXAMINATION. Profuse Pityriasis Sicca with an associated mild erythema was present on the scalp. There was considerable parakeratotic scaling on the skin of the forehead, on that of the cheeks, and on that of the upper part of the front of the chest. The scales tended to be yellowish and there was an associated congestive erythema of mild degree. The teeth were artificial and the tonsils appeared to be healthy.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps+. Patellar +. Achilles +. Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 78. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -. (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 140/90.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 840 cc.)

Test abnormal.

Titration.

5 a.m. 28 cc. N/10 NaOH. Ph. 5 (Acid).
8 a.m. 18 cc. N/10 NaOH. Ph. 5.5 (Acid).
9 a.m. 4.8 cc. N/10 NaOH. Ph. 6.5 (Acid).
B.D.H. Indicator.

6. Stomach Function.

Test meal showed achlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez. + -. (Cells large and poorly stained.).
Staphylococcus E. Albus and Albus + -. Bacillus Acnes + -.
Cultures, not performed.
Scraping from body. As above in smear.

CONCLUSIONS. A dry seborrhoeide with an associated general Sympathicotonia of relatively mild degree.

CASE 35.

NAME. H-- G--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 28 years.
OCCUPATION. Brassmoulder.

HISTORY. Three years ago patient developed an "oozing" condition of the skin of the chin and upper lip. Shortly afterwards the entire skin of the face and scalp became involved in a moist and crusted condition which was very slow to heal despite treatment at an out-patient clinic for Diseases of the Skin. Before and since this occurrence the scalp had been the site of much greasy scaling.

About two weeks prior to admission the scalp showed profuse scaling and then became involved in a moist and crusted process, the skin of the face subsequently becoming similarly affected. The skin of the neck and arms next became the site of a "blotchy" and very irritable eruption.

EXAMINATION. The skin of the scalp was erythematous and showed the presence of a moist and crusted eczematous eruption, the crusts being yellowish and greasy in nature. That of the forehead and face was similarly affected, the lesions being essentially somewhat eroded papulo-vesicles. The ears and their posterior folds had become involved in a similar manner. There was mild Blepharitis Marginalis of the squamous type, most marked on the lids of the left eye, in which there was also some evidence of conjunctival involvement. The skin of the nape of the neck, of the upper sternal region, and of the flexor aspect of each upper arm showed the presence of a moist papulo-vesicular and slightly squamous eruption.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.

Abdominals + . Leri +. Sensn. normal.

2. Vegetative Nervous System:

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: 1. Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.VV 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

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3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 1500 cc.)

Test normal.

Titration

5 a.m. 26 cc. N/10 NaOH. Ph. 5.5 (Acid).
7 a.m. 2.6cc. N/10 NaOH. Ph. 7.8 (Alk.).
8 a.m. 3.2cc. N/10 NaOH. Ph. 7 (Neut.).
E.D.H. Indicator.

6. Stomach Function.

Test meal showed hyperchlorhydria.

77 Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and tend to retain stain.). Staphylococci and Streptococci +. Bacillus Acnes + -. Culture Staphylococcus E. Albus. Staphylococcus Albus. (Agar).

Scrapings from eyelids and body. Results identical with above, though spores were relatively scanty and Bacilli only doubtfully present.

CONCLUSIONS. A very typical moist seborrhoeide with little evidence of superadded pyogenic infection. There was an associated general Vagotonia of fairly marked degree.

CASE 36.

NAME. P---. O'N---.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 30 years.

OCCUPATION. Shipwright.

HISTORY. About nine years ago, patient noticed abnormal dryness of the skin of the upper lip, the condition later spreading to that of the cheeks, chin, and eyebrows. He was given X-Ray Therapy at an Infirmary at varying intervals over a period of two years without appreciable benefit. The condition had since persisted and had been aggravated as regards the upper lip by frequent "colds". He had suffered from a chronic scaly condition of the eyelids since the age of two years. The scalp had always been very "greasy".

EXAMINATION. A marked Pityriasis Oleosa Capitis was present. The teeth were very careous and there appeared to be a definite deflection of the nasal septum. Blepharitis Marginalis of a mixed squamous and ulcerative nature was also noted. The skin of the beard region and of the eyebrows and moustache area was noted to be the site of a rather dry red rough and scaly eruption, many pustular and follicular lesions being also present. There was some superimposed crusting of yellowish colour, and the eruption showed a tendency to spread towards the mid-line of face and forehead. There was some infiltration of the skin of the affected parts.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps --. Patellar + --. Achilles + --. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-

Spinal Reflex --. 5. Mankopff's Reflex --. Mixed. 6.

Palatino-Cardiac Reflexes (a)--, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idi muscular Reflex +. 3. Dermographism + --.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System:

1. Charcot's Test 2.5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1440 cc.

Test normal.

Titration

5 a.m. 23.6 cc. N/10 NaOH. Ph. 5 (Acid).
7 a.m. 2.6 cc. N/10 NaOH. Ph. 7.5 (Alk.).
8 a.m. 3.0 cc. N/10 NaOH. Ph. 7 (Neut.).
B.D.H. Indicator.

6. Stomach Function.

Test meal showed a slight hyperchlorhydria.

7. Bacteriology.

Scrapings from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and retained stain.).
Staphylococcus E. Albus and Albus +. Bacillus Acnes + -.
Culture. Staphylococcus E. Albus and Albus. (Agar).
Scraping from beard. Findings as above with, in addition, Staphylococcus P. Aureus (+).
Scrapings from eyelids. As from beard, but no evidence of Bacillus Acnes.

CONCLUSIONS. A moist seborrhoeide of the so-called "sycosiform" type. There appeared to be a mixed infection of pyococcal and seborrhoeic nature.

The associated diathesis was definitely one of Vagotonia.

Titration

5 a.m.	12.8 cc.	N/10 NaOH.	Ph. 6	(Acid).
7 a.m.	14.4 cc.	N/10 NaOH.	Ph. 5.8	(Acid).
8 a.m.	3.6 cc.	N/10 NaOH.	Ph. 7	(Neut.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a definite achlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and poorly stained.)
 Staphylococcus E. Albus and Bacillus Acnes + -. Culture.
 Staphylococcus E. Albus. (Agar).
 Scraping from skin of body. Results as above but spores very scanty.) Staphylococcus P. Aureus obtained scantily from left axillary area.

CONCLUSIONS. A widespread seborrhoeide of dry nature with an associated general Sympathicotonia of marked degree.

CASE 38.

NAME. J-- C--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 28 years.
OCCUPATION. Labourer.

HISTORY. The patient, who had suffered from "dandruff" for ten years or more, noticed, about two or three months ago, that this was becoming worse. This occurrence was followed by the outbreak of a generalised scaly "rash" which was at first very irritable, but in which the irritation had since somewhat subsided.

EXAMINATION. On examination, the scalp was found to be the site of a definite erythema with much scaling and crusting. The eyebrows and eyelids shared in the affection. The teeth were careous.

There was a generalised erythematous and squamous eruption of eczematous nature, the folds of the ears, groins and buttocks being the sites of many fissures. The inguinal and axillary lymph-glands were slightly enlarged.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals +-.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +:

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 74. A.V. 10. R.V. 14. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Test +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 130/90.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test. (Amount given 1500 cc.
(Amount ret'd. 450 cc.)

Test abnormal.

Titration

5 a.m. 21.0 cc. N/10 NaOH. Ph. 5.5 (Acid).
7 a.m. 16.8 cc. N/10 NaOH. Ph. 5.5 (Acid).
8 a.m. 25.2 cc. N/10 NaOH. Ph. 5 (Acid).
B.D.H. Indicator.

6. Stomach Function.

Test meal showed a definite hypochlorhydria.

7. Bacteriology.

Scrapings from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and poorly stained.).

Staphylococcus E. Albus + -. Bacillus Acnes + -.

Culture. Staphylococcus E. Albus. (Agar).

Scraping from body. As above.

CONCLUSIONS: A widespread and dry seborrhoeide. The associated diathesis is undoubtedly one of Sympathicotonia.

CASE 39.

NAME. S-- S--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 21 years.
OCCUPATION. Factory Worker.

HISTORY. On 6th. June. 1939, patient noticed redness of the skin of the face. This became more acute and finally became moist and crusted, the entire face becoming very swollen. The condition was said to have immediately follow a severe "sunburn", and she had had a similar condition in September, 1938. She had always been troubled with "dandruff" of greasy nature.

EXAMINATION. A definite Pityriasis Oleosa Capitis was present. The skin of the face was found to be the site of a vesicular eczematous eruption, numerous erythematous papules being present an that of the neck in almost its entire circumference.

The skin of the remainder of the body and limbs was mildly Xerodermatous. The teeth were very careous.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.
3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.
3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1500 cc.

Test normal.

Titration

6 a.m.	18.2 cc.	N/10 NaOH.	Ph. 5.5 (Acid).
8 a.m.	3.2 cc.	N/10 NaOH.	Ph. 7 (Neut.).
9 a.m.	1.6 cc.	N/10 NaOH.	Ph. 7.5 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a hyperchlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and retained stain.)

Staphylococcus E. Albus +. Bacillus Acnes + -. Culture.

Staphylococcus E. Albus. (Agar).

Scrapings from face. As above, but spores relatively scanty.

CONCLUSIONS. A moist and fairly localised seborrhoeide. The associated diathesis was definitely Vagotonic, which was interesting in view of the tendency to mild Ichthyosis.

CASE. 40.

NAME. J-- R--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 48 years.

HISTORY. Patient stated that, about twelve days prior to admission to hospital, a scaly and itchy eruption suddenly appeared on the skin of the buttocks. There had since been a spread to that of the shoulders and of the backs of both arms. He had for many years noticed abnormal "dryness" of the scalp.

EXAMINATION. A very erythematous and squamous eruption of dry and "petaloid" nature was present on the skin of the extensor surfaces of the arms and forearms, of the acromial and scapular areas, and of the buttocks. A mild but very definite Pityriasis Sicca and some central Alopecia of seborrhoeic type were present on the scalp.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 78. A.V. 10. R.V. 12. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathictonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor +. 2. Idi muscular Reflex +.

3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 145/95.

4. Allergy.

X-Rays of sinuses showed evidence of thickening of the maxillary antral mucosa, probably secondary to previous disease. A Barium Meal and Enema showed a normal intestinal tract.

5. Kidney Function.

Water Test (Amount given 1500 cc.
 (Amount retd. 930 cc.
 (Time 3 hours.
 (Av. Spec. Gravity 1015.

Test abnormal.

Titration

6 a.m. 11.8 cc N/10 NaOH. Ph. 6 (Acid).
8 a.m. 4.6 cc. N/10 NaOH. Ph. 6.5 (Acid).
9 a.m. 4.5 cc. N/10 NaOH. Ph. 6.5 (Acid).

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and poorly stained.). Staphylococcus E. Albus + -. Bacillus Acnes +.-. Culture. Staphylococcus E. Albus. (Agar). Pityrosporon of Malassez obtained from a white "fluffy" growth after 72 hours. (Beerwort Agar). Scraping from body. Results as above but no growth obtained on Beerwort.

CONCLUSIONS. A dry and widespread seborrhoeide with an associated general Sympathicotonia of marked degree.

CASE 41.

NAME. S-- C--.
AGE. 19 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient had been troubled, for the past four years, (1935-1939), with considerable "greasiness" and scaliness of the scalp. There had been occasional periods during which the entire scalp became crusted and moist. There had never been any other manifestation of skin disease apart from the appearance of occasional painful "hacks" on the skin behind the ears, and some scaliness of the eyelids.

EXAMINATION. Pityriasis Oleosa Capitis and Blepharitis Marginalis Squamosa were present. The posterior auricular folds were noted to be the site of a moist and fissured eczematous condition.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1200 cc.
(Time 3 hours.
(Av. Spec. Gravity 1005.

Test normal.

Titration

6 a.m. 15.5 cc. N/10 NaOH. Ph. 5.5 (Acid).
8 a.m. 0.7 cc. N/10 NaOH. Ph. 7.5 (Alk.).
9 a.m. 0.9 cc. N/10 NaOH. Ph. 7.5 (Alk.).

B.D.H. Indicator.

666 Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and tended to retain the stain.). Staphylococcus E. Albus + +. Bacillus Acnes + +. Culture. Staphylococcus E. Albus and Albus. (Agar).

Large white colony obtained on Beerwort Agar after 48 hours. A smear from this stained with Methylene Blue showed spores of Malassez.

Scraping from ears. Streptococci and staphylococci were seen in smears. Culture -. (Agar).

Scraping from eyelids. Spores of Malassez and Staphylococci were seen in smear. Culture. Staphylococcus Albus. (Agar).

CONCLUSIONS. A localised seborrhoeide of moist nature, showing evidence of slight secondary invasion by pyogenic organisms. (Streptococci). There was an associated general Vagotonia.

CASE 42.

NAME. C-- W--.
AGE. 3 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient's parents stated that she had since birth been troubled with much moist and greasy scaling on the skin of the scalp. There had from time to time been a "rash" on the skin of the body particularly affecting the folds thereof.

EXAMINATION. A moist and secondarily infected eczematous eruption was present on the skin of the scalp. A generalised eruption of somewhat similar nature was present on the skin of the body and limbs, moisture and secondary infection being most marked in the flexures of the limbs and in the posterior auricular folds.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals + +. Leri +. Sensn. apparently normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Not performed owing to age.

C. Visceral Reflexes: Not performed owing to age.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex ? 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. 3l and 4. not performed owing to age.

Allergy, Kidney Function, and Stomach Function. Tests not performed owing to age.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and tended to retain stain.).

Staphylococcus E. Albussand Streptococci +. Bacillus

Acnes + -. Culture. Staphylococcus E. Albus. (Agar).

A large grey-white colony appeared on Beerwort Agar after 72 hours. Smear from this showed numerous spores.

Scraping from body. Results as above in smears. Cultures not performed.

CONCLUSIONS. A moist seborrhoeide in a child. The eruption was somewhat secondarily infected by Streptococci and was of the type commonly known as "Infantile Eczema". There was an associated general Vagotonia as far as could be ascertained by tests.

CASE 43.

NAME. M-- C--.
AGE 40 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. About six weeks prior to admission to hospital, patient noticed generalised itching of the skin surface. Several days later the skin became generally red and scaly. She had always suffered from marked "dryness" of the scalp.

EXAMINATION. A marked Pityriasis Sicca Capitis was present. There was a generalised and dry erythematous and squamous dermatitis.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Deri +. Sensn. normal.

2. Vegetative Normal System.

A. Clinical Manifestations: Skin dry. Salivation normal.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 75. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3. mins. 4. B.P. 135/95.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test { Amount given 1500 cc.
{ Amount ret'd. 1380 cc.
{ Time 3 hours.
{ Av. Spec. Gravity 1010.

Test fairly normal.

Titration.

6 a.m.	9.0	cc.	N/10 NaOH.	Ph. 6.5	{ Acid).
8 a.m.	5.5	cc.	N/10 NaOH.	Ph. 6.5	{ Acid).
9 a.m.	4.8	cc.	N/10 NaOH.	Ph. 6.5	{ Acid).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a low normal curve. (? slight hypo-chlorhyria.).

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and poorly stained.)
Staphylococcus E. Albus and Bacillus Acnes + -. Culture.
Staphylococcus E. Albus and Albus. (Agar).

Scraping from body. Results identical with above.

CONCLUSIONS.

CONCLUSIONS. A widespread dry seborrhoeide. The associated diathesis appeared somewhat labile. There was, however, a definite tendency to Sympathicotonia.

CASE 44.

NAME. A-- B--.
AGE. 39 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. Patient stated that she had been troubled for many years with "dandruff" of dry character. A year ago, following an attempt to dye her hair, the condition seemed to become suddenly worse and scaly patches appeared on the skin of the forehead, forearms and legs. These had since persisted and there had been much associated itching.

EXAMINATION. A marked Pityriasis Sicca Capitis was present and numerous small patches of an erythematous and squamous nature were noted to be present on the skin of the hair margin. Similar patches were also seen on the skin of the left popliteal area and on that of the extensor aspect of either forearm.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals --. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 72. A.V. 10. R.V. 14. 2. Ruggieri's Reflex --.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex + 2. Idiomyocardial Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 140/100.

4. Allergy.

X-Rays of sinuses showed disease of the right maxillary antrum.

5. Kidney Function.

Water Test

{ Amount given 1500 cc.
{ Amount ret'd. 570 cc.
{ Time 3 hours.
{ Av. Spec. Gravity 1012.

Test abnormal.

Titration.

6 a.m. No sample obtained. Ph. ?
8 a.m. 4.3 cc. N/10 NaOH. Ph. 6.5 (Acid).
9 a.m. 6.7 cc. N/10 NaOH. Ph. 6.5 (Acid).
B.D.H. Indicator.

6. Stomach Function.

Test meal showed a definite achlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez. + -. (Cells large and poorly stained.) Staphylococcus E. Albus +. Bacillus Acnes + -. Culture. Staphylococcus E. Albus. (Agar). No growth on Beerwort Agar. Washings from diseased antrum were negative. Scraping from body. Results identical with above.

CONCLUSIONS. A dry seborrhoeide of the "petaloid" type. There was an associated Sympathicotonia of fairly marked degree.

CASE 45.

NAME. Mrs. D--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 42 years.

HISTORY. Patient had suffered for many years from "dandruff", which in early adult life had been of "greasy" nature but which had of recent years become relatively "dry" in character. Six weeks before admission to hospital she sustained a "burn" of the left foot which proved slow to heal. About four weeks later a "rash" appeared on the skin of the arms and legs. This had since persisted and a spread had lately taken place to the skin of the chest and back.

EXAMINATION. On examination, the skin of the limbs and of the sternal and interscapular regions was found to be the site of a dry erythematous and squamous eruption.

The injury on the left foot appeared to have completely healed. A well-marked Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 78. A.V. 11. R.V. 14. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-
Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular
Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 4 mins. 4. B.P. 140/90.

4. Allergy.

X-Rays of sinuses showed signs of thickening of the right
maxillary antral mucosa. No active disease.

5. Kidney Function.

Patient objected to performance of tests of kidney function.

6. Stomach Function.

Test meal showed complete achlorhydria.

7. Bacteriology.

Scrapings from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and poorly stained.). Staphylococcus E. Albus + -. Bacillus Acnes + -. Culture. Staphylococcus E. Albus. (Agar). Bacillus Acnes. (Glycerine Agar). No growth on Beerwort Agar. Scraping from body. Results as above.

CONCLUSIONS. A dry and fairly widespread seborrhoeide of the "petaloid" type. Patient was a "highly strung" individual and the tests showed a very definite general Sympathicotonia.

CASE 46.

NAME. W-- C--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 22 years.

HISTORY. For some years patient had noticed a slight "oiliness" of the scalp accompanied by greasy scaling. For the past ten weeks (prior to admission) he had suffered from itch and an "oozing" eruption on the skin of the ears, eyebrows, and cheeks.

EXAMINATION. A well marked Pityriasis Oleosa Capitis was present, while the skin of the forehead, eyebrows, face and ears showed the presence of a rather crusted and secondarily infected vesicular eczematous eruption.

There was, in addition, a generalised fine "branny" desquamation of the skin of the trunk and limbs.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex + -. 2. Idiom-

2. Idiomuscular Reflex +. 3. Dermographism +.

E. Epillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1020 cc.
(Time 3 hours.
(Av. Spec. Gravity 1010.

Test normal.

Titration.

6 a.m. 22.0 cc. N/10 NaOH. Ph. 5.5 (Acid).
8 a.m. 3.2 cc. N/10 NaOH. Ph. 7 (Neut.).
9 a.m. 2.0 cc. N/10 NaOH. Ph. 7.5 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed slight hyperacidity.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + +. (cells small and retained stain.).

Staphylococcus E. Albus, Bacillus Acnes +. Culture.

Staphylococcus Albus, E. Albus, and Citreus. (Agar).

Beerwort Agar apparently showed no growth.

Scraping from face. As above. In culture there was some growth of Staphylococcus P. Aureus. (Agar).

Scraping from arms and body. As above, but spores only scantily present, though of same type, and Staphylococcus Aureus absent.

CONCLUSIONS. A fairly severe seborrhoeide of the moist type, with some evidence of secondary pyococcal infection. The associated eruption on the body was curiously dry. The associated diathesis was one of well marked Vagotonia.

CASE 47.

NAME. P- M--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 46 years.

HISTORY. For the past four months, patient, who had always been troubled with "dry dandruff" had suffered, in addition, from an eruption on the skin of the scalp and face, a similar condition being also present on that of the body.

EXAMINATION. A slightly erythematous Pityriasis Sicca Capitis was present. An eruption of similar nature affected the skin of the face and of the extensor aspects of the arms and legs.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 74. A.V. 11. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 14. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 140/95.

4. Allergy.

X-Rays of sinuses were negative, apart from signs of previous disease in the right maxillary antrum.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 840 cc.
(Time 3 hours.
(Av. Spec. Gravity. 1008.

Test abnormal.

Titration.

7 a.m. 19.5 cc. N/10 NaOH. Ph. 5.5 (Acid).
9 a.m. 12.8 cc. N/10 NaOH. Ph. 6.0 (Acid).
10 a.m. 10.8 cc. N/10 NaOH. Ph. 6.0 (Acid).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a fairly normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (cells large and poorly stained.)

Staphylococcus Albus +. Bacillus Acnes + -. Culture.

Staphylococcus Albus. (Agar). Beerwort Agar showed no growth.

Scrapings from face and body. Results identical with above.

CONCLUSIONS. A dry seborrhoeide with an associated general Sympathicotonia of mild degree.

CASE 48.

NAME. H---. G---.
AGE 12 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient had always suffered from "oily dandruff" About six months before admission to hospital the scalp had become very itchy and "inflamed", causing scratching and a resulting "rash" which had become moist and crusted and which had subsequently spread to the skin of the ears and neck. A similar condition had finally appeared on the skin of the front of the chest.

EXAMINATION. An erythematous and squamous eczematous eruption was present on the skin of the ears, neck, face and presternal region. The scalp was much eczematized, and in addition to scaling, there was much crusting and secondary infection.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.
3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's -. Mixed. 6. Palatino-
Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor -. 2. Idiomyocardial
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 108/70.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 1360 cc.
(Time 3 hours.
Test normal. (Av. Spec. Gravity 1010.

Titration

6 a.m. 16.0 cc. N/10 NaOH. Ph. 5.8 (Acid).
8 a.m. 55 cc. N/10 NaOH. Ph. 7.5 (Alk.).
9 a.m. 1.0 cc. N/10 NaOH. Ph. 7.5 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and tended to retain stain). Staphylococcus E. Albus and Albus +. Bacillus Acnes + -. Streptococci + -. Culture. Staphylococcus E. Albus and Albus, Streptococcus Viridans. (Agar). No growth on Beerwort Agar.

Scraping from body. Results identical with above but spores and streptococci were scantily present only.

CONCLUSIONS. A moist seborrhoeide which had become slightly secondarily infected. owing to excoriation by the patient. There was an associated general Vagotonia of fairly marked degree.

CASE 49.

NAME. T-- J--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 30 years.

HISTORY. Condition was first noticed some weeks prior to admission to hospital as a small scaly spot on the skin of the left ankle. An eruption appeared a few days later around the lesion on the ankle, a spread subsequently taking place to the entire skin of the lower leg. This again subsided about three weeks prior to admission, but a few days later a generalised "rash" made its appearance. Patient had always suffered from "dry dandruff" .

EXAMINATION. A generalised erythematous and papulo-squamous eruption was present on the skin of the trunk and limbs, the extensor surfaces of the latter being chiefly involved. The skin of the scalp and face was similarly affected.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +.
Abdominals -. Leri+. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 78. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 130/90.

4. Allergy.

X-Rays of sinuses showed evidence of previous bilateral maxillary antral infection.

