4. The absence of any horny plugs in the papules, together with the absence of dark papules on the backs of the fingers, is possibly due to the child's age and the consequently immature state of the skin.

5. Whilst hairs could be distinctly seen in the centre of many of the papules, this was not true of all.

6. The gradual increase in area of the individual papules associated with a flattening of their tops and loss of their circular outline. Each seemed to lose its individuality.

As regards treatment, the very small doses of arsenic can hardly have been sufficient to influence the disease markedly, and the improvement was probably rather owing to unknown factors than to internal medication. At least it seemed to do no harm. Local treatment consisted of the application of 5 per cent. salicylic acid in diachylon ointment, which was suggested to me by Dr. Brooke (of Manchester), to whom I showed the case whilst in hospital. It certainly proved beneficial. The child was also given alkaline baths daily, prior to the application of the ointment, and these not only seemed grateful to her, but helped considerably in removing the scales.

SOCIETY INTELLIGENCE.

DERMATOLOGICAL SOCIETY OF LONDON.

A MEETING of this Society was held on Wednesday, October 14th, 1903, Dr. H. RADCLIFFE-CROCKER in the chair.

The following cases and specimens were shown:

Dr. S. E. DORE showed (1) a middle-aged woman with large, very definitely circumscribed patches of hyperæmic and slightly scaling skin on the legs, thighs, and arms. The eruption consisted of patches varying in diameter from two to four inches, the shape was almost circular or oval, the scaling was slight, infiltration absent, and the surface perfectly dry. The disease did not seem to be made up of agglomerations of small papules, but rather by the peripheral extension of the smaller lesions. It had been present for ten months and

had proved very resistant to treatment. There was a history of marked dyspepsia on inquiry.

Dr. RADCLIFFE-CROCKER said that this was the type of eruption which he labelled as Eczema circumscriptum for his own private convenience, and that he had found painting the patches with strong solution of ichthyol of service.

Mr. WILLMOTT EVANS said that he had found that the painting of the patch with strong iodine solution was generally followed by its disappearance.

Dr. WHITFIELD said that he was in the habit of noting the eruption down as discoid eczema for the purpose of reference, and that he had found the solution of iodine in oleic acid and liquid paraffin similar to that sold under the name of valsol and vasogen of service. He thought it was undoubtedly one of the class differentiated by Brocq under the name of parapsoriasis, but he saw no advantage in the name.

(2) A case of typical *v. Recklinghausen's disease* in a Russian, further details of which will be reported later.

Mr. WILLMOTT EVANS showed a case of *Ichthyosis linearis*. The patient was a boy aged 9 years, and according to his mother's account showed no sign of the disease till the age of two years. On the dorsum of the left hand was a rough, raised, dark streak, running near the inner border; at the roots of the fingers it divided and ran along the dorsal aspect of the ring and little fingers. These lines corresponded, therefore, to the distribution of the dorsal branch of the ulnar nerve. The dorsum of the first phalanx of the middle finger was also slightly affected, and this frequently receives a branch from the ulnar nerve. The raised lines were rough and verrucose in character. There were no subjective symptoms.

Dr. GRAHAM LITTLE showed (1) a case of *tertiary syphilis* in a woman aged 45. The case was peculiar in many ways. The patient had never been married, and had never had any eruption on the body before the appearance of the present disease. This had commenced twelve or thirteen months ago with an ulcer on the right foot on its dorsal surface. This spread peripherally, and other ulcers formed round it. At the present time she has an area about three inches wide and four inches long (the long axis being in the long axis of the foot), upon which are arranged in a roughly circular manner eight ulcerated elevations from half an inch to an inch in diameter, and raised from a quarter to a third of an inch above the surface of the skin. These

elevations are closely juxtaposed but discrete, and they form the periphery of the circinate figure above described; in the centre of the figure there are some smaller nodules, and the skin is infiltrated and red, but the infiltration is not comparable to that of a tubercular sore. The summits of the elevations are uniformly ulcerative and covered with unhealthy sloughs; on scraping with the sharp spoon the tissues were necrotic to a considerable depth, the ulcers being deeply undermined.

