

of formication in the involved areas always precipitated the attack of rubbing. The forcible removal of a few of the outermost corneous layers invariably had a soothing effect on her mind, and after she had carefully burned the material and its supposedly dangerous contents, she was perfectly at ease, sometimes for hours. The patient was under observation for three years, and during that time almost every conceivable remedy was tried, always without relief. When last seen, the patient's condition was practically the same as at the time of the first consultation.

Lathrop Building.

DERMATOLYSIS

WITH REPORT OF TWO CASES

WM. W. CADBURY, M.D., CANTON, CHINA

Recently I have come across two typical cases of the rare affection known as dermatolysis. The condition is defined

diameter of $1\frac{1}{2}$ inches (Figs. 1, 2 and 3). The patient was below the average in intelligence and somewhat self-conscious of his peculiar appearance. He was discharged from the hospital April 7, in practically the same condition as on admittance.

Description of the cutaneous flap: This peculiar hypertrophic growth begins on the left side of the scalp at a point above the level of the eyebrows, falls down over the face entirely covering the left ear, which projects from the inner surface of the flap. It descends to the shoulder on which it rests. The flap measures 9 inches in length by 8 inches in width. The patient declares that at birth the flap was about 2 inches in length and has gradually been extending in size. In every way the skin resembles redundant scalp tissue. The external surface is studded with hair follicles from which recently clipped hairs project. The inner and external surfaces may be readily rubbed over each other. The color of the skin of the flap, like that of the rest of the body, is rather deeply pigmented. The loose skin may be readily

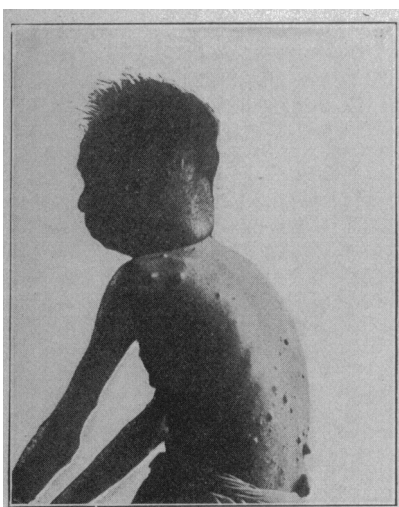


Fig. 1.—Patient in Case 1. Note flap of skin and fibrous tumors on back.

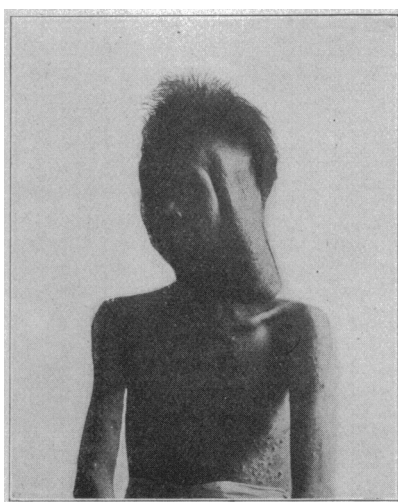


Fig. 2.—Front view of patient in Fig. 1.

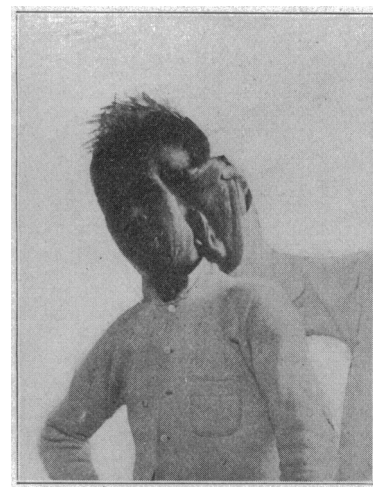


Fig. 3.—Flap of skin lifted to show ear.

in Stelwagon's Diseases of the Skin as a hypertrophy and looseness of the skin and subcutaneous connective tissue with a tendency to hang in folds, and has been spoken of as "loose skin," "cutis laxa," "cutis pendula" or "chalazodermia." It may be congenital or acquired. All parts of the skin share in the hypertrophy; it may be located in any part of the cutaneous surface of the body. There are no subjective symptoms and it is slowly progressive. The etiology is obscure though the disease sometimes begins at the site of an injury.

The condition shows no tendency to decrease but rather to develop. Operative measures have been employed successfully when the hypertrophied flap of skin was troublesome.

It appears that fibromatosis is sometimes associated with dermatolysis, as in one of the cases cited below. In fact, the relationship of these two conditions seems to be not unusual.

CASE 1.—P. S. O., a Chinese farmer, aged 33, was admitted to the hospital of the University Medical School, Canton, China, March 25, 1914, complaining of gastric distress, which was later diagnosed as gastric ulcer. Of rather slight build the patient presented a remarkable appearance on account of a large cutaneous flap hanging over the left side of his face. Over the back, chest and abdomen there were numerous fibrous tumors varying in size from that of a millet seed to a

raised up and the ear projecting from the inner surface disclosed (Fig. 3).

CASE 2.—L. K., Chinese, aged 20, was admitted to the Canton Hospital in May, 1914, in order to care for a relative who was operated on for stone in the bladder. L. K. is not ill. When 5 years old he developed an abscess of the scalp behind and below the right ear and about 3 inches distant from it. The scar of this abscess is still visible. Ten years later he noted swelling of the scalp in this region. This has gradually increased so that at present the loose flap of skin extends 3 inches above the right ear, 2 inches below and is altogether 4 inches wide (Fig. 4). It is continuous with the tissues of the scalp, is slightly elastic and is not pendulous as in the former case. It is covered with hair. Patient feels no discomfort. The flap is said to be gradually increasing in size.

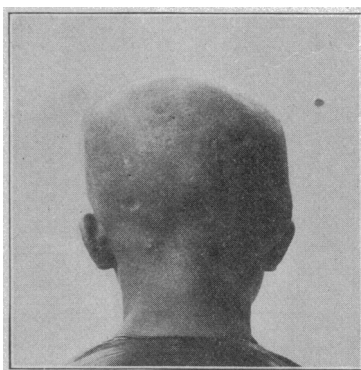


Fig. 4.—Patient in Case 2. Loose flap of skin behind right ear.

These two cases of dermatolysis, both of the scalp, represent the congenital and acquired form. In both cases the subject was below the average of intelligence. Neither was willing to have the redundant skin removed.

Canton Christian College.

Preventogram.—An hour's prevention may save a month of quarantine.—Pittsburgh *City's Health*.