5. Kidney Function.

Water Test (Amount given 1500 cc.
{ Amount ret'd. 600 cc.
{ Time 3 hours.
{ Av. Spec. Gravity 1013.

Test abnormal.

Titration

6 a.m. 15.5 cc. N/10 NaOH. Ph. 5.5 (Acid).
8 a.m. 1.4 cc. N/10 NaOH. Ph. 7.5 (Alk.).
9 a.m. 6.0 cc. N/10 NaOH. Ph. 6.5 (Acid).
B.D.H. Indicator.

6. Stomach Function.

Test meal showed slight achlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and poorly stained.)

Staphylococcus E. Albus and Albus + -. Bacillus Acnes + -. Culture. Staphylococcus Albus E. Albus, and Citreus (Agar).

No growth on Beerwort Agar.

Scraping from body. Results identical with above.

CONCLUSIONS. A dry seborrhoeide of mixed follicular and "petaloid" type. There was an associated general Sympathicotonia which was of mild degree and which may have been modified by age.

CASE 50.

NAME. S-- McD--.
AGE. 10 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that she had often suffered from "sores on the scalp", and that, about three weeks before coming in to hospital, this had again occurred.

EXAMINATION. An erythematous, squamous, and somewhat pustular eruption was present on the skin of the scalp. That of the eyebrows and of the posterior auricular folds was similarly affected and Blepharitis Marginalis Squamosa was present. A generalised papular and vesicular eruption was present on the skin of the trunk and limbs, that of the folds being particularly severely affected. There was a considerable degree of yellowish parakeratosis.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Not performed owing to age.

C. Visceral Reflexes: Not performed owing to age.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time. Not performed.

3. Coagulation time. Not performed. 4. B.P. 105/75.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 1400 cc.
(Time 3 hours.
(Av. Spec. Gravity 1010.

Test normal.

Titration

6 a.m. 22 cc. N/10 NaOH. Ph. 5.5 (Acid).
8 a.m. 2 cc. N/10 NaOH. Ph. 7.52 (Alk.).
9 a.m. 1 cc. N/10 NaOH. Ph. 7.5 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal was not performed owing to age.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez. + +. (Cells small and tended to retain stain.). Staphylococci + + +. Culture. Staphylococcus Albus, Citreus and P. Aureus. (Agar). A small white "fuzzy" growth after 72 hours. (Beerwort Agar). This latter yielded Spores of Malassez of the small type. (Smear stained with Methylene Blue.).

Scraping from body. Results identical with above but spores scanty.

Scraping from eyelids. Smear. Gram's Stain. "Seborrhoeic organisms" (including E. Acnes) + -.

CONCLUSIONS. A moist seborrhoeide showing a tendency to become "sycosiform". There was some evidence of secondary infection by pyogenic organisms.

An associated general Vagotonia was noted.

CASE 51.

NAME. C-- R--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 16 years.

HISTORY. Patient stated that, for the past three months, (i.e. prior to admission to hospital) she had noticed that her scalp was becoming "inflamed" and scaly. Over the past week there had been, in addition, a tendency to "weeping" of the affected part.

EXAMINATION. The skin of the scalp was diffusely moist and erythematous, much yellowish crusting and greasy scaling being also present. The skin of the remainder of the body and limbs was healthy.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflexes -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1010 cc.
(Time 2 hours.
(Av. Spec. Gravity 1010.

Test normal.

Titration

6 a.m. 20 cc. N/10 NaOH. Ph. 5.5 (Acid).

8 a.m. 1 cc. N/10 NaOH. Ph. 7.5 (Alk.).

9 a.m. 2.5cc. N/10 NaOH. Ph. 7.3 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed hyperchlorhydria.

7. Bacteriology.

Scraping from affected part. Smear. Gram's Stain. Pityrosporon of Malassez +. Staphylococci + +. Streptococci +. Bacillus Acnes + -. Culture. Staphylococcus Albus, P. Aureus, and E. Albus. (Agar). No growth on Beerwort Agar. (Spore-cells were small and retained stain.).

CONCLUSIONS. A moist seborrhoeide localised to the scalp. There was evidence of a mixed secondary infection by pyococci, probably due to scratching by patient. There was an associated general Vagotonia of fairly marked degree.

CASE 52.

NAME. F-- McK-- , DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE 16 years.

HISTORY. For the past five or six years patient had suffered from a recurrent dry and scaly condition, with associated itching, which had chiefly affected the skin between the shoulder blades and more mildly that of the chest and arms. The scalp had always been "dry".

EXAMINATION. A definite Pityriasis Sicca Capitis was present. The skin of the chest and back and of either antecubital area was the site of a dry erythematous and squamous eruption. Patient was of nervous and excitable temperament.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals --. Peri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test +

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 74. R.V. 12. R.V. 16. 2. Ruggieri's Reflex --.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomyocardial Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses showed the presence of thickening of the lining mucous membrane of the right Maxillary Antrum.

5. Kidney Function.

Water Test. (Amount given 1500 cc.

(Amount ret'd. 930 cc.

(Time 3 hours.

(AV. Spec. Gravity 1012.

Test abnormal.

Titration.

6 a.m. 25.0 cc. N/10 NaOH. Ph. 5. (Acid).

8 a.m. 13.5 cc. N/10 NaOH. Ph. 6. (Acid).

9 a.m. 9.0 cc. N/10 NaOH. Ph. 6.5 (Acid).

F.D.H. Indicator.

6. Stomach Function.

Test meal showed achlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells large and poorly stained.)

Staphylococcus E. Albus +. Bacillus Acnes + -. Culture.

Staphylococcus E. Albus, Ablus, and Citreus. (Agar).

A small white growth appeared around implanted scales after 72 hours on Beerwort Agar. From this were recovered scanty spores. (Smear: Methylene Blue.)

Scraping from body. Results identical with above but spores and Bacilli very scanty. (Smear).

CONCLUSIONS. A dry seborrhoeide occurring in a youth of "nervous" type. There was an associated general Sympathicotonia.

CASE 53.

NAME. M-- R--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 11 years.

HISTORY. (From parent). Patient had for the past six months had an "oily" scalp. Four weeks before admission to hospital she was discovered to have "crawlers" on the scalp and the skin thereof next became "inflamed". The skin of the face, ears and neck then became similarly affected.

EXAMINATION. Numerous vesicular eczematous areas, very much crusted and secondarily infected, were found to be present on the skin of the occipital region, a similar eruption being present on that of the face and ears. The posterior auricular fold and the flexures of the body were noted to be the sites of a similar eruption and there was a generalised erythematous and papulo-squamous eruption. The skin of the remainder of the scalp showed the presence of marked Pityriasis Oleosa. The eruption did not in any way resemble simple Impetigo Contagiosa.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Not performed owing to age.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60, A.V. 22. R.V. 57. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Hankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1050. cc.
(Time 3 hours.
(Av. Spec. Gravity 1010.

Test normal.

Titration

6 a.m.	20	cc.	N/10 NaOH.	Ph.	5.5 (Acid).
8 a.m.	2	cc.	N/10 NaOH	Ph.	7.5 (Alk.).
9 a.m.	1	cc.	N/10 NaOH.	Ph.	7.5 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a fairly normal curve. The values were maximal as regards free HCl.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + +. (Cells small and tended to retain stain.). Staphylococci + +. Bacillus Acnes + -. Culture. Staphylococcus Albus, P. Aureus, and Citreus. (Agar). No growth on Beerwort Agar.

Scraping from body. Results identical with above but pyogenic organisms relatively scanty. Spores of Malassez also relatively few in number.

CONCLUSIONS. A moist and widespread seborrhoeide showing a good deal of secondary pyogenic infection following scratching due to previous infestation of the scalp by animal parasites.

There was an associated general Vagotonia of marked degree.

CASE 54.

NAME. T-- McM--.

DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 38 years.

HISTORY. Patient stated that he had suffered for many years from "dry dandruff" of the scalp. About five weeks prior to admission to hospital he had developed itching and scaling of the skin of the neck and arms.

EXAMINATION. On examination, the scalp showed a generalised Pityriasis Sicca, and a patchy erythematous and squamous eruption was noted to be present on the skin of the face, body and limbs, the latter chiefly in their extensor surfaces. There was, in addition, a generalised, though mild, dry exfoliation of the remaining skin. The teeth were careous.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.

Thyroid normal, Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 77. A.V. 11. R.V. 14. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-

Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular

Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 140/90.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 980 cc.
(Time 3 hours.
(Av. Spec. Gravity 1009.

Test abnormal.

Titration

5 a.m. 25 cc. N/10 NaOH. Ph. 5 (Acid).

7 a.m. 5 cc. N/10 NaOH. Ph. 6.5 (Acid).

8 a.m. 7 cc. N/10 NaOH. Ph. 6.5 (Acid).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells large and poorly stained.). Staphylococcus E. Albus +. Bacillus Acnes + -. Culture. Staphylococcus E. Albus. (Agar). Bacillus Acnes. (Glycerine Agar). No growth on Beerwort Agar. Scraping from body. Results identical with above.

CONCLUSIONS. A dry seborrhoeide with an associated general Sympathicotonia.

[The following text is extremely faint and largely illegible, appearing to be a list of references or a detailed report. It contains several lines of text, some of which are underlined, but the specific words and numbers are difficult to discern.]

CASE 55.

NAME. H-- R--.
AGE. 30 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had for many years been troubled with "oiliness" of the scalp. About six months prior to admission to hospital numerous yellow spots appeared on the beard region, while the scalp became very painful and subsequently similarly affected. The condition had since continued and had become steadily worse.

EXAMINATION. Pityriasis Oleosa Capitis with, in addition, considerable secondary infection and eczematization was noted to be present. A secondarily infected and eczematous eruption involved the skin of the beard region, some of the lesions being of follicular and pustular character. The teeth were careous and the tonsils were unhealthy.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 55.5. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses were negative, but those of teeth showed marked apical sepsis in many cases.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 1380. cc.
(Time 3 hours.
(Av. Spec. Gravity 1008.)

Test normal.

Titration

6 a.m. 20 cc. N/10 NaOH. Ph. 5.5 (Acid).
8 a.m. 2 cc. N/10 NaOH. Ph. 7.5 (Alk.).
9 a.m. 1. cc. N/10 NaOH. Ph. 7.5 (Alk.).
B.D.H. Indicator.

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and tended to retain stain.). Staphylococci + +. Culture. Staphylococcus P. Aureus, Albus, and E. albus. (Agar). No growth on Beerwort Agar. Scraping from face. Results identical with above in smear and culture though spores were relatively scanty.

CONCLUSIONS. A moist seborrhoeide of the so-called "sycoform" type. There was considerable evidence of secondary pyogenic infection. There was an associated general Vagotonia of fairly marked degree.

CASE 56.

NAME. J-- McK--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 32 years.

HISTORY. Patient stated that his present condition began two years ago with a "rash" of moist nature on the skin of the feet and legs. He had always had an "oily scalp". The entire body had recently become the site of a similar "rash" which had been most noticeable in the skin folds.

EXAMINATION. On examination, patient's skin was found to be in an almost healed state, the remaining affected areas showing a tawny, erythematous and parakeratotic condition. The skin of the soles of the feet, and of the axillae, groins and limb flexures appeared to have been most severely affected. Pityriasis Oleosa Capitis was definitely present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps --. Patellar + --. Achilles + --.
Abdominals +. Leri+. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist, Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 58. A.V. 22. R.V. 38. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex --. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idiomuscular Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses showed doubtful evidence of disease, probably inactive.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1500 cc.
(Time 3 hours.
(Av. Spec. Gravity 1009.

Test normal.

Titration

6 a.m. 20 cc. N/10 NaOH. Ph. 5.5 (Acid).
8 a.m. 2.5 cc. N/10 NaOH. Ph. 7.8 (Alk.).
9 a.m. 2.5 cc. N/10 NaOH. Ph. 7.8 (Alk.).
B.D.H. Indicator.

6. Stomach Function.

Test meal showed slight hyperacidity.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + +. (Cells small and tended to retain stain.) Staphylococci +. Bacillus Acnes + -. Culture. Staphylococcus E. Albus and Albus. (Agar). Beerwort Agar showed a doubtful growth after 72 hours.

Scraping from body. A few organisms, apparently Staphylococcus Albus, were obtained in smear.

CONCLUSIONS. An almost healed seborrhoeide which had apparently been of originally moist type. There was an associated general Vagotonia of marked degree despite the now quiescent stage of the condition.

CASE 57.

NAME. J---. C---.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 18 years.

HISTORY. Patient stated that she had, for a few years, been troubled with "oily dandruff". For the past two weeks a very moist and "inflamed" eruption had been present on the skin of the scalp, ears and neck.

EXAMINATION. A very acute vesicular, crusted, and secondarily infected eczematous eruption was present on the skin of the scalp, of the posterior auricular folds, and of the folds of the neck. There was some commencing vesicular eczema in the limb flexures, together with a mild and general erythema.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + .
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Wellnourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex normal.

3. Blood and Circulatory Susyem.

1. Charcot's Test 2.5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5. mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test. (Amount given 1500 cc.
(Amount ret'd. 1500 cc.
(Time 3 hours.
(Av. Spec. Gravity 1009.

Test normal.

Titration

6 a.m.	25	cc.	N/10 NaOH.	Ph. 5.5 (Acid).
8 a.m.	3.4	cc.	N/10 NaOH.	Ph. 7.0 (Neut.).
9 a.m.	3.4	cc.	N/10 NaOH.	Ph. 7.0 (Neut.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed hyperchlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and tended to retain stain.). Staphylococci + +. Streptococci + -. Bacillus Acnes + -. Culture. Staphylococcus P. Aureus, Albus, and E. Albus. (Agar). Beerwort Agar showed no growth.

Scraping from body. Results identical with above but both pyogenic and "seborrhoeic" organisms were relatively few in number.

CONCLUSIONS. A moist and somewhat secondarily infected seborrhoeide. The pyogenic organisms may have been implanted by "scratching". There was an associated general Vagotonia.

CASE 58.

NAME. A-- McM--.
AGE. 17 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had been troubled with an eruption affecting the skin of the face and scalp for the past ten years. The "rash" on the scalp had been called "oily dandruff" by all the doctors who had been consulted.

EXAMINATION. On examination, patient was found to have a marked Blepharitis Marginalis of a mixed pustular and squamous type. A very severe pustular, vesicular and crusted eruption was found to be present on the skin of the face and eyebrows, the naso-labial furrows being most severely affected. Pityriasis Oleosa Capitis marked.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: Pilomotor Reflex -. 2. Idi muscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4.5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of sinuses showed evidence of previous and now probably inactive disease of the maxillary and frontal sinuses.

5. Kidney Function.

Water Test

(Amount given 1500 cc.
(Amount ret'd. 1200 cc.
(Time 3 hours.
(Av. Spec. Gravity 1009.

Test normal.

Titration

5 a.m.	24	cc.	N/10 NaOH.	Ph. 5	(Acid.).
7 a.m.	2.4	cc.	N/10 NaOH.	Ph. 7.5	(Alk.).
8 a.m.	2.0	cc.	N/10 NaOH.	Ph. 7.5	(Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed slight hyperchlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez +. (Cells small and tended to retain stain.). Staphylococcus E. Albus +. Bacillus Acnes + -. Culture. Staphylococcus E. Albus. (Agar). Bacillus Acnes. (Glycerine Agar). No growth on Beerwort Agar.

Scraping from face and eyelids. Results as above with the addition of Staphylococcus P. Aureus and Staphylococcus Albus. Spores and Bacilli were relatively scanty.

CONCLUSIONS. A moist seborrhoeide showing evidence of secondary pyococcal infection, and tending to be of the "sycosiform" type. There was an associated general Vagotonia.

CASE 59.

NAME. Fus. C--.
AGE. 22 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient was invariably troubled with "dandruff" of oily type. (Since the age of 18 years.) Three weeks ago this became very marked and the skin of the face and ears became moist and swollen.

EXAMINATION. A moist and secondarily infected eczematous dermatitis affected the skin of the face, scalp and ears. Pityriasis Oleosa Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps ? Patellar + -. Achilles +. Abdominals ++. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test --.

C. Visceral Reflexes: Vagotonic. Oculo-Cardiac Reflex A.V. 18. R.V. 28. P. 65. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood And Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins. 3. Coagulation time 4 mins. 4. B.P. 105/60.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia of moderate degree.

CASE 60.

NAME. Gnr. W---. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 33 years.

HISTORY. The patient has long, and especially for the past year, been troubled with a "dry scalp". Two weeks prior to admission to hospital, a "reddish and scaly rash" appeared on the skin of the chest and back. There was considerable itching present. The patient was inclined to be "nervous".

EXAMINATION. An erythematous and squamous eruption was present on the skin of the trunk. The lesions were in many cases roughly circinate. The scaling was yellowish and free. There was no question of Pityriasis Rosea. Seborrhoea Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps + -. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation moderate. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test + (?).

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 84. A.V. 10. R.V. 12. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-

Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex sluggish.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 2 mins.

3. Coagulation time 7 mins. 4. E.P. 130/75.

CONCLUSIONS. A dry seborrhoeic condition. Diathesis ~~was~~ Sympathicotonic conclusively from above.

CASE 61.

NAME. Gnr. R--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 29 years.

HISTORY. Patient stated that he had suffered from "oily dandruff" of the scalp for approximately eleven years. Two weeks prior to admission to hospital this became much worse and an eruption appeared on the skin of the face, afterwards appearing on that of the neck and arms.

He further stated that he was in general not a nervous individual.

EXAMINATION. A moist eczematous condition involved the skin of the face, ears, neck and forearms, the latter in their flexor aspects. The scalp showed Pityriasis Oleosa and a similar though milder eruption. There was some evidence of secondary pyogenic infection.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation moderate. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 64. A.V. 16. R.V. 25. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 14. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex + -. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide. Associated general Vagotonia of moderate degree.

CASE 62.

NAME. Pay. Lt.-Com. W--.

DIAGNOSIS. Dermatitis

AGE. 35 years.

(Seborrhoeic).

HISTORY. Patient stated that he had suffered from "dry dandruff" for years. Two weeks prior to admission to hospital a dry, scaly and itching eruption appeared all over the body.

EXAMINATION. Pityriasis Sicca Capitis was fairly markedly present. A generalised erythematous and squamous eruption was present, some of the lesions being of roughly circular outline. The scaling showed a tendency to greasiness.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes. Triceps +. Patellar ++. Achilles +.

Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation moderate.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 10. E.V. 12. (Residual Acceleration).

2. Ruggieri's Reflex -. 3. Respiratory Arrhythmia 10.

Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's

Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular

Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -. (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 10 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry seborrhoeide. The associated diathesis was markedly Sympathicotonic.

CASE 63.

NAME. L.A.C. C--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 29 years.

HISTORY. Since the age of 17 years patient had been troubled with "greasiness" of the scalp. Eight days before admission to hospital this became more marked, and there was much itching, and thereafter a moist "rash" appeared on the skin of the face, ears, and upper limbs.

EXAMINATION. A typical "Seborrhoeic Eczema" affected the skin of the forehead, cheeks, and ears, especially the posterior aspects thereof, while the skin of the neck and of the flexor aspects of the forearms also shared in the disease process. The eruption was moist and the scaling was greasy and thick. Typical Pityriasis Oleosa Capitis was present on the scalp.

INVESTIGATION.

1. Sensori-Motor System.

REFLEXES: Triceps -. Patellar + -. Achilles +.
Abdominals +. Peri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 16. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 110/80.

CONCLUSIONS. A typical Seborrhoeic Eczema. The associated diathesis was definitely Vagotonic.

CASE 64.

NAME. Dym H--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 33 years.

HISTORY. Since the age of 20 years patient has been troubled with "dandruff" of the scalp. This was at first greasy but for the past four years has become dry. Six days before admission to hospital a scaly and itchy eruption suddenly appeared on the skin of the body.

EXAMINATION. A circinate erythematous and squamous eruption was present on the skin of the chest, axillae, and back. Pityriasis Sicca Capitis was present in considerable degree.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation below normal. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 85. AV. 12. R.V. 14. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + - (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 9 secs. 2. Bleeding time 4 mins.

3. Coagulation time. 4 mins. 4. B.P. 135/95.

CONCLUSIONS. A Seborrhoeic Dermatitis (dry). The associated diathesis was definitely Sympathicotonic.

CASE 65.

NAME. Spr. W---

NAME. Spr. W---. DIAGNOSIS. Seborrhoeic Eczema.

AGE. 19 years.

HISTORY. A week before admission to hospital "oily dandruff" of two years duration became suddenly worse and the skin of the face became affected.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A moist and somewhat secondarily infected eczematous eruption was present on the skin of the face and forehead.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 18. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 16. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)+ - ?, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex + -. 3. Dermographism + -.

E. Pupillary Teaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/75.

CONCLUSIONS. A localised Seborrhoeic Eczema. The associated diathesis was Vagotonic.

CASE 66.

NAME. Divr. E--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 23 years.

HISTORY. Since the age of 18 years patient has been troubled with "dry dandruff" of the scalp. Five days prior to reporting to hospital for treatment he developed an itching eruption in the left armpit.

EXAMINATION. An erythematous and squamous eruption of somewhat circinate outline was noted to be present on the skin of the left axilla. Scrapings revealed no evidence of fungus. A definite Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation reduced.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 85. A.V. 10. R.V. 11. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic 4. Cilio-
Spinal Reflex + +. 5. Mankopff's Reflex +. Mixed. 6.
Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular
Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + - (Sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 10 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 125/90.

CONCLUSIONS. A dry seborrhoeide associated, despite the youth of the patient, with a well marked Sympathicotonia.

CASE 67.

NAME. Pte. S---

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 34 years.

HISTORY. Patient stated that he had for many years suffered from an "oily scalp", with occasional itching patches on the skin of the body and limbs, chiefly in the flexures of the elbows and knees. Two weeks prior to admission to hospital there was an exacerbation of the scalp condition and he developed a "rash" on the body.

EXAMINATION. On examination, a moist eczematous condition was found to be present on the skin of the body and limbs, much scaling of a greasy and yellowish nature being present. The flexures and flexor limb surfaces were chiefly affected. The scalp showed Pityriasis Oleosa

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + -. Achilles +
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 68. A.V. 18. R.V. 26. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 16. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 4 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide with an associated
Vagotonia of moderate degree.

CASE 68.

NAME. Gnr. Y---.
AGE. 42 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. The patient suffered from "dry dandruff" for many years. Two weeks prior to admission to hospital, he developed an itching eruption on the skin of the thighs, face and forearms.

EXAMINATION. On examination, a dry erythematous, squamous, and somewhat circinate eruption was found to be present on the skin of the face, forearms, and thighs on their extensor areas. Pityriasis Sicca Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation subnormal.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 78. A.V. 10. R.V. 12. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex + +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + - (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 10 secs. 2. Bleeding time 2 mins.
3. Coagulation time 3 mins. 4. B.P. 135/95.

CONCLUSIONS. A dry seborrhoeide. The associated diathesis was Sympathicotonic.

CASE 69.

NAME. Cpl. M--.
AGE. 22 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. The patient complained of "oily dandruff" of several years duration, with occasional "spots" on the skin of the chest and back. The latter had recently become much worse and very itchy indeed.

EXAMINATION. An erythematous and squamous eruption, of greasy and moist character, was present on the skin of the sternal and interscapular areas. Pityriasis Oleosa Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +. Abdominals+. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation moderate. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 64. A.V. 20. R.V. 31. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 17. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex -. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 5 mins.

3. Coagulation time 5 secs. 4. B.P. 120/80.

CONCLUSIONS. An acneiform dermatitis of the seborrhoeic eczema group. The associated diathesis was Vagotonic, but not so markedly so as in the more eczematous eruptions. Approximates more to Acne Vulgaris findings.

CASE 70.

