singely or simultaneously, at irregular, frequent, or infrequent intervals. The prognosis depends on the organs affected. The involvement of the brain may cause death, of the eyes visual impairment or blindness. On the other hand, a mild course may be encountered, with attacks occurring infrequently, and eventuating in an apparent cure.
-- J. Am. Med. Assn. Absts.

961 Role of Dermal Sensitivity in Ragweed Contact Dermatitis. S. Epstein. Arch. Dermatol. 82, 48 (July 1960).

Dermal delayed (tuberculin-type) sensitivity often can be demonstrated in ragweed contact dermatitis by intradermal tests with diluted extracts of the oleoresin fraction. The papular response to patch tests, which is encountered more often than a vesicular reaction, indicates that dermal sensitivity is probably the main, and at times, the only form of contact sensitivity responsible for the dermatitis. This dermal sensitivity probably accounts for some of the clinical characteristics of ragweed contact dermatitis and its prolonged course. Out of 16 patients suffering from ragweed contact dermatitis and tested, both with path and intradermal tests with ragweed oil solutions of suspensions, 11 gave positive reactions to the intradermal tests, 3 gave questionable reactions, and 2 gave negative ones. One patient of this series also showed a photocontact sensitivity to the ragweed oil. -- J. Am. Med. Assn. Absts.

962 Histopathology of Drug Eruptions. M. L. Matte, H. Winer and E. T. Wright. Arch. Dermatol. 82, 56 (July 1960).

The histopathology of drug eruptions was studied in an attempt to find specific changes which would be of diagnostic value. Biopsy specimens were examined from 206 patients with cutaneous eruptions due to a variety of medications, the most common being penicillin, barbiturates, and sulfonamides. The primary pathology was located in the upper half of the dermis and consisted of a lymphocytic perivascular infiltrate, protrusion of the endothelial cells into the lumen of the vessels, hyalinization of the vessel walls, subepidermal edema, and dropping off of melanin from the basal layer into the dermis. Epidermal changes were not remarkable except for mild spongiosis and colloquative degeneration in severe vesiculobullous reactions. The lymphocyte was the most frequently encountered inflammatory cell. The eosinophil was occasionally present but was usually not perivascular in location. -- J. Am. Med. Assn. Absts.

963 Rubber Glove Dermatitis. H. T. H. Wilson. Brit. Med. J. 2, 21-23 (July 2, 1960).

Forty-two cases of rubber glove dermatitis are described. The pattern of the rash is usually characteristic, but not invariably so. Untreated rubber latex appeared harmless, and in 40 cases dermatitis was due to accelerators, usually thiuram compounds or mercaptobenzthiazole. Patch tests with these chemicals were more reliable than tests with rubber material. In two cases the cause of the dermatitis was unexplained. Thirteen out of 30 cases had a pre-existing hand eczema. -- Author's summary

964 Norwegian Scabies. H. C. Maguire, Jr., et al. Arch. Dermatol. 82, 62 (July 1960).

Four cases of Norwegian scabies in male mongoloids were found in an institution for mental defectives. Until cured, these cases of Norwegian scabies seeded many cases of ordinary scabies at the institution. Norwegian scabies is a rare variant of ordinary scabies in which areas of the skin become hyperkeratotic and infested with hundreds of thousands of scabetic mites. Finding the mite in the scale from a clinically involved area is easy and confirms the diagnosis immediately. Norwegian scabies seeks out the patient already dibilitated by mental or neurological disease; it is moderately contagious and responds to intensive treatment with the usual scabecides. -- J. Am. Med. Assn. Absts.

IN RE: ABRAMS November 1992

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