NAME. Gnr. R--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 30 years.

HISTORY. The patient admitted to having a "dry scalp" though he had never been troubled in any way therewith. Ten days prior to admission to hospital, he suddenly noticed an eruption on the skin of the stomach and interscapular areas. There was much itching on the affected areas and also on the scalp.

EXAMINATION. An erythematous-squamous eruption was present on the skin of the chest and back. The eruption was of dry nature. Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps + -. Patellar +. Achilles +.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation subnormal.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 80. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 11. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino)cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomyocardic Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.
3. Coagulation time 3 mins. 4. B.P. 128/95.

CONCLUSIONS. A case of dry Seborrhoea. The associated diathesis was Sympathicotonic.

CASE 71.

NAME. Gnr. B--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 30 years.

HISTORY. The patient complained of "oiliness" of the scalp of many years duration. An eruption appeared on the skin of the forearms and armpits a few days prior to admission to hospital.

EXAMINATION. A moist eczematous eruption was present on the skin of the axillae and antecubital areas. Pityriasis Oleosa Capitis was present. The eruption on the body and limbs was of greasy nature and seborrhoeic type.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +.

Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 5 mins.

3. Coagulation time 5 mins. 4. B.P. 110/80.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia of fairly marked degree.

CASE 72.

NAME. Pte. B---. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 55 years.

HISTORY. Patient stated that he had suffered from a "dry dandruff" for as long as he could remember. He had also noticed scaly areas on the skin of the body, arms, and legs, which were somewhat itchy. Two weeks prior to admission to hospital there had been an attack of similar lesions on a large scale on the chest and back.

EXAMINATION. A dry and somewhat "petaloid" and circinate eruption was present on the skin of the body. There was seborrhoeic parakeratosis and no evidence of Psoriasis or Pityriasis Rosea. Pityriasis Sicca Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation abnormal. Thyroid normal. Well nourished but inclined to thinness.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+. (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -. (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 140/95.

CONCLUSIONS. A dry seborrhoeide. The associated diathesis was definitely Sympathicotonic.

CASE 73.

NAME. Gnr. R--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 21 years.

HISTORY. Patient stated that he had had an "oily" dandruff for some time. Lately this became more marked, and an itchy "rash" appeared on the skin of the back.

EXAMINATION. A moist and secondarily infected eczematous condition was present on the skin of the scapular and interscapular areas. Pityriasis Capitis Oleosa was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +.

Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.

Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. =culo-Cardiac Reflex

P? 62. A.V. 20. R.V. 32. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular

Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist and infected Seborrhoeid Eczema.

The associated diathesis was Vagotonic.

CASE 74.

NAME. Flt. Lt. M---. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 38 years.

HISTORY. Patient had suffered from "oily dandruff" until a few years ago, when the character thereof changed to the dry type. Ten days before admission to hospital an itching "rash" appeared on the skin of the chest and back.

EXAMINATION. Pityriasis Sicca Capitis was present. A dry erythematous and squamous eruption was noted to be present on the skin of the sternal, interscapular and scapular regions. The scaling was dry but was of yellowish colour.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation sub-normal. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex:

P. 78. A.V. 12. R.V. 17. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 135/100.

CONCLUSIONS. A dry seborrhoeide of localised nature. There was an associated general Sympathicotonia of moderate degree.

CASE 75.

NAME. Rfm. S--.
AGE. 25 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he suffered from "oily dandruff" for many years. Ten or twelve days prior to admission to hospital this became worse and a "rash" suddenly appeared on the skin of the backs of the knees, fronts of the elbows, and of the back between the shoulders.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A moist eczematous eruption of greasy nature involved the skin of the knee and elbow flexures, and of the interscapular area. Other flexures were more mildly involved.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations. Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 62. A.V. 20. R.V. 32. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a) -, (b) +.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/80.

CONCLUSIONS. A typical moist seborrhoeide. The associated diathesis was Vagotonic.

CASE 76.

NAME. Pte. McL---

DIAGNOSIS Dermatitis (Seborrhoeic).

AGE. 46 years.

HISTORY. Patient stated that he had suffered from "dry dandruff" for many years. From time to time scaly patches appeared on the skin of the chest. A "rash" composed of many such patches had appeared ten days prior to admission to hospital.

EXAMINATION. A marked Pityriasis Sicca Capitis was present. The skin of the neck and of the upper sternal region was noted to be the site of an erythematous and squamous eruption of dry nature. The scaling was yellow in colour and of slightly greasy character.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Achilles +. Patellar +. Abdominals --. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --. Thyroidnormal. Thin.

B. Pharmacodynamic Tests: Muck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 80. A.V. 10. R.V. 12. 2. Ruggieri's Reflex --.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --. (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 145/100.

CONCLUSIONS. A dry seborrhoeide. Associated general Sympathicotonia was noted.

CASE 77.

NAME. Gnr. 0--.
AGE. 20 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had suffered from "oily Dandruff" for the past three years, with a certain degree of itching from time to time on the skin of the forehead and ears. Two weeks prior to admission to hospital a moist and blistered eruption appeared on the skin of the scalp and ears.

EXAMINATION. On examination, The skin of the scalp and ears was found to be the site of moist and parakeratotic eczematous condition, the scaling being yellow and greasy. The entire condition suggested an exacerbation of scalp dandruff and a spread to the glabrous skin.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 65. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 44 mins. 4. B.P. 110/80.

CONCLUSIONS. A moist seborrhoeide . Associated general Vagotonia was noted.

CASE 78.

NAME. Mne. W--.

AGE. 23 years.

HISTORY. Patient stated that he had suffered from "dry dandruff" for many years. Occasional dry and itchy "spots" appeared from time to time on the skin of the chest and back. Some days before admission to hospital similar "spots" appeared thereon, becoming quickly of widespread nature.

EXAMINATION. On examination, a Pityriasis Sicca Capitis was noted to be present on the skin of the scalp. A dry and somewhat circinate eruption was present on the skin of the chest and back.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +.

Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations. Skin dry. Salivation + -.

Thyroid normal. "Nervous". Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes. Vagotonic. 1. Oculo-Cardiac Reflex

P. 78. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-

Spinalc Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular

Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -. (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 2 mins.

3. Coagulation time 2 mins. 4. B.P. 135/90.

CONCLUSIONS. A rather "highly strung" man with dry seborrhoeic dermatitis and Pityriasis Capitis. The associated diathesis was definitely Sympathicotonic.

CASE 79.

NAME. Pte. McD---. DIAGNOSIS. Seborrhoec Eczema.
AGE. 18 years.

HISTORY. Since the age of fifteen years patient suffered from "oily dandruff". Two weeks before admission to hospital this became more marked and the scalp became very itchy. A few days later an extremely greasy and moist "rash" appeared on the flexures and quickly spread.

EXAMINATION. On examination, the skin of the scalp showed the presence of Pityriasis Oleosa Capitis with some secondary eczematization. An erythematous-squamous and somewhat vesicular eruption was present on the skin of the limb flexures, of the abdomen, sternal and interscapular areas. The eruption showed the characteristic "tawny" coloration of seborrhoec rashes.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: triceps -. Patellar +. Achilles +.
Abdominals +. Leri +. Sensn. abnormal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
R 60. A.V. 20. R.V. 33. 2 Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -. MIXED. 6.
Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomyocardial
Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.
3. Coagulation time. 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoec condition. The associated diathesis was Vagotonic.

CASE 80.

NAME. Gnr. H--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 33 years.

HISTORY. Patient complained of "dry dandruff" of several years duration. A few days prior to attendance at hospital as an out-patient, he developed an itching eruption on the skin of the face.

EXAMINATION. An erythemato-squamous eruption, the parakeratosis being somewhat laminated, and numerous minute superficial fissures being present, was noted on the skin of the forehead, cheeks and chin. Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid Normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 80. A.V. 10. R.V. 12. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 9 secs. 2. Bleeding time 2 mins.
3. Coagulation time 2 mins. 4. B.P. 130/90.

CONCLUSIONS. A case of dry Seborrhoea of localised nature and looking very like Pityriasis Alba or Streptogenes. The associated diathesis was Sympathicotonic.

CASE 81.

NAME. Pte. T--.
AGE. 20 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had for three years been troubled with "oily dandruff" of the scalp. One week prior to admission to hospital, the condition of the scalp became worse and a "moist rash" appeared on the skin of the face, ears and groins.

EXAMINATION. On examination, the skin of the face, ears and groins was found to be the site of an oedematous and secondarily infected eczematous eruption. Pityriasis Oleosa Capitis was markedly present, and there was some evidence of secondary eczematization of the scalp.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps --. Patellar + --. Achilles +.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex --. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 109/75.

CONCLUSIONS. A moist seborrhoeide of fairly widespread nature. The associated diathesis was Vagotonic.

CASE 82.

NAME. Gnr. B---.
AGE. 33 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. Patient stated that he had for years been troubled with "dry dandruff". A few days before reporting to hospital as an out-patient he noticed a red and itchy eruption on the skin of the arms and legs.

EXAMINATION. On examination, the skin of the extensor surfaces of the arms and legs was found to be the site of an erythematous-squamous eruption, the scaling being yellowish and greasy. Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + -. Achilles + -.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 85. A.V. 12. R.V. 14. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-

Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular
Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 secs. 4. B.P. 125/95.

CONCLUSIONS. A dry seborrhoeide. The associated diathesis was Sympathicotonic.

CASE 83.

NAME. O.S. P--.
AGE. 19 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had been troubled with extreme itching of the scalp, with scaling and "losing of hair", for the past six months. Four days prior to admission to hospital a "rash" suddenly appeared on the skin of the face and arms. The scalp condition at the same time became more acute.

EXAMINATION. On examination, the skin of the face, ears, forearms and groins was noted to be the site of a moist and infected eczematous eruption. Pityriasis Oleosa Capitis was marked and there was florid eczematization in addition.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 65. A.V. 25. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist Seborrhoeic Eczema. The associated diathesis was Vagotonic.

CASE 84.

NAME. Lt. J--.
AGE. 33 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. Patient stated that a fairly profuse "dry dandruff" had been present for some years. Ten days prior to admission to hospital he had noticed itching and scaliness of the skin of the face.

EXAMINATION. Pityriasis Sicca was markedly present. A dry erythematous and squamous eruption was present on the skin of the forehead and cheeks.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 125/85.

CONCLUSIONS. A dry seborrhoeide with an associated general Sympathicotonia of moderate degree.

CASE 85.

NAME. Dvr. B---.
AGE. 21 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had suffered from an "oily scalp" for the past three years. A few days prior to admission to hospital a very itchy "rash" appeared on the skin of the cheeks and ears. The scalp at the same time became worse.

EXAMINATION. On examination, the skin of the face and ears, particularly in their posterior aspects, was noted to be the site of an acute, oedematous, vesicular eczematous eruption. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculö-Cardiac Reflex

P. 60. A.V. 19. R.V. 31. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia of fairly marked degree.

CASE 86.

NAME. Cpl. S--.
AGE. 39 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. Patient stated that he had suffered in his early twenties with an "oily scalp", but for the first six or seven years the hair had been very dry and was "falling". The scalp was now very "dry". Three weeks prior to attendance at hospital he had noticed itchy red areas on the skin of the forehead, armpits, backs of the knees, and fronts of the elbows.

EXAMINATION. On examination, the skin of the knee and elbow flexures, of the anterior hair margin and of the axillae was noted to be the site of a dry erythematous and squamous eruption. Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 78. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + - (sluggish);

3. Blood and Circulatory System.

1. Charcot's Test 9 secs. 2. Bleeding time 3 mins.
3. Coagulation time 3 mins. 4. B.P. 135/95.

CONCLUSIONS. A dry seborrhoeide with associated general Sympathicotonia of moderate degree.

CASE 87.

NAME. Pte. R--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 27 years.

HISTORY. Patient stated that he had been troubled with "oily dandruff" for some years, with an occasional "rash" on the groins. Two weeks prior to admission to hospital the scalp became very irritable and the groins again became affected.

EXAMINATION. A moist erythematous-vesicular eczema was present on the skin of the groins, the scrotal and perianal regions being also affected. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 60. A.V. 20. R.V. 33. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomyocardial Reflex -. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeic with an associated general Vagotonia of marked degree.

CASE 88.

NAME. Gnr. N--.
AGE. 50 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. Patient stated that he had suffered from "dry dandruff" for many years. Two weeks prior to admission to hospital numerous itchy patches appeared on the skin of the face and forearms.

EXAMINATION. On examination, a patchy erythematous and squamous eruption was found to be present on the skin of the forehead, cheeks and forearms. Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps+, Patellar+ +, Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 10. R.V. 13.3. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor + +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 135/90.

CONCLUSIONS. A dry seborrhoeide with associated general Sympathicotonia.

CASE 89.

NAME. Gnr. N--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 29 years.

HISTORY. Patient stated that he had noticed "oiliness" of the scalp and loss of hair for many years. Occasionally itching "spots" had been noticed on the skin of the forehead and chest. Two weeks before admission to hospital similar patches appeared on the skin of the chest and back.

EXAMINATION. A moist eczematous eruption was present on the skin of the back and chest. There was much greasy parakeratosis. Pityriasis Oleosa Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Tests-.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 65. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-. (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 5 mins.

3. Coagulation time 5 mins. 4. B.P. 110/80.

CONCLUSIONS. A moist eczematous seborrhoeide with associated general Vagotonia.

CASE 90.

NAME. Pte. A--.

DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 36 years.

HISTORY. Patient complained of a "dry scalp" of ten years duration. From time to time itching areas appeared on the skin of the forehead but a more widespread "rash" had appeared on that of the chest and back five days prior to attending for treatment.

EXAMINATION. A dry erythematous and squamous eruption, the scaling being, however, characteristic yellowish was noted to be present on the skin of the chest and back. Some of the lesions were of irregular circinate outline. Pityriasis Sicca Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals --.

Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 78. A.V. 10. R.V. 12, 2. Ruggieri's Reflex --.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-

Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomomotor Reflex +. 2. Idiömuscular

Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 8.5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry seborrhoeide. The associated diathesis was Sympathicotonic.

CASE 91.

NAME. Pte. C--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 23 years.

HISTORY. Patient stated that he had been troubled with "oiliness" of the scalp and loss of hair for three years. "Spots" on the skin of the chest and back had recently caused much discomfort due to itching and the exuding of moisture.

EXAMINATION. On examination, a fairly acute moist, erythematous and squamous eruption of patchy nature and "tawny" hue was noted to be present on the skin of the chest and back being chiefly on the midline. (Sternal and Interscapular areas.). Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps --. Patellar + --. Achilles +. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 60. A.V. 18. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex --. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idi muscular Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 55 mins.

3. Coagulation time 5 mins. 4. B.P. 105/75.

CONCLUSIONS. A moist Seborrhoeic Eczema. The associated diathesis was Vagotonic.

CASE 92.

NAME. A.C. 22 G--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 32 years.

HISTORY. Patient stated that he had suffered for at least six years from "dryness" of the scalp. Two or three weeks prior to admission to hospital he had developed an itching "rash" on the skin of the chest and back.

EXAMINATION. Pityriasis Sicca Capitis was markedly present. A circinate erythematous and squamous eruption was present on the skin of the presternal and interscapular areas. The lesions were somewhat buff-coloured centrally and the scales were yellow and greasy.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals --. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 10. R.V. 13.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex --. 3. Dermographism + --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 125/85.

CONCLUSIONS. A dry seborrhoeide of the "petaloid" type. There was an associated general Sympathicotonia of moderate degree.

CASE 93.

NAME. Sgt. W--.
AGE. 30 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had "always had an oily scalp". Five days prior to admission to hospital he suddenly developed great itch on the scalp and beard regions, soon followed by the appearance of a blistered "rash" which quickly crusted and became moist.

EXAMINATION. Pityriasis Oleosa Capitis with superimposed Eczematous eruption of acute nature was present. A vesicular eczematous eruption with yellowish crusting and secondary follicular infection, affected the skin of the beard region.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +. Abdominals +. Leri +. Senen. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex:

P. 65. A.V. 20. R.V. 31. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathidonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A secondarily infected and moist seborrhoeide The associated diathesis was Vagotonic.

CASE 94.

NAME. Gnr. McC--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 532 years.

HISTORY. Patient stated that he had for the past four years noticed considerable "dryness" of the scalp. Seven days prior to admission to hospital an itchy eruption had appeared on the skin of the buttocks.

EXAMINATION. Pityriasis Sicca Capitis was markedly present. A papular erythematous, and squamous eruption was present on the skin of the buttocks.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 80. A.V. 10. R.V. 12.5. 2. Ruggieri's Reflex + -.
3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-
Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.
6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular
Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -. (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test. 9 secs. 2. Bleeding time 3 mins.
3. Coagulation time 3 mins. 4. B.P. 125/90.

CONCLUSIONS. A dry seborrhoeide with associated general
Sympathicotonia.

CASE 95.

NAME. L/Cpl. R---. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 37 years.

HISTORY. Patient stated that for many years he suffered from "oily dandruff". From time to time itchy "spots" appeared on the skin of the armpits and groins. Two weeks prior to admission to hospital these appeared again and became confluent and moist.

EXAMINATION. An acute erythematous eruption was noted to be present on the skin of the groins and axillae. The condition was of seborrhoeic nature. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 62mmALV. to 20mmRSV. 32. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonia. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. 115/80.

CONCLUSIONS. A moist and greasy flexural condition. The associated diathesis was Vagotonic.

CASE 96.

NAME. 2/Lt. McD--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 29 years.

HISTORY. Patient stated that he had suffered for many years from a "dry scalp". Seven days prior to admission to hospital, an itchy "rash" appeared on the skin of the armpits.

EXAMINATION. On examination, Pityriasis Sicca Capitis was noted to be present. An erythematous and squamous eruption was found to involve the skin of the axillae. The eruption was of dry type, but the parakeratosis was of somewhat yellowish and greasy nature.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 14. R.V. 17. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry and localised seborrhoeide. The associated diathesis pointed to Sympathicotonia of mild degree.

CASE 97.

NAME. A.C. 2. H--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 26 years.

HISTORY. Patient stated that he had for many years suffered from "greasiness" of the scalp with loss of hair. Occasional itchy "spots" were noted on the skin of the chest and back from time to time. Two weeks prior to admission to hospital such lesions appeared on the skin of the chest and back in a rather more acute form, coinciding with an exacerbation of itching of the scalp.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. An erythematous and squamous eruption was present on the skin of the sternal and interscapular areas. The parakeratosis was of yellowish and greasy nature and there were a few vesicular and moist patches.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/80.

CONCLUSIONS. A moist seborrhoeide of fairly acute, though localised nature. The associated diathesis was Vagotonic.

CASE 98.

NAME. Gnr. J---. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 37 years.

HISTORY. Patient stated that he had, for a considerable period of time, suffered from "dry dandruff" affecting the scalp. This had lately become worse and a few itching spots had recently become evident on the skin of the forehead and ankles. Varicose veins were troublesome on the legs.

EXAMINATION. Pityriasis Sicca Capitis was markedly present and an erythematous and squamous eruption was present on the skin of the ankles, most marked on that of the left leg. The veins of the internal saphenous system of both legs were varicose.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 10. R.V. 12. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction. Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 5 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry seborrhoeide of the legs, with associated varicosity of veins. The diathesis was undoubtedly Sympathicotonic.

CASE 99.

NAME. Pte. McF--.
AGE. 25 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. For four years patient had noticed "greasiness" of the scalp, with itching and scaly "spots" on the skin of the face. Five days prior to admission to hospital, the scalp became very itchy and moist and a "rash" appeared on the skin of the face and arms.

EXAMINATION. A confluent eczematous eruption of greasy nature was present on the hairy scalp. The skin of the cheeks, ears, post-auricular folds, and of the flexor surfaces of the forearms, was the site of a tawny oedematous vesiculo-squamous eczematous dermatitis.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +. Abdominals++.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 62. A.V. 22. R.V. 35. 2. Ruggieri's Reflex +.
3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex. -. 5. Mankopff's Reflex -. Mixed.
6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test: 2 secs. 2. Bleeding time 4 mins.
3. Coagulation time 4 mins. 4. B.P. 110/75.

CONCLUSIONS. A moist seborrhoeide. The associated diathesis was Vagotonic. (+ +)

CASE 100.

NAME. Gdsm. O'C---. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 35 years.

HISTORY. Patient stated that a "dry dandruff" of many years duration suddenly became worse ten days prior to admission to hospital. Two days before reporting, a generalised and somewhat acneiform "rash" appeared on the body.

EXAMINATION. Pityriasis Sicca Capitis was markedly present. A generalised and follicular papular eruption was present

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflexes
P. 78. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex+. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 2 mins.
3. Coagulation time 3 mins. 4. B.P. 130/90.

CONCLUSIONS. A very typical dry seborrhoeide of follicular type. The associated diathesis was Sympathicotonic.

CASE 101.

NAME. Pte. O'D--.
AGE. 30 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient had for many years noticed "oiliness" of the scalp with loss of hair. Five days before admission to hospital this became very marked, with much attendant itching, and a moist and itching "rash" appeared between the legs and on the scrotal and perianal regions.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A moist and desquamative eruption of tawny reddish colour, with much attendant cutaneous oedema, was present on the skin of the groins, that of the scrotal and perianal regions being similarly affected.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.

Abdominals +. Peri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.

Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 53. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 17. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 115/80.

CONCLUSIONS. A typical moist seborrhoeide. The associated diathesis was Vagotonic.

CASE 102.

NAME. Gnr. S--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 20 years.

HISTORY. Patient stated that his scalp had been "very dry" for the past three years. Seven days prior to admission to hospital a reddish and itchy "rash" had suddenly appeared on the skin of the body and limbs. The patient had always been of a "nervous" disposition.

EXAMINATION. Pityriasis Sicca Capitis was markedly present. A generalised pityriasiform erythematous and squamous eruption, many of the lesions being of circinate outline, was present. The condition was superficial and did not resemble Psoriasis or Parapsoriasis of any type. The scaling was not of "frill" type nor was there any evidence of a "Herald Patch". In general, the eruption suggested the Psoriasiform Eczematide or Seborrhoeide of Brocq. The limbs were affected chiefly in their extensor surfaces.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Luck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 80. A.V. 10. R.V. 12. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 11. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomyocylar Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -. (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 9 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 125/90.

CONCLUSIONS. A dry seborrhoeide of circinate type. The Patient was a nervous young man and the diathesis was markedly Sympathicotonic.

CASE 103.

NAME. Gnr. L---. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 21 years.

HISTORY. Patient stated that he had always had a "greasy scalp". One week prior to attendance as a hospital out-patient, a "moist rash" had appeared on the skin of the folds of the elbows.

EXAMINATION. On examination, the skin of the antecubital areas was noted to be the site of a moist, oedematous and vesiculo-squamous eczematous eruption. There was a marked Pityriasis Oleosa Capitis.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 68. A.V. 18. R.V. 26. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 17. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular R Reflex +, -, 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4.mins. 4. B.P. 110/70.

Conclusions. A moist seborrhoeide, with an associated general Vagotonia.

CASE 104.

NAME. Pte. W--.

DIAGNOSIS. Dermatitis (Seborrhoeic).

AGE. 35 years.

HISTORY. Patient had always had a "dry scalp". There had, for the past two or three years, been numerous small outbreaks of "pimples" on the skin of the face and ears.

EXAMINATION. Pityriasis Sicca Capitis was present. A somewhat lichenified dermatitis was present on the skin of the cheeks and ears.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals --. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 78. A.V. 12. R.V. 14. 2. Ruggieri's Reflex --.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 2 mins.

3. Coagulation time 2 mins. 4. B.P. 140/100.

CONCLUSIONS. A localised and dry seborrhoeic of "rosacea" type. There was an associated general Sympathicotonia.

CASE 105.

NAME. Pte. H--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 21 years.

HISTORY. Patient stated that he had for some years suffered from "loss of hair" and "oiliness" of the scalp. Six days prior to admission to hospital, a moist "rash" had appeared on the skin of the neck, arms, and armpits.

EXAMINATION. On examination, the skin of the axillae, of the antecubital and popliteal areas, and of the folds of the neck was found to be the site of a moist and oedematous eruption. There was some secondary infection. Pityriasis Oleosa Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's R reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes: (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/75.

CONCLUSIONS. A moist, oedematous and secondarily infected seborrhoeide. There was an associated general Vagotonia.

CASE 106.

NAME. Pte. H--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 35 years.

HISTORY. Patient had suffered for many years from "dry dandruff". From time to time, also, "scurf" had appeared on the skin of the beard region, causing difficulty in shaving. Ten days prior to admission to hospital this had become manifest in a severe and "irritable" form.

EXAMINATION. Pityriasis Sicca Capitis was present. A dry erythematous and squamous eruption affected the skin of the beard and moustache area. There was no evidence of involvement of the eyebrows or eyelids.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 77. A.V. 11. R.V. 13. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 9 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry and localised seborrhoeide of the so-called "sycosiform" type. There was an associated general Sympathicotonia.

CASE 107.

NAME. Pte. K--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 25 years.

HISTORY. Patient complained of "oily dandruff" of some years duration. Five or six days prior to admission to hospital a moist and irritable "rash" appeared on the skin of the neck and face.

EXAMINATION. Pityriasis Oleosa Capitis was marked. A somewhat oedematous eruption of erythematous, vesicular, and squamous nature was found to be present on the skin of the face, neck and ears.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 64. A.V. 18. R.V. 28. 2. Ruggieri's Reflex +.
3. Respiratory Arrhythmia 17. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.
6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex + -.

2. Idi muscular Reflex +. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 4 secs. 2. Bleeding time 4 mins.
3. Coagulation^{time} 5 mins. 4. B.P. 112/80.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia.

CASE 108.

NAME. Rfm. M--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 46 years.

HISTORY. Patient stated that he had suffered for many years with "slight dryness" of the scalp. A very itchy "rash" had appeared, some two prior to reporting, on the skin of the right ear and cheek and on that of the upper part of the front of the chest.

EXAMINATION. On examination, the skin of the right ear, and cheek and of the sternal area was noted to be the site of an erythematous and squamous eruption, the scaling being yellowish in hue, Pityriasis Sicca Capitis was mildly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals --.
Leri +. Sensn. +.

2. vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 77. A.V. 12. R.V. 16. 2. Ruggieri's Reflex + --.

3. Respiratory Arrhythmia 11. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+. (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 140/95.

CONCLUSIONS. A dry seborrhoeide. The associated diathesis was mildly Sympathicotonic.

CASE 109.

NAME. Spr. S--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 30 years.

HISTORY. Patient had suffered from "dandruff" for some years and had noticed "greasiness" of the scalp and occasional itching areas in the armpits. Two weeks prior to admission to hospital the skin of the scalp became very irritable and a "rash" appeared on that of the face, ears, and armpits.

EXAMINATION. There was a marked Pityriasis Oleosa Capitis. The skin of the face, ears, neck and axillae showed the presence of an acute oedematous, vesicular, and squamous eczematous eruption of greasy consistency and of tawny hue.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +. Abdominals++.
Leri +. Senen. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/80.

CONCLUSIONS. A moist seborrhoeide of fairly widespread nature with an associated Vagotonia of fairly marked degree.

CASE 110.

NAME. A.C.2. C--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 31 years.

HISTORY. Patient stated that his scalp had invariably been "dry" but not unduly so. Ten days prior to reporting at the hospital a very itchy "rash" had appeared on the skin of both armpits.

EXAMINATION. On examination, the skin of either axillae showed the presence of an erythematous and squamous eruption of rather circinate outline. There was yellowish parakeratosis but no vesiculation was present. The scalp showed a very mild Pityriasis Sicca.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals +-.
Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal. Thyroid normal. Inclined to thinness.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 70. A.V. 16. R.V. 22. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia 13. Sympathicotonic. 4. Cilio-Spinal Reflex + -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)?.

D. Dermal Reflexes: 1. Pilomotor Reflex + -. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 135/90.

CONCLUSIONS. A dry seborrhoeide of localised nature. The associated diathesis was somewhat indefinite but appeared to indicate, on the whole, some extension of Sympathetic tonus.

CASE 111.

NAME. Gnr. N--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 23 years.

HISTORY. Patient stated that he had never noticed any previous skin trouble until the appearance of the present "rash", which began five days before admission to hospital. The skin of the face first became affected, that of the groins later becoming similarly involved.

EXAMINATION. Pityriasis Oleosa Capitis was present. A moist and oedematous eczematous eruption was present on the skin of the ears and groins. That of the cheeks and beard region was slightly affected in a similar manner.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.

Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 64. A.V. 18. R.V. 26.5. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 17. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist and fairly widespread seborrhoeide with an associated mild general Vagotonia.

CASE 112.

NAME. Pte. G--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 37 years.

HISTORY. Patient had suffered from "dry dandruff" for some years, and had also from time to time noticed itching spots on the skin of the chest and back. Two weeks prior to reporting, the lesions on the chest and back became more marked.

EXAMINATION. Pityriasis Sicca Capitis was present. A dry erythematous and squamous eruption of somewhat circinate nature was noted to be present on the skin of the mid-line of the chest and back.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri+. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 77. A.V. 11. R.V. 14. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular
Reflex +. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 130/95.

CONCLUSIONS. A dry and circinate seborrhoeide. The associated diathesis was Sympathicotonic.

CASE. 113.

NAME. L/Cpl. D--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 26 years.

HISTORY. Patient stated that his scalp had been "greasy" for some years. He had suffered from "acne" in youth. Two weeks prior to admission to hospital, following a long spell of respirator-drill, he noticed that his face was very "hot". On the following day a very acute eczematous condition appeared on the skin of the ears and cheeks. There was much oozing, crusting and cutaneous oedema.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A very acute Vesicular eczematous dermatitis was noted to be present on the skin of the face and ears. Much greasiness, moisture and crusting was present, and secondary infection was rife. There was associated adenopathy of local lymphatics.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Peri+. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation + +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 6l. A.V. 19. R.V. 3l. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6. Palatino-
Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.
3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A case of moist and infected Seborrhoea. The associated diathesis was Vagotonic.

CASE 114.

NAME. Dvr. S---. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 23 years.

HISTORY. Patient had for the past four years suffered from "dry dandruff". The appearance, over a period of two or three months, of a dry and itching rash on the skin of the arms and legs, caused him to report for observation.

EXAMINATION. On examination, the skin of the arms and legs, in their extensor surfaces, was noted to be the site of a dry and erythematous papular eruption. The skin of the scalp showed Pityriasis Sicca.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin. Nervous.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 75. A.V. 12. R.V. 16. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 16. Sympathicotonic. 4. Cilio-
Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular
Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 128/85.

CONCLUSIONS. A dry seborrhoeide with associated general
Sympathicotonia.

CASE 115.

NAME. Bdr. H---.
AGE. 33 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient had suffered from "oiliness" and itching of the scalp for some years. Ten days prior to admission to hospital there had been considerable itching of the skin of the face and ears, and a moist "rash" had subsequently appeared.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A moist and oedematous eruption had appeared on the skin of the face and ears and was markedly present, having greasy parakeratosis and a tawny hue. The flexural areas were most severely affected.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic, 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 35. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 19. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex + -. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex + +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins. 3

3. Coagulation time 5 mins. 4. B.P. 116/75.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia.

CASE 116.

NAME. Pte. McC--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 40 years.

HISTORY. Patient noticed, shortly before reporting to hospital, a dry and itchy "rash" on the forearms. He had always had a rather "dry" scalp.

EXAMINATION. Pityriasis Sicca Papitis and mild Alopecia Seborrhoeica was present. A reddish papular eruption was present on the skin of the extensor surface of either forearm. There was some involvement of the skin of the nape of the neck.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals --. Leri+. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 12. R.V. 16. 2. Ruggieri's Reflex--.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 135/100.

CONCLUSIONS. A dry seborrhoeide localised to the skin of the forearms. There was an associated general Sympathicotonia.

CASE 117.

NAME. Gnr. C---.
AGE. 29 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient had always had an "oily" scalp. Two weeks prior to admission to hospital, there was much irritation of the scalp, followed by oozing, and a few days later a reddish eruption appeared on the skin of the armpits, groins and forearms. This had persisted and became moist.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present, with some oedema of the scalp thereof and a moist eruption. A tawny erythematous eruption was present on the skin of the flexures of the ears, arms, legs, and in the groins and armpits.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -, Patellar +. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 21. R.V. 35. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 115/80.

CONCLUSIONS. A typical Seborrhoeic Eczema. The associated diathesis was Vagotonic. (+).

CASE 118.

NAME. Sgt. C--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 38 years.

HISTORY. Patient stated that he had recently noticed much itching on the skin of the shoulders. He had always had a "dry" scalp.

EXAMINATION. A reddish papular eruption was noticed to be present on the skin of the scapular areas. Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. SensoriMotor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 10. R.V. 12. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 13. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry seborrhoeide. The associated diathesis was Sympathicotonic.

CASE 119.

NAME. Spr. M--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 24 years.

HISTORY. Patient stated that he had, six weeks prior to admission to hospital, noticed considerable itching on the skin of the neck and back. A reddish "rash" then appeared on the skin of the affected parts, which rapidly became moist. He had suffered from "oiliness" of the scalp for the past four years.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. Reddish papular and vesicular eczematous dermatitis was present on the skin of the neck and of the scapular and interscapular regions.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + Achilles + -.

Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 62. A.V. 20. R.V. 32. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-

Spinal Reflex -.

5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular

Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide of localised nature. The associated diathesis was Vagotonic.

CASE 120.

NAME. Pte. L---.
AGE. 33 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. Patient had suffered for many years from "dryness" of the scalp. A very itchy "rash" appeared suddenly on the skin of the fingers and hands two weeks prior to admission to hospital.

EXAMINATION. Pityriasis Sicca Capitis and Seborrhoeic Alopecia were present. An erythematous and squamous eruption was found to be present on the skin of the hands. A few similar lesions were noted to be present on the skin of the antecubital and axillary flexures.

INVESTIGATION:

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 10. R.V. 12. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a) +, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry eczematous seborrhoeic eruption. The associated diathesis was Sympathicotonic.

CASE 121.

NAME. Pte. F--.
AGE. 23 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that for the past four years he had suffered from "loss of hair and oiliness of the scalp". He had also suffered from "dermatitis of the arms and legs", of itchy and moist nature, recurrent attacks having taken place over the past three years.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A yellowish-red eczematous dermatitis was noted to be present on the skin of the flexures of the arms and legs. There was considerable vesiculation.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +. Abdominals ++. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide. The associated diathesis was Vagotonic.

CASE 122.

NAME Gnr. M--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 39 years.

HISTORY. Patient stated that he had had a "dry scalp" for many years. A very itchy "rash" appeared on the skin of the trunk and limbs five days before admission to hospital.

EXAMINATION. Pityriasis Sicca Capitis was present. A generalised and somewhat lichenified papular and squamous eruption was present on the skin of the body and limbs. The parakeratosis was of greasy nature.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps⁺. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 11. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 135/90.

CONCLUSIONS. A dry seborrhoeide. The associated diathesis was Sympathicotonic.

CASE 123.

NAME. Pte. P--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 19 years.

HISTORY. Patient had suffered from "falling of hair" and an "oily scalp" for the past two years. Many "spots" had been present on the skin of the face, chest, and back in addition. Five days prior to admission to hospital, a very itchy "rash" had appeared on the skin of the face and neck.

EXAMINATION. Pityriasis Oleosa Capitis was marked, and there was some evidence of oedematous eczematization of the scalp itself. A moist, erythematous, and oedematous eruption was present on the skin of the face, ears, and neck. Acne Vulgaris was present on the skin of the face and chest in addition.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.

Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 62. A.V. 19. R.V. 31. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino cardiac Reflexes. (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 110/75.

CONCLUSIONS. A moist seborrhoeide. The associated diathesis was definitely Vagotonic.

CASE 124.

NAME. Pte. W--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 41 years.

HISTORY. Patient stated that he had suffered from "dryness" of the scalp for many years. Occasional itching areas had from time to time appeared on the skin of the armpits, on that of the groins, and sometimes on that of the forehead. Three weeks prior to reporting, a fresh eruption appeared on the skin of the armpits.

EXAMINATION. A mild degree of Seborrhoeic Alopecia and of Pityriasis Sicca was present on the scalp. The skin of the axillae was noted to be the site of a subacute erythematous and squamous eruption, a few follicular and pustular lesions being present in addition.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps + -. Patellar + +. Achilles +.
Abdominals + -. Leri +. Sensh. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 76. A.V. 12. R.V. 16. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7.5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 135/90.

CONCLUSIONS: A dry seborrhoeide with an associated Sympathicotonia of mild degree.

CASE 125.

NAME. Gnr. F--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 34 years.

HISTORY. Patient stated that he had developed an "irritable rash" on the arms and legs six days before admission to hospital. He had always suffered from "dandruff" of the scalp.

EXAMINATION. Pityriasis Oleosa Capitis was marked. A moist and crusted erythematous eruption was present on the skin of the flexor surfaces of the arms and legs.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles +.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 65. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Gilio-Spinal Reflex + -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+,

D. Dermal Reflexes: 1. Pilomotor Reflex. -. 2. Idiomuscular Reflex + -. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation^a time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia.

CASE 126.

NAME. Pte. L---.
AGE. 39 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. Patient complained of an itching eruption on the skin of the groin of three weeks duration. He had for many years suffered from itching of the scalp and from "dandruff", especially when his hair had not been cut for some time.

EXAMINATION. Pityriasis Sicca Capitis was present. An erythematous and squamous eruption of dry nature was found to involve the skin of the upper and inner aspect of each thigh. The question of Tinea Cruris was excluded by microscopical examination of scrapings.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals --. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 13. R.V. 17. 2. Ruggieri's Reflex --.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal +. 5. Mankopff's Reflex +. Mixed. 6. Palatino-Cardiac Reflexes (a)+, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 135/95.

CONCLUSIONS. A dry seborrhoeide of localised nature with an associated general. Sympathicotonia of mild degree.

CASE 127.

NAME. Pte. R--.
AGE. 22 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had for the past four years noticed an increasing "oiliness" of his scalp, and that his hair was "falling". Occasional reddish and itching "spots" had recently appeared on the skin of the forehead, and behind the ears. Two weeks before admission to hospital such lesions appeared in very acute and confluent form.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present and there was some oedema of the scalp. A moist eczematous eruption was present on the skin of the ears, post auricular folds, and on the cheeks, especially in the naso-labial furrows.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 60. A.V. 22. R.V. 37. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -/ Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A very typical Seborrhoeic Eczema. The associated diathesis was Vagotonic. (+).

CASE 128.

NAME. A.B. L--. DIAGNOSIS. Dermatitis. (Seborrhoeic).
AGE. 41 years.

HISTORY. Patient stated that he had developed a dry and scaly "dermatitis" on the skin of the body and limbs some three days prior to admission to hospital. He had suffered from "dandruff" for many years.

EXAMINATION. On examination, the skin of the arms, legs and trunk was noted to be the site of a patchy erythematous and squamous eruption of circinate character. The parakeratotic scaling was of yellow and greasy nature. Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 13. R.V. 17. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 8 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 135/90.

CONCLUSIONS. A generalised and dry seborrhoeide. The associated diathesis was only mildly Sympathicotonic, which was unusual in view of the extent of the eruption.

CASE 129.

NAME. Pte. D--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 21 years.

HISTORY. Patient had for four years been troubled with "oily dandruff" of the scalp and "loss of hair". Five days prior to admission, an itching "rash" appeared on the skin of the forehead and on that behind the ears. A generalised spread quickly followed, moist areas becoming prominent.

EXAMINATION. pityriasis Oleosa Capitis was marked. An erythematous and squamous vesicular eczematous eruption was present on the skin of the face, forehead, ears, chest, back and limb flexures. There was much moisture, greasy parakeratosis, and secondary infection.

INVESTIGATION.

1. Sensory-Motor System.

Reflexes: Triceps --. Patellar + --. Achilles + --.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 23. R.V. 38. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex --. Mixed.

6. Palatino-Cardiac Reflexes (a)--, (b)+.

D. dermal Reflexes: 1. Pilomotor Reflex --. 2. Idi muscular Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 112/75.

CONCLUSIONS. A generalised, moist and secondarily infected seborrhoeide. There was an associated Vagotonia. (+).

CASE 130.

NAME. Sgt. J--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 44 years.

HISTORY. Patient stated that he had suffered for years with "dry dandruff" and that occasional itching "rashes" had been noticed on the skin of the chest and back. A rather more severe attack of the latter had lately occurred.

EXAMINATION. Pityriasis Sicca Capitis was markedly present. A dry, circinate and erythematous eruption was noted to be present on the skin of the chest and back. There was considerable parakeratosis.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 80. A.V. 12. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7.5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 140/95.

CONCLUSIONS. A dry seborrhoeide of localised nature and of "petaloid" type. There was an associated and mild Sympathicotonia.

CASE 131.

NAME. Gnr. A--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 25 years.

HISTORY. Patient stated that he had for some time been troubled with itching and "oiliness" of the scalp. Ten days prior to admission to hospital, an itchy "rash" had appeared on the skin of the face, chest and back.

EXAMINATION. On examination, the skin of the face, chest and back was noted to be the site of a moist eczematous eruption of tawny and reddish colour. Pityriasis Oleosa Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 65. A.V. 19. R.V. 29. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 120/80.

CONCLUSIONS. A localised and moist seborrhoeide with an associated general Vagotonia.

CASE 132.

NAME. Gnr. R--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 32 years.

HISTORY. Patient stated that he had, for at least seven years, suffered from "dry dandruff". Ten days before admission to hospital an itchy "rash" appeared on the skin of the chest and back. An occasional mild attack of similar nature had been previously noted on the same sites.

EXAMINATION. A mild Pityriasis Sicca was noted to be present on the scalp. A dry erythematous and squamous eruption of somewhat diffuse nature was noted to be present on the skin of the sternal and scapular areas.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +. Abdominals -.
Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 74. A.V. 12. R.V. 16. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflex (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomyocylar Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 135/85.

CONCLUSIONS. A dry and localised seborrhoeide with an associated general Sympathicotonia of mild degree.

CASE 133.

NAME. Pte. G---. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 28 years.

HISTORY. Patient stated that he had suffered from an "oily scalp" and occasional itching "rashes" on the skin of the legs and thighs at intervals over the past four years.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. The skin of the popliteal areas and of the upper third of the posterior aspect of each lower leg was found to be the site of a moist eczematous eruption. The associated parakeratosis was of greasy nature.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +. Ieri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 65. A.V. 20. R.V. 31. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/75.

CONCLUSIONS. A moist seborrhoeide of localised nature with an associated general Vagotonia of moderate degree.

CASE 134.

NAME. Dvr. F--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 40 years.

HISTORY. Patient complained of "dryness" of the scalp of ten years duration. Five days prior to admission to hospital, a red "rash" had appeared on the skin of the back.

EXAMINATION. On examination, a marked Pityriasis Sicca Capitis was noted to be present. A follicular eruption with some associated parakeratosis involved the skin of the scapular areas.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.

Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 14. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 135/95.

CONCLUSIONS. A dry and follicular seborrhoeide with an associated mild general Sympathicotonia.

CASE 135.

NAME. Pte. B--.
AGE. 22 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had noticed "oiliness" of the scalp for the past three years. About five days prior to admission to hospital, there was much itching of the scalp and the hair became "matted", and the scalp beneath inflamed.

EXAMINATION. An infected and eczematous eruption was present on the scalp. Corona Seborrhoeica was also markedly present, on the forehead and above the ears especially.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps --. Patellar +. Achilles + --.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test --.

C. visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex --. Mixed.

6. Palatino-Cardiac Reflexes (a)--, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idiomuscular Reflex + --. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia.

CASE 136.

NAME. Gnr. H--.
AGE. 32 years.

DIAGNOSIS. Dermatitis (Seborrhoeic).

HISTORY. Patient stated that he had suffered for the past six years from "dryness of the scalp", and loss of hair. Five days prior to admission to hospital, an itching eruption appeared on the skin of the back and chest.

EXAMINATION. Pityriasis Sicca Capitis was markedly present. A dry, parakeratotic, and circinate eruption was present on the skin of the sternal and interscapular areas.

INVESTIGATION.

1. Sensory-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +.
Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 12. R.V. 16. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 2 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry seborrhoeide with associated general Sympathicotonia.

CASE 137.

NAME. Pte. H--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 21 years.

HISTORY. Patient stated that for the past three years he had suffered from "oiliness" of the scalp and "spots" and "blackheads" on the face. Four weeks prior to admission to hospital a very itchy "rash" appeared on the skin of the chest and back.

EXAMINATION. On examination, the skin of the chest (sternal region) and back (interscapular region) was found to be the site of an acneiform and erythematous and squamous eruption of greasy nature. A few scattered acne papules were noted to be present on the skin of the face.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals + +. Leri +. Sehsn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Clinical Manifestations: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 65. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4. mins.

3. Coagulation time 5 mins. 4. B.P. 110/75.

CONCLUSIONS. A moist seborrhoeic eczema with associated general Vagotonia.

CASE 138.

NAME. Gnr. B---. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 36 years.

HISTORY. Patient stated that he had "always had a dry scalp" and that his hair tended to fall out in large quantities. Four days prior to admission to hospital, a very red and itchy "rash" appeared on the skin of either side of the neck.

EXAMINATION. On examination. the skin of the neck was noted to be the site of an erythematous and squamous eruption of dry nature. Pityriasis Sicca Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Achilles +. Patellar + +.
Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 75. A.V. 11. R.V. 15. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia 13. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -. (sluggish).

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 130/95.

CONCLUSIONS. A dry seborrhoeide with associated general Sympathicotonia.

CASE 139.

NAME. Pte. A--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 24 years.

HISTORY. Patient, whose English was not fluent, could give little history of his condition, but had suffered from time to time over the past year from "eczema" of the scalp and beard.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. Erythematous and moist, secondarily infected, eczematous dermatitis was present on the skin of the scalp and beard. Many of the lesions were follicular in site.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: 1. Vagotonic. 2. Oculo-Cardiac Reflex
P. 60. A.V. 20. R.V. 35.3. 3. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide with associated general
Vagotonia.

CASE 140.

NAME. Pte. McE--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 28 years.

HISTORY. Patient stated that he had suffered for some years from "dryness" of the scalp. For the past five weeks a dry and scaly "rash" had been present on the skin of the face.

EXAMINATION. Pityriasis Sicca Capitis was markedly present. An erythemato-squamous eruption, a good deal resembling Pityriasis Streptogenes, was noted to be present on the skin of the cheeks and ears.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 74. A.V. 13. R.V. 18. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 130/90.

CONCLUSIONS. A dry seborrhoeide with an associated mild general Sympathicotonia.

CASE 141.

NAME. Gnr. Q--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 33 years.

HISTORY. Patient complained of an "oily" scalp" of many years duration. Two weeks prior to admission to hospital a moist "rash" suddenly appeared on the skin of the back and chest. There was much itching.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A moist and eczematous eruption was present on the skin of the sternal and interscapular areas. The eruption was of greasy nature.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.

Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 35.5. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2.5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 125/85.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia.

CASE 142.

NAME. Pte. G--. DIAGNOSIS. Dermatitis (Seborrhoeic).
AGE. 31 years.

HISTORY. Patient stated that he had always had an "dry scalp" and occasional itching on the skin of the forehead and chest. Ten days before reporting to hospital, a wide-spread and itching "rash" appeared on the skin of the body.

EXAMINATION. on examination, the skin of the body was found to be the site of a dry and circinate erythematous and squamous dermatitis. There was no question of Pityriasis Rosea and the condition was obviously seborrhoeic. Pityriasis Sicca Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.
Abdominals -. Leri +. Sensn. +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 73. A.V. 13. R.V. 18. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuâcular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 2 mins. 4. B.P. 130/85.

CONCLUSIONS. A dry and circinate seborrhoeide. The associated diathesis was mildly sympathicotonic.

CASE 143.

NAME. Gnr. P--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 28 years.

HISTORY. Patient stated that he had had an "oily scalp" for some time with occasional itching "rashes" on the ears and forehead. About ten days prior to admission, a moist "rash" appeared on the skin of the forehead, the ears and neck becoming later similarly involved. At about the same time the scalp became affected also.

EXAMINATION. A vesiculo-pustular, oedematous and secondarily infected eczematous eruption was present on the skin of the scalp, ears and neck. The eruption was of "greasy" character.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps + -. Patellar + -. Achilles + -. Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist, Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3 . 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflèx -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 112/70.

CONCLUSIONS. A moist and secondarily infected seborrhoeide. There was an associated general Vagotonia of fairly marked degree.

CASE 144.

NAME. Gnr. S--.
AGE. 31 years.

DIAGNOSIS. Acne Rosacea.

HISTORY. Patient stated that he had for five years had a very "dry" scalp. For the past two years he had noticed itching and redness of the skin of the nose and cheeks, while numerous "pimples" with "yellow tops" continually appeared thereon. He had been much troubled with constipation for some three years, but had a good appetite for food.

EXAMINATION. Pityriasis Sicca Capitis was markedly present. A typical Acne Rosacea was present on the skin of the nose and flush areas of the cheeks. There was congestive erythema, a few pustular lesions, and early dilatation of superficial capillaries.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +.

Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 70. A.V. 12. R.V. 17. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-

Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular

Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 2 mins.

3. Coagulation time 3 mins. 4. B.P. 130/90.

CONCLUSIONS. A typical early Acne Rosacea. The associated diathesis was Sympathicotonic.

CASE 145.

NAME. A.C.2. T--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 28 years.

HISTORY. Patient stated that he had suffered from "oiliness" of the scalp for some years. Twelve days prior to admission to hospital, a very itchy eruption appeared on the skin of the armpits and also on that of the ankles.

EXAMINATION. On examination, the skin of the axillae and of the inner aspect of the ankle on each side was found to be the site of a moist erythematous eruption. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 64. A.V. 20. R.V. 31. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2.5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4.5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia.

CASE 146.

NAME. Gnr. G--.
AGE. 32 years.

DIAGNOSIS. Acne Rosacea.

HISTORY. Patient had for the past two years noticed a progressive "flush" on the skin of the entire face, especially marked after a hot meal, exercise, and when in a hot room. Constipation had always been troublesome. "Dryness" of the scalp was also complained of.

EXAMINATION. Pityriasis Sicca Capitis was present. A typical and early Acne Rosacea was noted, the skin of the forehead, cheeks, and chin being affected in the usual manner.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +. Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 70. A.V. 12. R.V. 17. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7.5 secs. 2. Bleeding time 2 mins.

3. Coagulation time 2 mins. 4. B.P. 134/90.

CONCLUSIONS. A typical early Acne Rosacea. The associated diathesis was ~~Sympathicotonic~~.

CASE 147.

NAME. Gnr. H--.
AGE. 20 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had suffered for the past two years from "greasiness" of the scalp. Ten days prior to admission to hospital, an "eczematous" eruption appeared on the skin of the inner aspect of either ankle. This was extremely itchy and quickly became very moist.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A vesicular eczematous eruption was present on the skin of the medial aspect of either ankle. There was some oedema of the affected skin.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 35.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/90.

CONCLUSIONS. A moist seborrhoeide of localised nature. There was an associated general Vagotonia of fairly marked degree.

CASE 148.

NAME. A.C.2. S--.

DIAGNOSIS. Acne Rosacea.

AGE. 31 years.

HISTORY. Patient stated that he had always suffered from "dry dandruff" of the scalp. Three years ago he had begun to notice a persistent "flushing" of the skin of the nose and cheeks. He had been somewhat troubled with constipation for as long as he could remember.

EXAMINATION. Pityriasis Sicca Capitis was present, as also was a typical Acne Rosacea, affecting the skin of the nose and cheeks. The lesions consisted of small scaly patches and a mild degree of superficial teleangiectasia.

INVESTIGATION.

1. Sensory-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +. Abdominals -. Ieri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 71. A.V. 11. R.V. 15. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia. 14. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 130/95.

CONCLUSIONS. A very typical early Acne Rosacea. The associated diathesis was mildly Sympathicotonic.

CASE 149.

NAME. Gnr. G--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 30 years.

HISTORY. Patient stated that "oiliness" of the scalp had been noticed for some years. Five days before admission to hospital, an extremely itchy eruption appeared on the skin of the face and ears. The "rash" quickly became moist.

EXAMINATION. On examination, the skin of the forehead, cheeks, and ears was noted to be the site of a vesicular and secondarily infected eczematous eruption. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex +. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist and secondarily infected seborrhoeide. The associated diathesis was one of fairly marked Vagotonia.

CASE 150.

NAME. A. C. 1. M--. DIAGNOSIS. Acne Rosacea.
AGE. 29 years.

HISTORY. Patient stated that he had noticed "reddening" of the nose and cheeks, with the occasional appearance thereon of "itchy pimples", for the past three years. He had noticed "dryness" of the scalp for some considerable time.

EXAMINATION. On examination, a typical Acne Rosacea of early nature was found to affect the skin of the nose and cheeks which showed mild congestive erythema, a few dry and scaly patches, and mild teleangiectasis. Pityriasis Sicca Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar + +. Achilles +.

Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -. Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test +.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 70. A.V. 12. R.V. 17. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 13. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopff's Reflex +. Mixed.

Palatino-Cardiac Reflexes (a)+, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex + -.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 130/90.

CONCLUSIONS. A typical early Acne Rosacea with an associated Sympathicotonia of mild degree.

CASE 151.

NAME. Gnr. McF---. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 21 years.

HISTORY. Patient stated that he had been troubled for about two years with "greasiness" of the scalp. Ten days prior to admission, a very itchy "rash" had appeared on the skin of the face and ears.

EXAMINATION. On examination, Pityriasis Oleosa Capitis was found to be markedly present. An oedematous, vesicular and eczematous eruption, somewhat secondarily infected, was found to be present on the skin of the forehead, ears and cheeks. The posterior auricular folds were most severely affected.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist and secondarily infected seborrhoeide, with an associated and fairly marked Vagotonia.

CASE 152.

NAME. Sgt. K--. DIAGNOSIS. Acne Rosacea.
AGE. 35 years.

HISTORY. Patient stated that he had, for the past five years, noticed increasing "redness" of the skin of the nose and cheeks. He had always suffered from "sluggish bowels". The scalp had always been very dry and the hair had recently begun to become noticeably "thinner".

EXAMINATION. Pityriasis Sicca Capitis and slight Alopecia of the "seborrhoeic" type were present. There was some thickening of the skin of the forehead, nose, cheeks and chin. There was noticeable congestive erythema and teleangiectasis, and a few pustular lesions were here and there present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps + -. Patellar +. Achilles +.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test + -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 64. A.V. 12. R.V. 18. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+-.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular

Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 125/85.

CONCLUSIONS. A very typical Acne Rosacea of well-established nature. The associated diathesis was somewhat difficult to define, but there seemed to be a definite tendency to extension of Vagal tone.

CASE 153.

NAME. Pte. C--.
AGE. 23 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had, for at least four years, been troubled with "oiliness" of the scalp and with "itching spots" and "blackheads" on the skin of the chest and back. Ten days prior to admission to hospital, a "moist rash" appeared on the skin of these areas.

EXAMINATION. Pityriasis Oleosa Capitis was present. The skin of the face, chest, and back was noted to be the site of a moist and somewhat follicular eczematous eruption.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +.+. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation + .
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 62. A.V. 22. R.V. 55. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal-Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex + +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide with an associated and marked general Vagotonia.

CASE 154.

NAME. O.S. J--.
AGE. 20 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had developed "a reddish rash" on the skin of the face, armpits, and abdomen five days before admission to hospital. The eruption was very itchy. The scalp had, for the past three years, been very "oily", and the hair had been "falling" for some time.

EXAMINATION. Pityriasis Oleosa Capitis was present. A generalised eczematous eruption, most marked in the axillae, groins, and in the flexures of the limbs, was also noted to be present. The eruption was of papulo-vesicular nature, and there was some oedema of the affected skin.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P.60. A.V. 24. R.V. 40. 2. Ruggieri's Reflëx +.

3. Respiratory Arrhythmia 22. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 sécs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A generalised and moist seborrhoeide with an associated and very marked Vagotonia.

CASE 155.

NAME. Gnr. P---. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 25 years.

HISTORY. Patient stated that he had, for the past four or five years, noticed considerable "greasiness" of the scalp. Two weeks prior to admission to hospital, the skin of the scalp became "inflamed" and very itchy, a "greasy" eruption soon afterwards appearing on that of the chest and back.

EXAMINATION. On examination, the scalp was found to be the site of a moist eczematous eruption. The skin of the sternal and interscapular was noted to be the site of a tawny and erythematous eczematous eruption of papulo-vesicular nature.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skinmoist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60, A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 114/75.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia.

CASE 156.

NAME. Spr. P---

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 25 years.

HISTORY. Patient stated that he had, four days prior to admission to hospital, noticed a very moist "rash" on the skin of the backs of the knees and of the fronts of the elbows. The scalp had been very "greasy" for the past five or six years.

EXAMINATION. Pityriasis Oleosa Capitis was present. A rather sharply circumscribed erythematous and vesicular eczematous eruption affected the skin of the antecubital and popliteal areas. There was considerable yellow parakeratotic scaling.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.

Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33,3, 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. 4. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia of fairly marked degree.

CASE 157.

NAME. Spr. D---. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 24 years.

HISTORY. Patient stated that he had noticed considerable itching on the entire skin of the body for at least six days prior to admission to hospital. Forty-eight hours before reporting, moist areas had begun to appear. The scalp had shown much "oily dandruff" over the past few months.

EXAMINATION. On examination, the skin of the flexures of the limbs and of the body folds in general, was found to be the site of a vesicular eczematous eruption of "greasy" and of secondarily infected nature. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflexes:

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomyocardial Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 112/70.

CONCLUSIONS. A moist, widespread, and infected seborrhoeide with an associated general Vagotonia of a less marked degree than might have been expected in view of the extent of the eruption.

CASE 158.

NAME. O.S. D--.

DIAGNOSIS Seborrhoeic Eczema.

AGE. 25 years.

HISTORY. Patient stated that he had suffered for some time from "oily dandruff". Two weeks prior to admission to hospital, a few itchy areas appeared on the skin of the forearms and on that of the "folds of the knees".

EXAMINATION. On examination, the skin of the antecubital and popliteal areas was found to be the site of a vesicular eczematous condition with mild superimposed secondary infection by pyogenic organisms. Pityriasis Oleosa Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 6l. A.V. 19. R.V. 3l. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide of localised nature. There was an associated general Vagotonia.

CASE 159.

NAME. Gnr. A--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 28 years.

HISTORY. Patient stated that he had lately suffered somewhat from "itching" of the scalp which had been "oily" for years. Four days prior to admission to hospital, a "rash" suddenly appeared on the skin of the scalp, forehead, and ears, moist areas quickly appearing thereon.

EXAMINATION. On examination, the skin of the scalp, of the auricular pinnae and posterior auricular areas, and of the forehead and naso-labial furrows was found to be the site of a moist eczematous eruption. The parakeratotic scaling was of yellowish and greasy nature,

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist, Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilonotor Reflex -. 2. Idiomus cular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins,

3. Coagulation time 5 mins. 4. B.P. 112/80.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia of fairly marked degree.

CASE 160.

NAME. Cpl. L--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 27 years,

HISTORY. Patient stated that he had for the past year been suffering from the presence of occasional scaly and itchy patches on the skin of the face and groins. The scalp had been very "greasy" for some years. Two months prior to admission to hospital, the eruption again appeared on the skin of the arms, groins, and beard region.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A moist, greasy and secondarily infected eczematous eruption was noted to be present on the skin of the beard region, antecubital areas, thighs and groins.

INVESTIGATION.

I. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Peri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 64. A.V. 20. R.V. 31. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist and fairly widespread seborrhoeide. The associated diathesis was Vagotonic.

CASE 161.

NAME. Spr. G--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. /33 years.

HISTORY. Patient stated that he had suffered from "oil-iness" of the scalp for many years; his hair was also loose and "falling." Ten days prior to admission, a generalised itching "rash" was noticed, which quickly became moist.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. The skin of the body and limbs, particularly in the flexures thereof, was found to be involved in a moist and secondarily infected eczematous process.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +.-.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 24. R.V. 40. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 21. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. E.P. 120/80.

CONCLUSIONS. A generalised and moist seborrhoeide with an associated general Vagotonia of very marked degree.

CASE 162.

NAME. Gnr. O'M--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 28 years.

HISTORY. Patient stated that he had suffered from "oily dandruff" for the past seven years. Ten days prior to admission to hospital, a painful and itching "rash" appeared on the skin of the beard region and neck.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A moist, eczematous, and secondarily infected eruption was present on the skin of the neck and beard region.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 60. A.V. 20. R.V. 33.5. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time. 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide of the so-called
"sycosiform" type. The associated diathesis was one of
fairly marked general Vagotonia.

CASE 163.

NAME. Pte. P--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 34 years.

HISTORY. Patient stated that he had suffered from "greasiness" of the scalp and "loss of hair" for the past ten years. Two weeks prior to admission, a very itchy "rash" appeared on the skin of the arms and legs.

EXAMINATION. On examination, the skin of the arms and legs, particularly in their flexor aspects, was noted to be the site of a moist eczematous eruption. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 63. A.V. 19. R.V. 31. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B. P. 125/85.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia.

CASE 164.

NAME. L/Cpl. A--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 28 years.

HISTORY. A mild "dandruff" was stated to have been present for many years. This was of "greasy" nature and was associated with "falling of the hair". Two weeks prior to reporting for treatment, an itching "rash" had appeared on the skin of the chest and back.

EXAMINATION. On examination, the skin of the sternal and interscapular areas was found to be the site of a greasy eczematous eruption, moist and vesicular in parts. There was some evidence of previous Acne Vulgaris of the face, chest and back. Pityriasis Oleosa Capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps --. Patellar + --. Achilles + --.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33. 3. 2. Ruggieri's Reflex +.

3. Resoiratory Arrhythmia 20. Sympathicotonia. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex --. Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist and localised seborrhoeide with an associated general Vagotonia.

CASE 165.

NAME. 2/Lt. F--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 21 years.

HISTORY. Patient stated that he had suffered for the past three years from "oily dandruff". Three weeks prior to admission to hospital, a moist and very itchy "rash" had appeared on the skin of the chest and arms.

EXAMINATION. Pityriasis Oleosa Capitis was marked. A moist eczematous eruption was present on the skin of the sternal area and on that of the flexor surface of either forearm. There was much greasy parakeratosis.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1, Oculo-Cardiac Reflex.

P. 64. A.V. 22. R.V. 34. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilonotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide of fairly widespread nature. The associated diathesis was one of very definite Vagotonia.

CASE 166.

NAME. Spr. McA---.
AGE. 21 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had been suffering from "eczema" of the beard region for the past two weeks. He had noticed much "oiliness" of the scalp and of the skin generally, and his hair had lately begun to "fall" very markedly.

EXAMINATION. On examination, the skin of the beard region was found to be the site of a very much secondarily infected eczematous eruption. The condition was neither follicular nor impetiginous and spread irregularly on to the glabrous skin of the neck and cheeks. Pityriasis Oleosa Capitis was marked.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + . Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide of secondarily infected nature. The associated diathesis was Vagotonic.

CASE 167.

NAME. Gnr. G--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 29 years.

HISTORY. Patient stated that for some years he had noticed "oily dandruff" of the scalp. Ten days prior to admission to hospital, this became much worse, and moist areas appeared on the scalp.

EXAMINATION. On examination, the scalp was found to be the site of a secondarily infected and eczematous eruption, which seemed to be superimposed upon a pre-existing Pityriasis Oleosa Capitis. A few small areas of similar nature was found to be present on the skin of the forehead and in the post-auricular areas.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia.

CASE 168.

NAME. S/Sgt. H--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 28 years.

HISTORY. Patient stated that for the past six weeks he had suffered from a moist and very itchy "rash" in the region of the anus. He had been troubled for years with "greasy dandruff" of the scalp.

EXAMINATION. Pityriasis Oleosa Capitis was present. The skin of the perianal region was the site of an intertriginous eczematous eruption of oedematous nature. A few similar patches were present on the skin of the scrotal area.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 35.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular
Reflex + -. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist and very localised seborrhoeide. The associated diathesis was Vagotonic.

CASE 169.

NAME. Cpl. O'B--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 30 years.

HISTORY. patient stated that for at least ten years he had been troubled with a "greasy" scalp. Two weeks prior to admission to hospital, the scalp condition became much worse, a reddish and moist "rash" appeared on the skin of the scalp and subsequently spread to that of the face, ears, and neck.

EXAMINATION. Pityriasis Oleosa Capitis was present, with a superimposed and fairly acute eczematous eruption of moist and greasy nature. An acute vesicular eczematous eruption was present on the skin of the forehead, ears, and neck, particularly in the folds thereof.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.

Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.

Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 58. A.V. 22. R.V. 38. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular

Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS: A moist and acute seborrhoeide. The associated diathesis was Vagotonic.(+).

CASE 170.

NAME. Pte. D---. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 26 years.

HISTORY. Patient stated that he had had "moist dandruff" of the scalp, and "loss of hair" for the past five years. Ten days prior to admission to hospital, a very itchy "rash" appeared on the skin of the chest and back.

EXAMINATION. On examination, the skin of the sternal and interscapular areas was found to be the site of a greasy erythematous, vesicular, and squamous eczematous eruption of tawny hue. Pityriasis Oleosa Capitis was marked.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation +.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33,5, 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex + -. 2. Idiomyocardial Reflex + -. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins 4. B.P. 120/80.

CONCLUSIONS: A moist seborrhoeide with associated general Vagotonia.

CASE 171.

NAME. Spr. R--.
AGE. 25 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had suffered from "oiliness" and "itch" of the scalp for some years. Occasional "itchy and scaly patches" had also appeared from time to time on the skin of the chest and back. Ten days prior to admission to hospital, a moist area appeared on the scalp, and the chest and back quickly became affected in a similar manner.

EXAMINATION. On examination, the scalp showed Pityriasis Oleosa, with a superimposed vesicular and pustular eczematous eruption, particularly over the left parietal area. The skin of the sternal and interscapular areas was noted to be the site of an erythematous, squamous, and slightly vesicular eczematous eruption.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps + -. Patellar + -. Achilles + -. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 62. A.V. 23. R.V. 37. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2 Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 115/75.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia. (+).

CASE 172.

NAME. Pte. P--.
AGE. 31 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had suffered from "oily dandruff" for years. Ten days before reporting to hospital, the scalp had become very itchy and moist patches had appeared thereon.

EXAMINATION. A moist vesicular eczematous eruption, somewhat secondarily infected, involved the crown of the scalp, the parietal areas being also affected. The remainder of the scalp showed the presence of Pityriasis Oleosa. A few moist eczematous patches were present on the skin above and behind each ear.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Tests--.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.5. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 125/85.

CONCLUSIONS. A moist seborrhoeide with an associated and fairly marked general Vagotonia.

CASE 173.

NAME. A.B. H---

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 24 years.

HISTORY. Patient stated that the skin of the ears became "inflamed" about ten days prior to reporting to hospital. He had noticed "greasiness" of the scalp for at least five years.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A moist and secondarily infected eczematous dermatitis was present on the skin of the ears and of the posterior auricular folds. That of the scalp was similarly affected in its temporal regions.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/75.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia of fairly marked degree.

CASE 174.

NAME. Gnr. R--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 33 years.

HISTORY. Patient stated that for years he had noticed much "greasy" dandruff on the scalp, which at times became very itchy. Four days before reporting to hospital, itch became very severe, while moist areas soon appeared on the scalp.

EXAMINATION. On examination, the skin of the parietal regions of the scalp was found to be the site of a vesicular, erythematous, and squamous eczematous eruption. Pityriasis Oleosa Capitis was marked on the areas as yet unaffected and there was congestive erythema of the hair margins.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well, nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 65. A.V. 18. R.V. 28. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4.5 mins. 4. B.P. 125/85.

CONCLUSIONS. A moist seborrhoeide with associated general Vagotonia.

CASE 175.

NAME. Sgt. L--.
AGE. 29 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that she had been suffering from "oily dandruff" of the scalp for five or six years. For six weeks prior to admission to hospital, the scalp had been very itchy and moist areas had appeared, particularly towards the back of the head.

EXAMINATION. On examination, the skin of the occipital region was found to be the site of a moist vesicular and squamous eczematous eruption. The remainder of the scalp was the site of Pityriasis Oleosa of marked degree.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 66. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 125/85.

CONCLUSIONS. A moist and localised seborrhoeide. The associated diathesis was Vagotonic.

CASE 176.

NAME. Pte. G--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 26 years.

HISTORY. Patient, whose English was poor, stated that he had suffered from "eczema" of the face on several occasions over the past five years. The present attack had begun seven days prior to reporting to hospital.

EXAMINATION. Pityriasis Oleosa Capitis was marked, while the skin of the forehead and cheeks was the site of a vesicular eczematous eruption of "greasy" nature.

INVESTIGATION.

1. Sensory-Motor System.

Reflexes: Triceps --. Patellar + --. Achilles + --. Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.

B. Pharmacodynamic Tests: Huck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 55.5. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex --. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist and localised seborrhoeide with an associated and fairly marked general Vagotonia.

CASE 177.

NAME. Pte. L--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 22 years.

HISTORY. Patient stated that he had for at least four years suffered from "oiliness" of the scalp. Two weeks prior to admission to hospital, an itching "rash" had suddenly appeared on the skin of the forehead, a spread subsequently taking place to that of the cheeks and ears. The scalp had, at the same time, become extremely itchy,

EXAMINATION. On examination, the skin of the forehead, of the cheeks, of the auricular pinnae and of the posterior folds was noted to be the site of a vesicular eczematous eruption, the associated parakeratosis being yellow and greasy. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin Moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 22. R.V. 36. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular
Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System:

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist and acute seborrhoeide with an associated and marked Vagotonia.

CASE 178.

NAME. F/Sgt. W--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 31 years.

HISTORY. Patient stated that he had noticed "oily dandruff" of the scalp for the past ten years. Two weeks prior to admission to hospital, a moist "rash" appeared on the skin of the hands, appearing four days ago on that of the legs.

EXAMINATION. On examination, a vesicular eczematous eruption was found to be present on the skin of the hands, forearms and lower legs, the flexor surfaces of the latter being chiefly involved. The parakeratosis was of "greasy" nature. Pityriasis Oleosa Capitis was markedly present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles +.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 35, 3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist and fairly widespread seborrhoeide with an associated general Vagotonia.

CASE 179.

NAME. A.C. 2. G--. DIAGNOSIS. Seborrhoeic Eczema.
AGE. 20 years.

HISTORY. Patient stated that he had noticed considerable itching on the skin of the groins and genital region about ten or twelve days before reporting to hospital. A "moist rash" subsequently appeared on the skin of these parts. He had noticed considerable greasy scaling on the skin of the scalp for the past two years.

EXAMINATION. On examination, Pityriasis Oleosa Capitis was noted to be present. The skin of the groins and of the perianal and scrotal areas was found to be the site of an acute vesicular eczematous eruption of oedematous nature. The condition was not sharply delineated as in the case of Eczematoid Ringworm.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.
Abdominals +. Ileri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 58. A.V. 20. R.V. 34. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide of acute nature. The associated diathesis was one of fairly marked general Vagotonia.

CASE 180.

NAME. A.C.2. E--.
AGE. 30 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had suffered from "greasiness" of the scalp with "loss of hair" for the past ten years. Two months prior to admission to hospital, he noticed "an itching rash" on the skin of the ears, which refused to clear up and which tended to spread to the skin of the cheeks.

EXAMINATION. On examination, the skin of the auricular pinnae, of the posterior auricular folds and of the beard region immediately distal to the lobes of the ears was found to be the site of a vesicular eczematous eruption of subacute nature. Pityriasis Oleosa Capitis was marked and Blepharitis Squamosa was bilaterally present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Medium build.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 64. A.V. 21. R.V. 33. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4.5 mins. 4. B.P. 125/80.

CONCLUSIONS. A moist and acute seborrhoeide which tended to be of the so-called "sycoform" type. The associated diathesis was one of general Vagotonia.

CASE 181.

NAME. Pte. B--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 27 years.

HISTORY. Patient stated that he had suffered from "greasiness of the scalp and loss of hair" of four or five years duration. About three weeks before admission to hospital, numerous itching areas appeared on the skin of the lower legs, refused to heal, and became moist and spreading.

EXAMINATION. Pityriasis Oleosa Capitis was present. A confluent area on the calf of each lower leg was found to be affected by a moist eczematous eruption, a little secondary infection being present.

INVESTIGATION.

IS Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.

Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 66. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cioio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia.

CASE 182.

NAME. Fus. G--.
AGE. 23 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had been troubled with "greasiness" of the scalp for at least four years. Two weeks prior to admission to hospital, a very itchy "rash" appeared on the skin of the folds of the elbows and knees.

EXAMINATION. On examination, the skin of the popliteal and antecubital areas was found to be the site of a vesicular eczematous eruption of oedematous character, much yellow and greasy parakeratosis being present. Pityriasis Oleosa Capitis was marked.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.5. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex +. 5. Mankopf's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex + -. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4.5 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist seborrhoeide with an associated and fairly marked general Vagotonia.

CASE 183.

NAME. Pte. H--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 33 years.

HISTORY. Patient stated that he had for many years suffered from "greasy dandruff" of the scalp, with occasional itching areas on the skin of the scalp, chest, and back. About two or three weeks before admission to hospital, the skin of the scalp became very itchy and moist areas appeared thereon. Several large patches of moist nature subsequently appeared on the skin of the chest and back.

EXAMINATION. On examination, the skin of the scalp and of the sternal and interscapular areas was found to be the site of a moist and secondarily infected vesicular eczematous eruption. There was considerable cutaneous oedema.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar +. Achilles + -.

Abdominals + +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.

Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 58. A.V. 38. R.V. 38. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 30. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular

Reflex +. 3. Dermographism + +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 125/85.

CONCLUSIONS. A very acute and moist seborrhoeide with an associated and very marked general Vagotonia.

CASE 184.

NAME. Cpl. M--.

DIAGNOSIS. Seborrhoeic Eczema.

AGE. 28 years.

HISTORY. Patient stated that he had suffered for several years from "oily dandruff" of the scalp. Ten days prior to admission a very itchy "rash" suddenly appeared on the skin of the folds of the knees and elbows, quickly spreading and becoming moist.

EXAMINATION. Pityriasis Oleosa Capitis was marked. An erythematous and vesicular eruption was present on the skin of the antecubital and popliteal areas. There was much parakeratotic scaling of greasy nature.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 33.5. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 120/80.

CONCLUSIONS. A moist seborrhoeide with an associated general Vagotonia.

CASE 185.

NAME. Pte. M--. DIAGNOSIS. Acne Vulgaris.
AGE. 20 years.

HISTORY. Patient stated that he had suffered from "spots" on the skin of the face, chest, and back for the past three years. "oily dandruff" of the scalp was also troublesome. For the past five months the former condition had been gradually becoming worse, and he had reported for advice.

EXAMINATION. On examination, the scalp was found to be the site of marked Pityriasis Oleosa. The skin of the forehead, cheeks, chest and scapular areas was found to be the site of a pustular and papular acneiform eruption, many comedones being present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P.65. A.V. 18. R.V. 27. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilie-
Spinal Reflex -. 5. Mankopff's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular
Reflex + -. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4.5 mins. 4. B.P. 110/70.

CONCLUSIONS. A typical and fairly severe Acne Vulgaris.
There was an associated and mild general Vagotonia.

CASE 186.

NAME. Pte. J--.

DIAGNOSIS. Acne Vulgaris.

AGE. 24 years.

HISTORY. Patient stated that he had suffered from "acne" and from "greasy dandruff" for the past five years. He had reported for advice as to the treatment of both conditions.

EXAMINATION. On examination, the skin of the forehead, cheeks, sternal and scapular areas was noted to be the site of a papular and pustular acneiform eruption, many comedones being present. The scalp was the site of mild Pityriasis Oleosa.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Luck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 66. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomyocardic
Reflex +. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4.5 mins. 4. B.P. 120/80.

CONCLUSIONS. A comparatively acute Acne Vulgaris of wide-spread nature, with an associated and fairly marked general Vagotonia.

CASE 187.

NAME. Gnr. S---. DIAGNOSIS. Acne Vulgaris.
AGE. 20 years.

HISTORY. Patient stated that he had suffered from "spots" on the face and neck, and from "scurf" on the scalp for the past three years.

EXAMINATION. Pityriasis Oleosa Capitis was present. A very severe Acne of the Indurata or Conglobata type was present on the skin of the forehead and cheeks. The remainder of the skin of the body and limbs was unaffected.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 68. A.V. 17. R.V. 25. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 16. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular
Reflex + -. 3. Dermographism + -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. Acne Indurata localised to the skin of the face and forehead. There was an associated general Vagotonia of comparatively mild degree.

CASE 188.

NAME. Pte. McD--.

DIAGNOSIS. Acne Vulgaris.

AGE. 19 years.

HISTORY. Patient complained of numerous "spots" on the skin of the face, chest, and back, and of "oily dandruff" of three years duration. He had reported for advice as to treatment.

EXAMINATION. On examination, Pityriasis Oleosa Capitis, and a pustular Acne Vulgaris were noted to be present, the latter affecting the skin of the face, sternal and scapular areas.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal. Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex P. 66. A.V. 20. R.V. 30. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 18. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex + -. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 2.5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4 mins. 4. B.P. 110/70.

CONCLUSIONS. A fairly widespread pustular Acne Vulgaris. The associated diathesis was Vagotonic.

CASE 189.

NAME. Asp. S---.
AGE. 21 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had suffered from "oily dandruff" for three years. Five days prior to reporting to hospital, a very itchy "rash" appeared on the skin of the beard region and quickly became moist.

EXAMINATION. Pityriasis Oleosa Capitis was markedly present. A vesicular and pustular eczematous eruption was present on the skin of the beard region, the associated parakeratosis being of greasy nature. There was some secondary pyogenic infection.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 60. A.V. 20. R.V. 35.3. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 20. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idiomuscular Reflex +. 3. Dermographism +.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

CONCLUSIONS. A moist and infected though localised seborrhoeide of "sycosiform" type. The associated general diathesis was Vagotonic.

CASE 190.

NAME. Gnr. R--.
AGE. 35 years.

DIAGNOSIS. Seborrhoeic Eczema.

HISTORY. Patient stated that he had noticed considerable itching and "greasy dandruff" on the scalp for many years. He had also noticed occasional "red patches" on the skin of the chest and of the upper part of the back. Fourteen days prior to admission to hospital, a few of the latter had appeared and had become very itchy.

EXAMINATION. On examination, a marked Pityriasis Oleosa Capitis was found to be present. The skin of the pre-sternal, scapular, and interscapular areas was found to be the site of a number of tawny yellow and slightly erythematous-squamous patches with a circinate outline. The scaling was of "greasy" nature.

INVESTIGATION.

1. Sensory-Motor System.

Reflexes: Triceps + -. Patellar +. Achilles +.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 65. A.V. 18. R.V. 28. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 16. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -.

Mixed. 6. Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex + -. 2. Idiomaticular Reflex + -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3.5 secs. 2. Bleeding time 4 mins.

3. Coagulation time 4.5 mins. 4. B.P. 128/85.

CONCLUSIONS. A moist and circinate seborrhoeide. The associated diathesis was Vagotonic.

CASE 191.

NAME: J-- D--.

DIAGNOSIS. Pityriasis Rubra
Pilaris.

AGE. 55 years.

OCCUPATION. Metal Polisher.

HISTORY. Patient stated that in the middle of July of this year he noticed an eruption composed of small "pin-head" reddish spots on the skin of the chest just over the breast-bone. This swiftly became completely generalised, the macules running together to form red "blotchy" areas. It was at first unaccompanied by itch, but gradually became itchy and began to desquamate, the scaling being, in general, slightly yellow in colour. Patient stated that he was in perfect health and spirits apart from the skin trouble. He had always been troubled with "Dandruff".

There was no family history of skin disease apart from the fact that his eldest son had "eczema" due, it was thought, to contact with oil.

EXAMINATION. On examination, patient was found to be suffering from a definite Pityriasis Sicca Capitis, together with a generalised erythrodermia, in places confluent and patchy and in places very definitely follicular in distribution. Desquamation was rather branny and slightly tawny in colour. Hyperkeratosis was found to be present on the fronts of the knees, on the backs of the elbows and in the tendo achilles areas. The lymphatic glands were not enlarged, the gums were edentulous and the tonsils were healthy.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps +. Patellar +. Achilles +-. Abdominals --.
Leri +. Sensation +.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation normal.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Not performed.

C. Visceral Reflexes: Not performed.

D. Dermal Reflexes: 1. Pilomotor Reflex +. 2. Idi muscular Reflex --. 3. Dermographism + --.

E. Pupillary Reaction: Light Reflex + --.

3. Blood and Circulatory System.

1. Charcot's Test 7 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 140/100.

4. Allergy. X-rays of teeth and bowel were negative but there was some evidence of infection of the left frontal and maxillary sinuses.

5. Kidney Function. Ph. 5.5 (Urinary).

Water Test { Amount given 1500 cc.
{ Amount retd. 1380 cc.
{ Time 3 hours.
{ Av. Specific Grav. 1010.

Test Normal.

6. Stomach Function: Test meal shows normal curve. There is some excess of mucus and of lactic acid.

7. Bacteriology: Scraping from scalp: Smear: Gram's Stain. Pityrosporon of Malassez +. (Gram negative). Staphylococcus Albus +. Bacillus Acetis + -. Culture: Staphylococcus Albus. (Agar).

Scraping from body: negative.

Antral fluid showed the presence of a few Streptococci of indefinite type. (Smear).

CONCLUSIONS: A case of Pityriasis Rubra Pilaris. Pityriasis Sicca Capitis is, however, present and is based upon a general Sympathicotonia of mild degree. A "control" case.

CASE 193.

NAME. A-- C--.

DIAGNOSIS. Infectious Eczematoid
Dermatitis.

AGE. 37 years.

OCCUPATION. Domestic Servant.

HISTORY. Patient stated that her present condition commenced a month ago with inflammation of the eyes, and that thereafter both ears commenced to discharge yellowish fluid. This was diagnosed as an external condition (of the skin of the External Auditory Meatal orifices). Next she developed an abscess behind one ear and was admitted to the "Septic" Wards of the Glasgow Western Infirmary. At that time the skin on the track of the flow of the discharge from the ears was noted to be inflamed, and that "blisters" were appearing thereon. As a further spread quickly took place to the skin of the forehead, ears and neck, the condition becoming of a crusted and infected nature, she was transferred to the Skin Department.

While here, a secondary eruption appeared on the trunk and limbs, the latter being partly papulo-vesicular and follicular, and partly erythematous-squamous in character.

EXAMINATION. There was a yellowish, crusted, and apparently infected condition of the skin of the ears, neck, forehead, and chin. There was a toxic eruption on the skin of the body and limbs. No evidence of pityriasis capitis was present.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps + -. Patellar + -. Achilles + -.
Abdominals -. Leri + -. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex.

P. 65. A.V. 10. R.V. 17. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)+.

D. Dermal Reflexes: 1. Pilomotor Reflex + -. 2. Idiomuscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex normal.

3. Blood and Circulatory System.

1. Charcot's Test 3 secs. 2. Bleeding time 3 mins.

3. Coagulation time 3 mins. 4. B.P. 120/80.

4. Allergy.

X-Rays of teeth, bowel and sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 1500 cc.
(Time 2½ hours.
(Av. Specific Gravity 1010.

Test normal.

Titration 7 a.m. 16 cc. N/10 NaOH. Ph. 5.6 (Acid).
9 a.m. 3.2 cc. N/10 NaOH. Ph. 7 (Neutral).
10 a.m. 2 cc. N/10 NaOH. Ph. 7.5 (Alk.).

2 cc. Normal Saline injected at 8.30 a.m.

6. Stomach Function.

Test meal showed Achlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. Staphylococcus Albus + -. Staphylococcus P. Aureus + +. Bacillus Acnæs + -.

Scraping from body. Smear. Gram's Stain. Staphylococcus P. Aureus + +. Staphylococcus Albus + -. Culture. Staphylococcus P. Aureus. Staphylococcus Albus. (Agar).

CONCLUSIONS. An infected dermatitis secondary to Staphylococcal infection of the conjunctivae. A toxic eruption of allergic nature was present on the skin of the body.

There was a state of Amphotonia as regards diathesis, and the so-called "seborrhoeic organisms" were present on the scalp in an apparently saprophytic state.

A "control" case.

CASE 194.

NAME. J-- B--.

DIAGNOSIS. Allergic Eczema.

AGE. 44 years.

OCCUPATION. Cutler.

HISTORY. Patient first noticed his trouble as a few "heat spots" on the forearms, following Rubella in 1917. A few years later a similar, but more widespread condition appeared on the forearms and also between the shoulder blades, but soon cleared up on sulphur taken internally. Since then, there had been many remissions and relapses.

In August, 1938, a few very itchy red spots appeared on the skin of the forearms and then on the chest and back. Thereafter the skin of the legs became involved. The condition gradually became moist and crusted. He noticed that the condition had had a tendency to recur in the Autumn, and also attributed it to the wearing of heavy clothes and the ingestion of "too much porridge".

EXAMINATION. The skin of the face showed a fine, dry, and branny desquamation. The eruption elsewhere seemed to have a predilection for the extensor surfaces of the limbs and was of a pale erythematous-squamous nature, with outlying papular lesions of the same hue. On the chest the lesions were of a similar nature, but some patches were gyrate and had yellowish greasy scaling. On the whole, the eruption was thus at present of a dry and somewhat scaly nature.

The lower teeth were careous. The scalp was healthy. A few furuncles were present on the left axilla.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.

Abdominals -. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + -.

Thyroid normal. Thin.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 75. A.V. 12. R.V. 16. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-

Spinal Reflex -. 5. Mankopff's Reflex -. Mixed.

6. Palatino-Cardiac Reflexes (a)-, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular

Reflex + - ? 3. Dermographism -.

E. Pupillary Reaction: Light Reflex +.

3. Blood and Circulatory System.

1. Charcot's Test 3.5 secs. 2. Bleeding time 3 mins.

3. Coagulation time 4 mins. 4. B.P. 130/90.

4. Allergy.

X-Rays of sinuses were negative. There were some carious teeth.

5. Kidney Function.

Water Test { Amount given 1500 cc.
{ Amount retd. 660 cc.
{ Time 3 hours.
{ Av. Specific Gravity 1015.

Test Abnormal.

Titration

5 a.m. 40 cc. N/10 NaOH Ph. 4.5 (Acid).
7 a.m. 13.2 cc. N/10 NaOH Ph. 6 (Acid).
8 a.m. 4.8 cc. N/10 NaOH Ph. 6.5 (Acid).

Urea Clearance Tests and Blood Urea within normal limits.
{ Blood Urea 0.037
{ Urine Urea 2.1

6. Stomach Function.

Test meal showed a normal curve.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. Staphylococcus E. Albus + -. Culture negative
Scraping from body. Smear. Gram's Stain. Staphylococcus E. Albus + -. Staphylococcus P. Aureus + -. Culture negative.

CONCLUSIONS. An Allergic Eczema of doubtful etiology, though possibly due to oral sepsis. Diathesis was not clearly defined but in general, suggested Amphotonia.

The Pityrosporon of Malassez was present on the scalp in apparently saprophytic state. A "control" case.

CASE 195.

NAME. J--. M--. DIAGNOSIS. Tinea. (Eczematoid).
AGE. 36 years.
OCCUPATION. Fisherman.

HISTORY. Patient was in Ward 24 in 1936, suffering from an erythemato-squamous condition of the feet, legs, and thighs, arms and forearms. This was associated with a scaly condition of the scalp. It proved very resistant to treatment, but he was finally dismissed in June, 1937.

In September, 1938, however, the condition began to recur about the skin of the toes and a spread took place proximally to affect that of the thighs. At about the same time, a similar eruption appeared on the skin of the hands and spread upwards as far as the elbow on either side. The face thereafter became affected, the skin there- of becoming very scaly and dry.

EXAMINATION. The skin of the forearms, chiefly on the ex- tensor aspects, showed a diffuse erythemato-squamous eruption with some apparent induration and accentuation of the folds. A similar, though somewhat more oedematous condition affected the skin of the lower legs and a pap- ular eruption was present on the inner aspects of the thighs. The dorsal surfaces of the feet and the plantar aspects of the toes showed a weeping eczematous condition sharply margined from the remainder of the skin of the soles. The scalp was at present healthy. There were a few careous teeth.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals + -. Leri +. Sensn. normal.

2. Vegetative Nervous System

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 72. A.V. 12. R.V. 17. 2. Ruggieri's Reflex + -.

3. Respiratory Arrhythmia 10. Sympathicotonic. 4. Cilio-
Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.
Palatino-Cardiac Reflexes (a)-, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular
Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex normal.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time. 3. Coagulation
time 5 mins. 4. B.P. 130/90.

4. Allergy.

X-Rays of sinuses were negative. The tonsils were healthy. The teeth were careous.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 1230 cc.)

Test normal.

Titration.

5 a.m.	25.2 cc.	N/10 NaOH.	Ph. 5.5 (Acid).
7 a.m.	11.6 cc.	N/10 NaOH.	Ph. 6.9 (Acid).
8 a.m.	3.2 cc.	N/10 NaOH.	Ph. 7 (Alk.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed hyperacidity.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Pityrosporon of Malassez + -. (Cells large and Gram-negative.)

Staphylococcus E. Albus +. Bacillus Acnes + -. Culture.

Staphylococcus E. Albus. (Agar).

Scraping from feet. Direct examination showed the presence of Epidermophyton Inguinale. Smear showed the presence of Staphylococcus Albus and Aureus and a few Streptococci of Viridans type. Culture. Staphylococcus Albus.

Staphylococcus P. Aureus. (Agar).

Scraping from body. No significant findings in either smear or culture.

CONCLUSIONS. A case of Eczematoid Ringworm of the feet with a secondary Epidermophytide. Associated diathesis Amphotonic. The "Seborrhoeic Organisms" were present in an apparently saprophytic state on the scalp.

A "Control" case.

CASE 196.

NAME. J-- M--. DIAGNOSIS. Pityriasis Rubra Pilaris.
AGE. 50 years.
OCCUPATION. Ploughman.

HISTORY. In August, 1938, the patient noticed a fine scaling of the face and ears and of the nape of the neck, associated with a slight itch. This spread to the body and limbs over the next four weeks. About two weeks before admission to hospital, the skin of the face, neck, and arms became diffusely red with considerable scaling.

EXAMINATION. There was considerable scaling of the scalp and a hyperkeratosis of the palms and soles. The face was of a "brick red" colour, and there was a fine desquamation, while the skin of the neck, forearms, and thighs presented similar appearances. The skin of the body and lower legs was the site of a punctate erythema, with a follicular "spinulotic" element and areas of maculo-squamous nature.

The tonsils were cystic and the remaining teeth were careous.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -- Patellar + -- Achilles + --
Abdominals --. Leri + --. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin dry. Salivation + --.
Thyroid normal. Thin.

B. Pharmacodynamic Tests: Huck's Test --.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex
P. 72. A.V. 12. R.V. 17. 2. Ruggieri's Reflex +.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex --. 5. Mankopff's Reflex --. Mixed. 6. Palatino-Cardiac Reflexes (a)--, (b)--.

D. Dermal Reflexes: 1. Pilomotor Reflex --. 2. Idiomuscular Reflex --. 3. Dermographism --.

E. Pupillary Reaction: Light Reflex normal.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.
3. Coagulation time 5 mins. 4. B.P. 145/100.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount ret'd. 1200 cc.)

Test fairly normal.

Titration.

7 a.m.	19.5 cc.	N/10	NaOH.	Ph. 5.5 (Acid).
9 a.m.	3.4 cc.	N/10	NaOH.	Ph. 7 (Neut.).
10 a.m.	3.8 cc.	N/10	NaOH.	Ph. 7 (Neut.).

B.D.H. Indicator.

6. Stomach Function.

Test meal showed a very slight hyperacidity.

7. Bacteriology.

Scrapings from the various affected parts showed no significant organisms.

CONCLUSIONS. A clinically typical case of Pityriasis Rubra Pilaris. The associated diathesis was Amphotonic. No organismal flora of any importance could be found.

A "control" case.

CASE 197.

NAME. R-- P--.
AGE. 15 years.

DIAGNOSIS. Allergic Eczema.

HISTORY. About five months ago patient noticed itch on the skin of both legs in the region of the ankles. Scratching excoriated the skin and treatment prescribed by his doctor seemed only to aggravate the condition, and similar eruptions appeared on the skin behind the knees within a few days of the commencement thereof. Remission and relapse took place.

About ten days prior to admission to hospital, the skin of the chin became rough and scaly and similar patches appeared on that of both forearms. He had never been troubled with "handruff".

EXAMINATION. A moist and crusted eczematous area was present on the entire circumference of the distal one third of either lower leg. A similar condition was present on the skin of either popliteal area and on that of the groins and of the medial aspect of either thigh. A furfuraceous and erythematous eruption was present on the skin of the ulnar aspect of either forearm, that around the mouth being similarly involved. There was no evident disease of the skin of the scalp. There was one careous tooth and the tonsils were healthy.

INVESTIGATION.

1. Sensori-Motor System.

Reflexes: Triceps -. Patellar + -. Achilles + -.
Abdominals +. Leri +. Sensn. normal.

2. Vegetative Nervous System.

A. Clinical Manifestations: Skin moist. Salivation normal.
Thyroid normal. Well nourished.

B. Pharmacodynamic Tests: Muck's Test -.

C. Visceral Reflexes: Vagotonic. 1. Oculo-Cardiac Reflex

P. 72. A.V. 12. R.V. 17. 2. Ruggieri's Reflex -.

3. Respiratory Arrhythmia 12. Sympathicotonic. 4. Cilio-Spinal Reflex -. 5. Mankopff's Reflex -. Mixed. 6.

Palatino-Cardiac Reflexes (a)-, (b)-.

D. Dermal Reflexes: 1. Pilomotor Reflex -. 2. Idi muscular Reflex -. 3. Dermographism -.

E. Pupillary Reaction: Light Reflex normal.

3. Blood and Circulatory System.

1. Charcot's Test 2 secs. 2. Bleeding time 4 mins.

3. Coagulation time 5 mins. 4. B.P. 110/70.

4. Allergy.

X-Rays of sinuses were negative.

5. Kidney Function.

Water Test (Amount given 1500 cc.
(Amount retd. 660 cc.

Test abnormal.

Titration

5 a.m.	18.4 cc.	N/10 NaOH.	Ph. 5.5	{Acid}.
7 a.m.	3.4 cc.	N/10 NaOH.	Ph. 7	{Neut.}
8 a.m.	3.8 cc.	N/10 NaOH.	Ph. 7	{Neut.}

B.D.H. Indicator.

6. Stomach Function.

Test meal showed hyperchlorhydria.

7. Bacteriology.

Scraping from scalp. Smear. Gram's Stain. Staphylococcus and Streptococcus seen. Culture. Staphylococcus Albus and Streptococcus Viridans. (Agar).

Scraping from body. Results identical with above in Smear and Culture.

CONCLUSIONS. An eczematous eruption of doubtful origin. The associated diathesis was indefinite or Amphotonic on the whole, although there seemed a tendency to extended Vagal tone, which may have been due to age.

A "control" case.

PLATE VII.

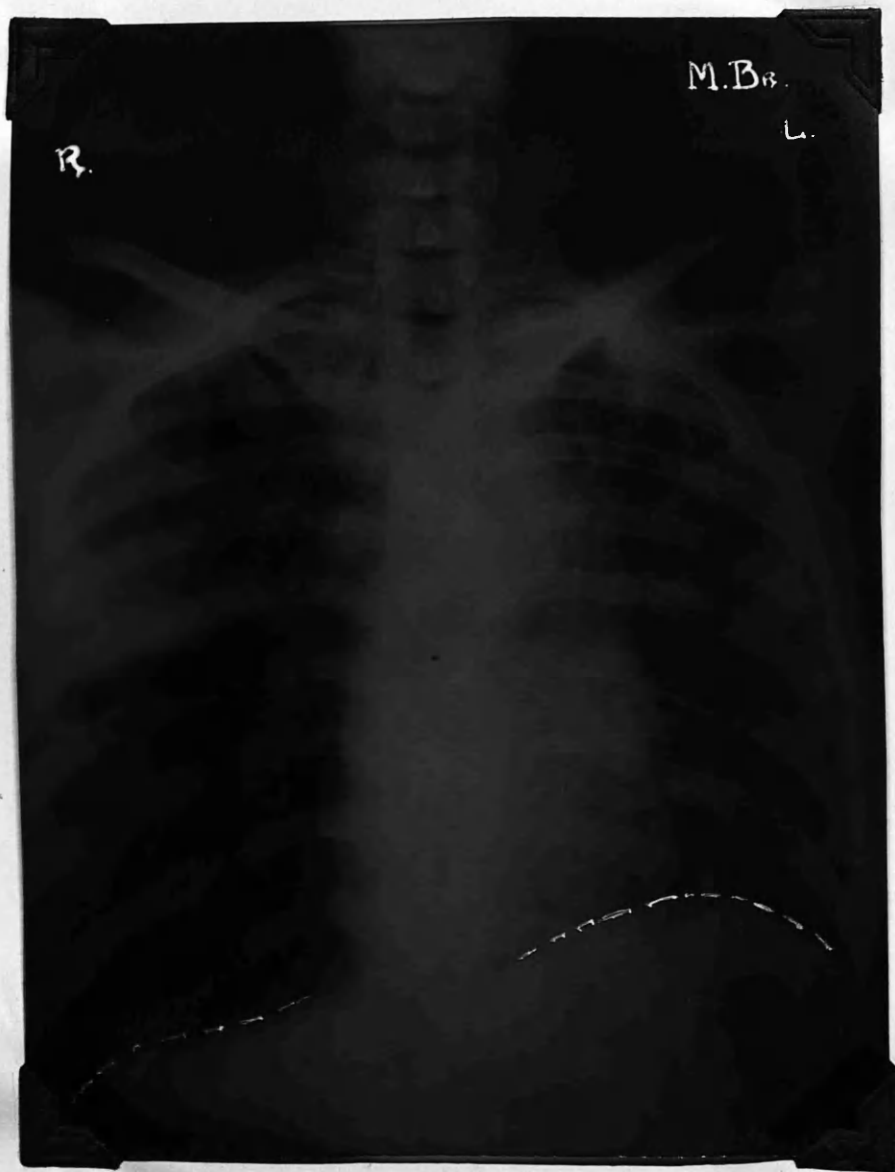


Fig. 1. M. Br. (29-11-38). Extensive exudative lesion in both sides with large cavity in the upper third of left lung. Left phrenic paralysis performed (25-9-38). Note level of diaphragm and compare with Fig. 3. Plate VII.

PLATE VII (Print)

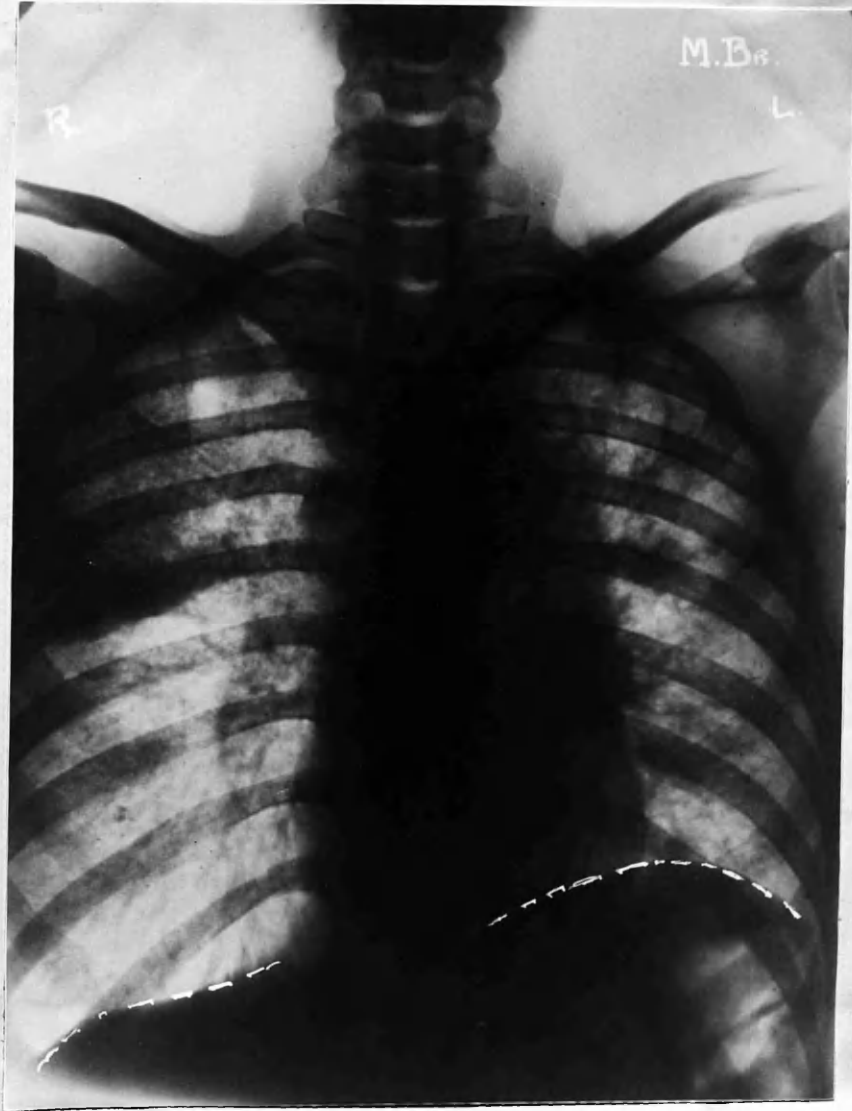


Fig. 1. M.Br. (29-11-38)

PLATE VII.

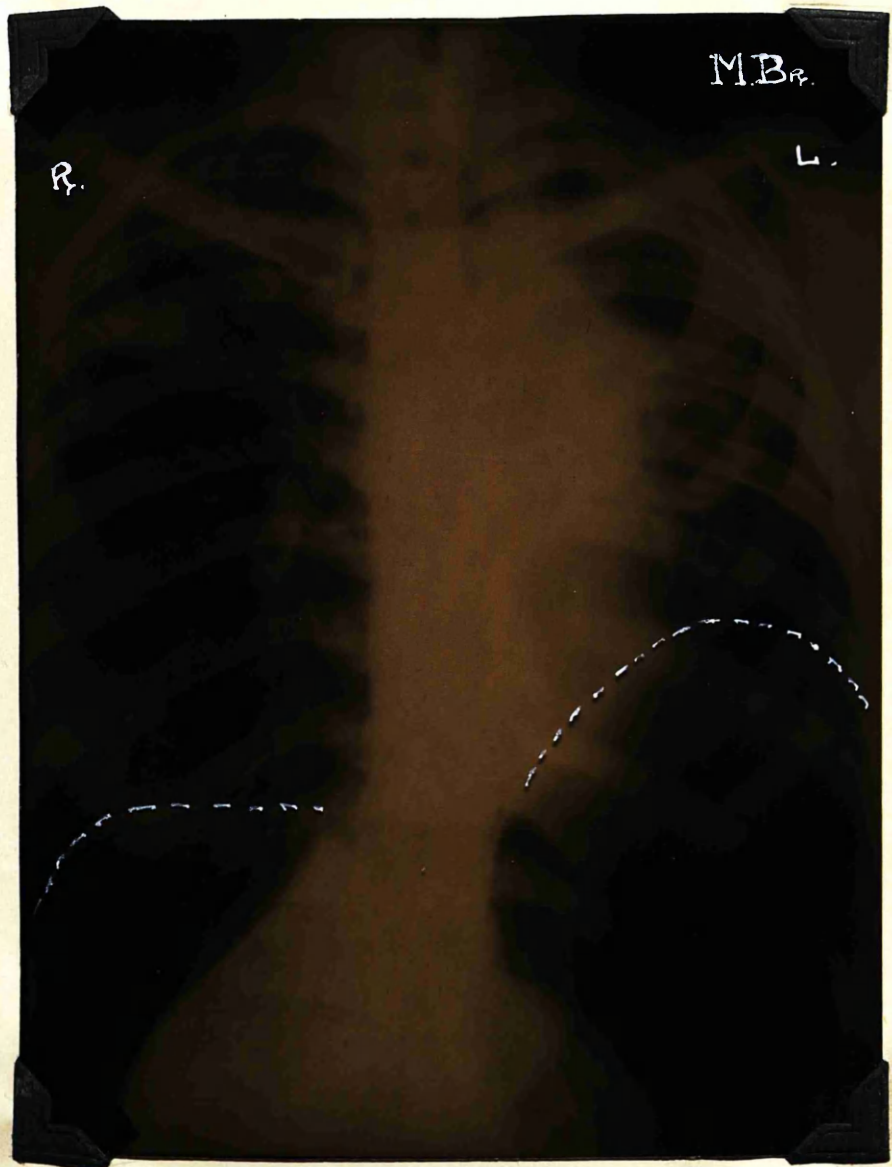


Fig. 2: M.Br. (17-9-40). Note the rise of the paralysed hemidiaphragm with pneumoperitoneum. Observe the clearing up of both lung fields.

PLATE VII (Print)



Fig. 2. M.Br. (17-9-40).

PLATE VII.



Fig. 3: M.Br. (20-6-41) Pneumoperitoneum stopped. Note End result. Right side shows now a small inactive apical lesion. The exudation has cleared up round the cavity in the left side. Patient ready for thoracoplasty.

PLATE VII (Print).



Fig. 3: M.Br. (20-6-41).

PLATE VIII.

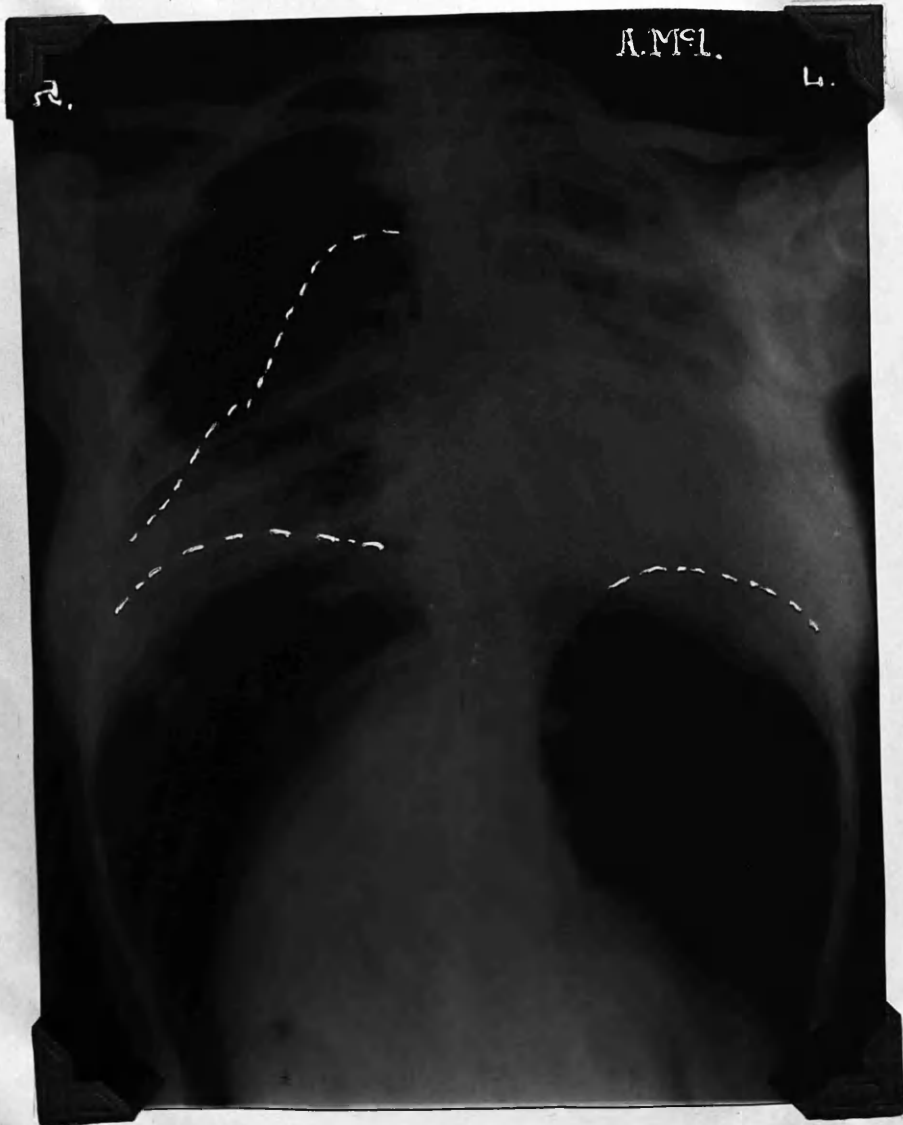


Fig. I: A. McI. (14-7-41) Selective collapse of right lung by artificial pneumothorax (25-3-41). Left sided artificial pneumothorax attempted but unsuccessful (17-2-41). Pneumoperitoneum started in order to splint the left lung (27-4-41).

PLATE VIII (Print)



Fig. I. A.McI. (14-7-41).

PLATE IX.

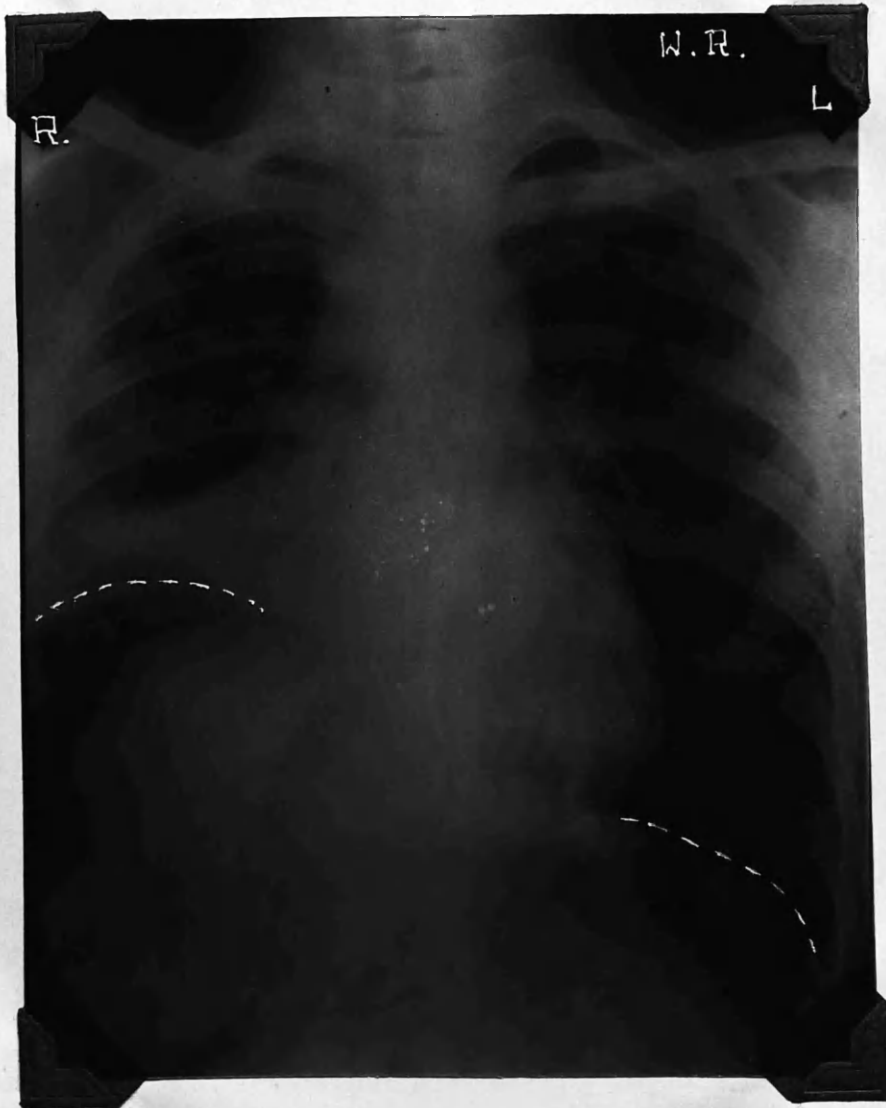


Fig. I: W.R. (14-3-40). Pneumoperitoneum. This patient who had received a right phrenic operation (15-12-39) suffered from a severe haemoptysis. An attempt to establish an artificial Pneumothorax failed (9-3-40). Pneumoperitoneum was induced, accordingly (9-3-40) to arrest the haemorrhage. This procedure achieved the desired result.

PLATE IX (Print).



Fig. I. W.R. (14-3-40).

PART FOUR

SUMMARY & CONCLUSIONS.

The majority of the forty patients, whose course of treatment is made the basis of this study, were making no noticeable progress at the time when artificial pneumoperitoneum was undertaken. Their lung lesion, clinically and radiologically, was active and extensively bilateral. The prognosis in most of them was regarded as hopeless, and in an attempt to improve this a pneumoperitoneum was performed.

Attempts had been made previously in seven patients to perform a bilateral artificial pneumothorax, but this operation was not successful, and since unilateral phrenic nerve operations had a limited application for these patients and bilateral phrenic nerve surgery was not considered advisable, pneumoperitoneum appeared to be singly or in combination with a unilateral phrenic crush, on the worse side, the next logical step. In those cases, four in number, where artificial pneumothorax had failed to arrest haemorrhage, pneumoperitoneum became not only the operation of choice but of necessity. Artificial pneumoperitoneum has a multiplicity of advantages. Thus, to mention a few:- (1) the attractiveness of this operation is its simplicity of execution. Reasonable safety can usually be given to the patient because of the already/

already established work of pneumoperitoneum as a diagnostic agent as well as a therapeutic agent in Tuberculous enteritis. No special apparatus is required. The ordinary Lillington Pearson type of pneumothorax apparatus, which was constructed on the most simple lines, meets the occasion admirably. The patients are disturbed very little for they receive the treatment in bed sitting up. Fluoroscopic and radiological examinations are very necessary, however, from time to time in order to assess the diaphragmatic elevation for the manometer readings are valueless in this respect. Hospital supervision is to be recommended during treatment, but it is not strictly necessary as there is a small portable set on the market which takes films very well and could be used to advantage by the attending physician in gauging the elevation of the diaphragm.

(2) Pneumoperitoneum is a revocable procedure.

(3) Pneumoperitoneum lends itself to a very perfect combination with other forms of collapse therapy. Thus the author has treated five cases of pneumoperitoneum with a supplementary phrenic crush, with no harmful effects. In his experience, phrenic crush combines well with pneumoperitoneum. The phrenic paralysis appears to find a natural complement in the action of the air which favours the ascent of the paralysed diaphragm. The opportunity was taken to combine artificial/

artificial pneumothorax with artificial pneumoperitoneum in one case, with no deleterious effects. Both insufflations were well tolerated and up till the moment of writing there have been no complications resulting from the combination of pneumothorax and pneumoperitoneum. Pneumoperitoneum, too, can be combined with chrysotherapy in an effort to assist fibrosis, if the physician deems it advisable. Rest, of course forms the basic principle in the treatment of tuberculosis. The success of pneumoperitoneum depends greatly on the observance of this basic principle in the therapeutics of tuberculosis.

(4) The psycho-therapeutic value of pneumoperitoneum in cases of pulmonary tuberculosis can not be doubted. These patients undergoing this form of treatment begin to live for it. Their air of despondency disappears and they feel they are getting treatment; that something can be done for them, and that their condition is not so hopeless as was first apparent on admission to hospital.

(5) Clinically and symptomatologically, improvement is noticed in the patients. Thus they put on weight, they sleep better at night since their hacking cough does not trouble them so much. In six cases the sputum was returned negative on three consecutive occasions. It is reasonable to suggest/

suggest, at this stage, that evaluation of the effects of pneumoperitoneum be based on the comparative X-ray films, the gain in weight, the improvement in the mental outlook, sputum changes, and the changes in the blood cytology. Although pneumoperitoneum has not, in this series of cases, changed the size and shape of apical cavities, it has produced very definite changes in the surrounding tuberculous processes and in the contra-lateral lung, and in two cases the lung lesion was reported "fibrosed". Results from blood examination have not been overwhelmingly encouraging. The cases illustrated show some very definite changes which seem to run parallel with the patients' clinical improvement, but in others the changes could not be collated.

The favourable results which pneumoperitoneum has produced in some rather desolate cases has prompted this study. In view of the advanced stage of the disease from which most of these patients suffered, the mortality rate should not condemn pneumoperitoneum, as only in one patient out of forty cases was there clinical evidence that pneumoperitoneum was a factor responsible for the death of the patient. During a period of enthusiasm it is quite true that some patients were subject to pneumoperitoneum who, in the light of further experience, should never have received this form of treatment. These patients would be regarded now as unsuitable for pneumoperitoneum/

pneumoperitoneum.

In evaluating the results of the operation, inherent difficulties arise which always complicate a purely objective study. When artificial pneumoperitoneum is performed shortly after the diagnosis is made, the possibility remains that recovery in some instances might have taken place without the operation, on a simple regimen of diet and rest, particularly since bed rest for a long period used to be considered the routine treatment of tuberculosis. The value of the procedure in each case should be appraised in a critical manner, and on the basis of all associated factors, as for example X-ray findings, gain in weight, temperature and pulse character, sputum examination, and the biological changes in the blood.

In the author's opinion, as a result of this study, pneumoperitoneum should be of some value in the effective therapeutics of collapse therapy. It is his hope that further studies may bring to light a clearer elucidation of the mechanism of the action of artificial pneumoperitoneum and permit the delineation of the limits and the practical extension of this method of treatment in cases of bilateral pulmonary tuberculosis.

R E F E R E N C E S

A

1. **ALESSANDRINI, PAOLO** "Il pneumoperitoneo artificiale nella diagnostica radiologica" Il Polioclinico, 1919, May: No.26 pt. II: p.641.
2. **ALEXANDER, H.L.** "The treatment of Emphysema" International Clinic, 1936, Dec. Vol.IV. 46th series, p.211. Lippincott & Co., J.B., London.
3. **ALEXANDER, J.A.** "The Collapse Therapy of Pulmonary Tuberculosis", 1937, p.189, Bailliere, Tindall & Cox, London.
4. **ALEXANDER, J.A.** "The Collapse Therapy of Pulmonary Tuberculosis", 1937, p.190, Bailliere, Tindall & Cox, London.
5. **ALEXANDER, J.A.** "The Collapse Therapy of Pulmonary Tuberculosis", 1937, p. 91, Bailliere, Tindall & Cox.
6. **ALEXANDER, J.A.** "The Collapse Therapy of Pulmonary Tuberculosis", p.153, Bailliere, Tindal & Cox, London.
7. **ARNETH, J.** "Blutuntersuchungen bei der Tuberkulose der Lungen und bei der Tuberklinkur", Munich Med.Wchnschr, 1905, Vol. LII, No. 12, p.542.

B.

8. **BAER, G.** "Uber extrapleurale Pneumolyse unit sofortiger Plumbierung bei Lungentuberkulose", Munchen. Med.Wchnschr. 1913, 60. p.1587.

9./

9. BANDELIER, and ROEPKE "Tuberculin in Diagnosis and Treatment" 1913: p.227: 2nd English Ed., Bale J. & Sons & Danielson, Ltd., London.
10. BANYAI, A.L. "Pneumoperitoneum in the Treatment of Tuberculous Enterocolitis", Amer. Jour. Med.Sci. 1931: Vol.182: P.352.
11. BANYAI, A.L. "Therapeutic Pneumoperitoneum", Amer. Rev. T.B. 1934: 29: p.603.
12. BANYAI, A.L. "Therapeutic Pneumoperitoneum" Tubercle, 1938:19:p.178.
13. BANYAI, A.L. and JURGENS, G.H. "Mediastinal Emphysema as a complication of Artificial Pneumoperitoneum". Jour. Thoracic Surgery: 1939: Feb: Vol. VIII: p.329.
14. BANYAI, A.L. "Apico-Basal Relaxation during Artificial Pneumoperitoneum Treatment Amer. J. Med. Sci. 1938: 196:207-211.
15. BARRON, J. "El neumoperitoneo. Sos aplicaciones terapeutics en la Tuberculosis pulmonar": Revista Espanola de Tuberculosis: 1940: Vol. IX: No. 64: p.430.
16. BEAUMONT, G.E. and DODDS, E.C. "Recent Advances in Medicine" 1941: p.231: 10th Ed: Churchill, J. & A. London.
17. BENNETT, E.S. "Review of Pneumoperitoneum cases in Olive View Sanatorium": Journal - Lancet 1938: 58: p. 187.
18. BESTA, B. and DUNTRENIT, J. "Le Pneumoperitoine dans ses recentes Applications Therapeutiques": Revue de la Tuberkulose 1938: Vol.IV: No. 6: p.670.
19. BOLLER, R. and PAPE,R. "Zur Diagnose abdomineller Zysten mit Hilfe des Pneumoperitoneums": Wiener Archiv. für innere Medizin, Vienna, 1932, Apr.22: pt.II: p.161.

20. BOWMAN, C.E. "Relief of Diaphragmatic tie following Encephalitis by resection of the Phrenic Nerve": Jour.Amer. Med. Assocn. 1927: 88: 95.
21. BRISCOE, Sir J.C. "Post-Operative Massive Collapse": Quart. Med.J., Oxford, 1919-1920: 24th Feb. Vol. 13: p.293.
22. BROCK, R.C. "Extrapleural Pneumothorax": Views and Experiences: Brit. J. of T.B. 1938: Vol. 32: No. 3: p.173.
23. BROWN, L. and SAMPSON, H.L. "Intestinal Tuberculosis": 1926: p.254: Bailliere Tindall & Co., Covent Gardens.
24. BURRELL, L.S.T. "Recent Advances in Pulmonary Tuberculosis": 1937: p.266: 3rd Ed: Churchill, J.A., London.
25. BURRELL, L.S.T. "Recent Advances in Pulmonary Tuberculosis": 1937, p.171: 3rd Ed: Churchill, J. & A., London.

C.

26. CAPPS, J.A. and COLEMAN, J.H. "Experimental Observations on the localisation of the Pain Sense in the Parietal and Diaphragmatic Peritoneum": Arch. of Internal Medicine: 1922: XXX, p. 778.
27. CENTOSCUDI, C. Quoted (1938) Tubercle) 19: p.178, Banyai, A.L.
28. CENTOSCUDI, C. Quoted (1938) Tubercle, 19:p.178, Banyai, A.L.
29. COHEN, R.V. and WILLAUER, G. "Bilateral Phrenic Nerve Interruption in Pulmonary Tuberculosis": 1938: Vol. 37: No. 1: p. 420. Amer.Rev.T.B.
- 30./

30. CROCKET, J.A. "Pulmonary Tuberculosis and Pregnancy": Glasgow Med. Jour., 1934, April, Vol. CXXI, 7th N.S. p. 133.
31. CUNNINGHAM, R.S., SABIN, F.R., SUIGUJAINA, S., and KINDWALL, J.A. "The Role of the Monocyte in Experimental Tuberculosis": Bull. John Hopkin's Hospital: 1925: 37: 231.
32. CURTI, Eugenio "Risultati a distanza della frenicotomia bilaterale": Il Policlinico, 1927: 34: p. 1474.
33. CUSSEN, J.V. "Direct Drainage of Lung Cavities in Pulmonary Tuberculosis". B.M.J. 1941: No. 25: p. 115.
34. CUTLER, Jacob "The Graphic representation of the Blood Sedimentation Test", A Study in pulmonary Tuberculosis: Amer. Jour. Med. Sci. 1926: 171: 882.

D.

35. DALLY, J.F. Halls "The Diaphragm in Man." A Record of our Present Knowledge of its Development, relationship, structure, and mode of action." St. Barts. Hosp. Rep. 1908: Vol. XLIV: p.161.
36. DANDY, W.E. "Pneumoperitoneum Method of Detecting Intestinal Perforation": Annals of Surgery: 1919: No. 3: p.203.
37. DAVIES, H.M. "Pulmonary Tuberculosis": Medical & Surgical Treatment: 1933: p.357: Cassells & Co. Ltd.
38. DAVIES, H.M. "Pulmonary Tuberculosis": Medical & Surgical: 1933: p.367: Cassells & Co. Ltd.

39. DAVIES, H. Morrison "Pulmonary Tuberculosis - Medical and Surgical Treatment": 1933: p.56: Cassells & Co.
40. DOLLEY, F.S.
JONES, J.C. "Experiences with Lobectomy and Pneumonectomy in Pulmonary Tuberculosis": J. Thoracic Surgery: 1940: 10: p. 102-121.
41. DÜNNER, L. "Doppelseitige Phrenikuserairese bei Lungentuberkulose": Deutsche Med. Wochenschrift, 1929: 55: 98.
42. DURYEA, A.W. "Pregnancy and Bilateral phrenic exairesis post partum": Amer. Rev. T.B. 1933: 28: 165.

E.

43. ELRICK, L. "Artificial Pneumoperitoneum as a Complication of Artificial Pneumothorax": Amer. Rev. T.B. 1929, No. 19: p.427.
44. EMILE-WEIL, P.E. and LOISELEUR, J. "La Pneumoséreuse thérapeutique dans les peritonites Tuberculeuses avec épanchement": Bull. et Mem. Soc. Med. de Hôp de Paris. 1921, Dec: Vol. 45: 3rd Series, p. 661.

F.

45. FAHRAEUS, Robin "The Suspension-Stability of the Blood": Acta Med. Scand. 1921: LV: p. 1.
46. FAHRAEUS, Robin "Über die Ursachen der verminderten Suspensionstabilität der Blut Körperchen während der Schwangerschaft Biochemische Zeitschrift Beiträge Zur Chemischen Physiologie und Pathologie, 1918: No. 891: p.355.

47. FISHBERG, M. "Pulmonary Tuberculosis": 1932:
p. 565: 4th Ed. Vol. II:
Kimpton, H., London.
48. FISHBERG, M. "Pulmonary Tuberculosis": 1929:
p. 427: 3rd Ed. Vol. I:
Lea & Febiger, Philadelphia.
49. FISHBERG, M. "Pulmonary Tuberculosis": 1932:
p. 237: 4th Ed. Vol. II: Kimpton,
London.
50. FOIX, J. et
MATTIE, J. "Remarques sur la cure post-
opérative en décubitus lateral et
décline dans la phrenico-erérese."
Revue de la Tub. 1931: 12: p.725.
51. FREMMELE, F. "Phrenicectomy re-inforced by
Pneumoperitoneum": Amer. Rev. T.B.
1937: 36: p.488.
52. FREUND, W.A. Zur operativen behandlung gewisser
Lungenkrankheiten, insbesondere
des auf Starrer, Thoraxdilatation
beruhenden alveolären Emphysema":
Zeitschr. für Exp. Path. und
therap: 1906:3:p.479.

G.

53. GAETAN, L.R. "Accidental Pneumoperitoneum":
Amer. Rev. T.B. 1939: No. 4: p.537.
54. GAMBLE, C.J.
PEPPER, O.H.P. and
MULLER, G.P. "Post Encephalitic tie of the
diaphragm, pulmonary over-ventilation
and relief by blockade of the
phrenic nerves." Jour.Amer.Med.
Assocn. 1925: 85: p.1485.
55. GARBAT, A.L. "Oxygen Inflations of the Peritoneal
Cavity in Exudative Peritonitis":
Jour. Amer. Med. Assocn. 1926: 86:
9: p.60.

56. GIRILBERT, O.M. "Pneumoperitoneum in Treatment of Tuberculous Peritonitis": Amer. Rev. T.B. 1926: pg. 210.
57. GORDON, B. "Abdominal Conditions influencing Lung and Pulmonary Pressures in Pulmonary Tuberculosis": Amer. Rev. T.B. 1934: 30: pg. 72.
58. GORDON, B. "Mechanism and use of Abdominal Supports in Treatment of Pulmonary Disease": Amer. Jour. Med. Assocn. 1934: p. 187.
59. GORDON, B. "The Results of Abdominal Compression in Pulmonary Tuberculosis": Amer. Rev. T.B. 1935: No. 6: p. 686.

H.

60. HARPER, F.R. and LEVIN, L. "Effects of Phrenic Nerve Interruption on the Gastra-Intestinal Tract: Jour. Thoracic Surgery, 1938: 7: P.398.
61. HAYES, E.W. "Oxygen Inflations in Tubercu ous Peritonitis": Amer. Rev. T.B.1926: 8:1: p.27.
62. HEISE, F.H. "Râles in Prognosis of Pulmonary Tuberculosis: Amer. Rev. T.B. 1928: Vol. 17: p. 329.
63. HOOVER, C.F. "The Functions of the Diaphragm and their Diagnostic Significance": Arch. Int. Med. 1913: Vol. XII: p.214.
64. HOUGHTON, L.E. "Blood Pictures in Pulmonary Tuberculosis": Tubercle, 1935: Nov. Vol. 27: p. 49.
65. HUGHES, E. "Oedema of Legs following fixation of the Chest": B.M.J. 1940: No. 16: p.686.

66. HUGHES, E. Personal Communication, 1940.

J.

67. JACHES, L. "Roentgen X-ray Diagnosis": Amer. Jour. Med. Assocn. 1928: 90: p.615
68. JAKOBÆUS, H.C. "Über die möglichkeit, die Zystoscopie bei untersuchungen Seroser Höhlungen anzuwenden": Münchener Medizinische Wochenschrift: 1910: Oct: No. 40: Vol. 2: p.2090.
69. JELKS, J.L. "Tuberculous Enteritis treated by intraperitoneal Injections of Oxygen." Tr. Ann. Protocol Soc. 1922-1923 case report pg. 66.
70. JONES, FRED. W. "The functional history of the Coelom and the Diaphragm": Jour. Anat. & Phys. 1912-1913: No. 47: p.282.
71. JONES, H.A. "Cauterisation of Adhesions between Liver and Diaphragm": Amer. Rev. T.B. 1940, No. 6: Vol. XLII:p.805.

K.

72. KAROL, Ephraim "Pulmonary Emphysema in Tuberculosis": Amer. Rev. T.B.1938: Nov: Vol. 38: No. 5: p. 602.
73. KAYNE, G.G.
PAGEL, W. and
O'SHAUGNESSY, L. "Pulmonary Tuberculosis": 1939: p.169: Oxford University Press, London.
74. KEITH, Sir A. "Man's Posture: Its Evolution and Disorders. Diaphragmatic Herniae". B.M.J.1910:II. p. 1297.

75. KEITH, Sir A. "Contributions to the Mechanism of Respiration": Jour. of Anat. & Phys. 1903: Vol. 37: p.18.
76. KEITH, Sir A. "Further Advances in Physiology": 1909.
77. KELLING, G. "Über die möglichkeit, die Zysroscopie bei Untersuchgen Seroser Höhlungen anzuwenden": Munchener Medizinische Wochenschrift. 1910, Nov: No. 45, Vol. 57: p.2358.
78. KERR, J.M.M.,
FERGUSON, J.H.,
YOUNG, J. and
HENRY, J. "A Combined Textbook of Obstretics and Gynaecology": 1936: p.299: 2nd Ed: Livingstone, E. & S.
79. KRAUSE, ALLEN K. "Factors in the Pathogenesis of Tuberculosis" - with a preliminary discussion of Activity: Amer. Rev. T.B. 1928: Vol. XVIII: No. 2: p. 208.

L.

80. LANEY, R.L. "The Pneumoperitoneum Treatment of Tuberculous Entero-Colitis with Oxygen": Amer. Rev. T.B. 1924:9: p.425.
81. LILLIENTHAL, H. "Thoracic Surgery": 1926: p.34. Vol. 1. Sanders, W.B. & Co., London & Philadelphia.

M.

82. McINTYRE, J.P. "Artificial Pneumoperitoneum applied to certain Therapeutic Problems in Pulmonary Tuberculosis." Edin.Med.Journal, 1940: Vol.XLVII: p.687.

83. McINTYRE, J.P. "Artificial Pneumoperitoneum applied to certain Therapeutic Problems in Pulmonary Tuberculosis." Tub. Soc. of Scotland - Transactions 1939-1940: Oliver & Boyd, Tweeddale Court, Edinburgh.
84. MATTRICK, W.L. "Intraperitoneal Oxygen Inflations in the Treatment of Ascitic Tuberculous Peritonitis": Amer. Rev. T.B. 1924:8:p.473.
85. MÖLLGARD, Holger "Chemotherapy of Tuberculosis" Experimental foundation and preliminary clinical results: 1924: 1st Ed. Spuhr & Siebuhr, Copenhagen.
86. MORGAN, W. Parry "On the possibility of achieving by partial pneumothorax the advantages of complete pneumothorax in the treatment of Pulmonary Tuberculosis." Lancet, 1913:II:18.
87. MORRIS, W.H. and TAN, S.H. "The Differential Count in Pulmonary Tuberculosis. The Value of the Lymphocyte, Monocyte Ratio in the determination of Activity." Amer.Rev. T.B. 1922: No.6: p.729.
88. MOSETIG, Moorhof Quoted (1926) Jour. Amer. Med. Asscn. Vol..86: No. 9: Page 601: Garbat, A.L.

N.

89. NOLEN, Prof. dr. W. "Eine neue Behandlungsmethode der exudativen tuberculösen Peritonitis" Berliner Klinische Wochenschrift: 1893: Aug: No. 34: Vol. 30: p.813

O.

90. ORNSTEIN, G.G. and
SAMPSON, H.L. "The Determination of Clinical
Activity in Pulmonary Tuberculosis
from Roentgenograms": Amer. Rev.
T.B. 1921-22: Vol. 5: p.842.
91. O'SHAUGNESSY, L. "Phrenicectomy in the treatment of
Pulmonary Disease" with an analysis
of 58 Cases: Lancet: 1932: II:
p. 767.
92. OVERHOLT, R.H. "Air in the Peritoneal Cavity"
Arch. Surg. 1930:21:p.1282.

P.

93. PACKARD, E.N. In "Artificial Pneumothorax" 1940:
Chap. VII. pg.87: H. Kimpton,
London (Blanchet).
94. PASTEUR, W. "Respiratory Paralysis after
Diphtheria as a Cause of Pulmonary
Complication with suggestion as to
Treatment." Amer.Jour. Med.Sci.,
1890: 100: p.242.
95. PIAGGIO-BLANCHO, R.A., "Mejorias Sintomaticas Del
PIAGGIO-BLANCHO, R.O., Enfisema por el Neumoperitoneo."
and CAIMI, R.A. Arch. Urug. de Med. Cir y
Especialidades: 1937: Vol. 10:
p.273.
96. PINEY, A. and "Clinical Atlas of Blood Diseases"
WYARD, S. 1938: 4th Ed. Churchill, J.& A.
London.
97. PINEY, A. and "Clinical Atlas of Blood Diseases":
WYARD, S. 1938: p.127: 4th Ed: Churchill,
J. & A., London.
98. POTTENGER, F.M., "Tuberculosis in the child and
adult." p.217: 1934: Kimpton,
London.

99. POTTENGER, F.M. "Treatment of Tuberculosis":
Amer. Clinical Med. 1926: Nov:
Vol. V: p.492.
100. PURVES, R. and "Treatment of Tuberculous Affections
BILCLIFFE, J. by Inflation with Oxygen": B.M.J.
1924: I. p. 906.

R.

101. RALPHS, R.S. and "Vernes resorcin test and Tuberculosis
DAVIES, G.I. Lancet, 1930: June 28: Vol. 1: p.
1397.
- 102: REHBERG, T. "Significance of Pneumoperitoneum"
Abstract, Jour.Amer. Med. Asscn.
1936: Vol. 107: No. 14: p.230.
103. REPORTS Medical Officer of Health, City
of Glasgow, 1936: p.341-343.
104. REPORTS Medical Officer of Health, City
of Glasgow, 1939, pg. 93.
105. RICCI, G. and "Valori de pressione venosa in
IRELLI, Q.C. corso di pneumoperitoneo": Lotta
contro la Tuberculosis, 1939:
Vol. X: No. 4: p. 299.
106. ROBERTS, J.E.H. "Extrapleural Pneumothorax",
Brompton Hosp. Rep., 1938:
Vol. VII: p. 70.
107. ROCHE, H. "The Treatment of Tuberculous Lung
Cavities by Closed Suction Drainage
Monaldi's Method." Tubercle, 1941:
Vol. XXII. No. 1: pg. 8.
108. ROST, E.R. "Treatment by inflation with oxygen
of Tuberculous Affections". B.M.J.
1921: Dec.10: No. 2: p.978.
109. RUBIN, I.C. "The non-operative Determination of
the Patency of the Fallopian Tubes
by means of the intra-uterine in-
flation with Oxygen and the produc-
tion of an Artificial Pneumoperitoneum
J.Amer.Med.Asscn.1920: Vol.75:No.19:
9:661.

S.

110. SALKIN, D. "Intra-Abdominal Pressure and its Regulation": Amer. Rev. T.B., 1934: No. 4: p.436.
111. SARALEQUI, A.F. and BELVILLE, G. "Neumoperitoneo espontáneo en las úlceras perforadas de estomago y duodeno". La Semana Médica, Buenos Aires, 1934: Sept.27: Vol. 41: p.936.
112. SCHLACK, J. "The Phrenic Neurectomy combined with artificial Pneumoperitoneum for Collapse of Adherent Lung." Journal Thoracic Surgery, 1936: Dec: VI. p. 218.
113. SCHMIEDEN, V. and PEIFER, H. "Beiträge zur Diagnostik autochthoner Nebennierentumoren": Archiv. fur Klinische Chirurgie, Berlin, 1926: Nov: Vol. 143: p.491
114. SCHWATT, H. and STENBACH, M.M. "Tuberculosis of the Intestines" Amer. Rev. T.B. 1933: 8: 1.
115. SEIDEL, H. "Bemerkungen zur Chondretomie bei Emphysema infolge Starrer Thoraxdilatation." Beitr. Z Klin Chir. 1908: 58: p. 808.
116. SELLARS, J.H. "Extrapleural Pneumothorax": Brit. Jour. T.B. 1938: Vol. 32: No. 3: p.182.
117. SHRIKHANDE, Y.G. "Accidental Pneumoperitoneum during Artificial Pneumothorax Treatment": Brit.J. of T.B. 1939: Vol. 34: No.2: p.71.
118. SKILLERN, P.G. "Tic of The Diaphragm (Post Encephalitic) relieved by resection of the Phrenic Nerves": Jour.Amer. Med. Asscn. 1931: 96: p.2098
119. SMITH, H. "Diaphragmatic Tic relieved by section of the Phrenic Nerves": Amer. J.Med.Sci. 1932: 183: p.857.
- 120./

120. SPIERS, G.O. "Encephalitic Diaphragmatic Spasm treated by Phrenicectomy": Jour. Nerv. and Mental Disease: 1929: 69: p.407.
121. STEIN, A. "Oxygen Inflations of the Peritoneal Cavity in Tuberculous Exudative Peritonitis": Jour. Amer. Med. Assocn. 1922, Mar: 78: p.718.
122. STEIN, I.F. "Iodised Oil and Pneumoperitoneum combined in Gynaecological Diagnosis", Preliminary Report: Amer.Jour.Med. Assocn. 1926: V.87: No. 16.
123. STEIN, I.F. "Why Pneumoperitoneum (in Gynaecology)": Radiology, 1937: 28: p.391.
124. STITT, CLOUGH & CLOUGH. "Practical Bacteriology, Haematology, Parasitology": 1938: 9th Ed: Churchill, J. & A., London.
- T.
125. TUFFIER, T. "Décollement pleuro-pariétal en chirurgie pleuro-pulmonaire": Arch. Méd. Chirs. de l'appariel resp. 1926: 1: 28.
126. TRIMBLE, H.G. and WARDRIP, B.H. "Pneumoperitoneum in the Treatment of Pulmonary Tuberculosis", Preliminary Report: Amer. Rev.1937: 36: p.111.

V.

127. VAJDA, L. Quoted (1937) "Collapse Therapy of Pulmonary Tuberculosis". p. 42: Alexander, J., London.
128. VAJDA, L. "Anwendung des Pneumoperitoneums in der Kollapstherapie der Lungentuberkulose. Ob es am Ende, Schwanzegrschwaf oder unmittelbanach der geburt:" Zeitschrift fur Tuberkulose, 1937: V. 79: No.1: p. 27.

W.

129. WAGGONER, G.W. "Studies in the Intra-Abdominal Pressure." Amer.J.Med.Sci.1926: C.IXXI: p.697.
130. WELLS, Spencer, "Treatment of Large Ovarian Cysts and Tumours": B.M.J. 1861: Dec.28: p.679.
131. WERWATH, K. "New Method of Surgical Collapse Therapy in Pulmonary Tuberculosis" (Abstracts): Jour.Amer.Med.Assocn. 1936: Vol. 107: No.14:p.230.
132. WESTERGREN, Alf. "Studies of the suspension Stability of the Blood in Pulmonary Tuberculosis": Acta Med. Scand., 1921: LIV: p. 247.
133. WESTERGREN, Alf. "The Technique of the Red Cell Sedimentation Reaction": Amer. Rev.T.B. 1926: Vol. XIV: No.1:p.94.
134. WILLEMER, W. "Spannungspneumoperitoneum beim Ulcus Ventric. perforat." Zentralblatt fur Chirurgie, Leipzig, 1929: Vol.56: No.33:pr.II.p.2062.
135. WILSON, J.W. "A Simple Artificial Pneumothorax Needle": B.M.J. 1933: 1: 67.