The clinical appearance of the foot strongly suggested the diagnosis of blastomycosis; but on the thigh there were two smaller ulcers hardly at all raised, and with a serpiginous outline exceedingly suggestive of syphilis. These had appeared within the last six months, and upon further questioning the patient owned to having had a sore tongue, and some trace of scarring was visible on this organ.

A smear preparation was made from the *débris* removed with the sharp spoon from one of the elevations on the foot, and stained for micro-organisms. A long bacillus was present in great numbers, especially in the deeper parts of the scraping. Only a few cocci were seen as compared with the enormous preponderance of the bacillus, which did not stain with Ziehl-Neelsen's stain.

One of the nodules from the centre of the area on the foot was excised, and examined histologically. The section showed a deep infiltration with cells, which appeared to be mononuclear leucocytes, no plasma-cells being found. The epidermis was intact, but immediately beneath it there were several small miliary abscesses, and the cells in the neighbourhood were destroyed. In one section in one of these miliary abscesses, two long bacilli exactly like those seen in the smear were found.

(2) A case of *Dermatitis herpetiformis* in a female child aged 3 years. She had been for the past three months under the treatment of a competent medical practitioner, but without much improvement resulting. When first seen she had groups of clear vesicles on a red base, distributed principally on the thighs and legs, and especially round the vulva, the labia and *mons veneris* being covered with vesicles and scabs. On the face there were numerous small vesicles and pustules which appeared exactly like the lesions of Impetigo contagiosa, but they did not improve with treatment. On the thighs and legs the lesions seemed auto-infective, as the parts of the leg in

apposition with the thigh, when this was completely flexed, were secondarily covered with lesions apparently derived from contact with the vesicles on the thigh. Cultures in fluid media were taken on two occasions from a large clear vesicle on the thigh forming one of such a group, and on each occasion a pure culture of streptococcus was obtained.

(3) A case of circumscribed *eczema* on the thigh of a woman aged 35. This had commenced as a small dry patch, which had slowly enlarged to cover an area of about seven by five inches. There were no other parts of the body affected. The affection had lasted nine months, and had resisted all kinds of treatment. The case was brought up to elicit opinions on a type of eczema which was commoner in children than in adults, and which did not seem to fall within the limits of seborrhoic eczema. It was perhaps to be included in the class of chronic scaly dermatitis which Brocq had recently named parapsoriasis.

Dr. MACKEY (introduced) showed a woman aged 48 years, with a circumscribed eruption on the arms and thighs. The patches had begun two years ago with a cessation of the menses, and consisted of red circular areas with a fairly defined margin, not infiltrated, irregular in shape, and carrying only the finest possible scale. The scalp was free, but the face was distinctly hyperæmic, and there was a marked tendency to flushing, and some of the capillaries were dilated. There was distinct atonic dyspepsia present, and some neurotic element. Treatment had not modified the eruption in the least, though the following drugs had been tried :—Cuticura remedies on the patient's own account, Mouilla soap, boric acid, resorcin, sulphur and salicylic acid, Unguentum Hydrargyri Ammoniati, boro-benphene (Heil), adrenalin locally, ichthyol soap externally and tabloids internally, protargol in 3 per cent. solution, also bismuth and perchloride of mercury with camphor and spirit, and glycerole of lead.

Mr. MALCOLM MORRIS showed (1) a man aged 53 years, who had suffered from *Lupus erythematosus* of greater or less severity since the age of twenty-six. About eight months ago a fresh acute outbreak had taken place, and he had been affected at the same time with severe intestinal pain, though there was no hæmorrhage either from the

stomach or bowel. When shown he exhibited characteristic patches of the eruption on the face, scalp, and hands, but the interest of the case lay in the extremely severe affection of the mucous membrane of the mouth and tongue. The tongue was of the most extraordinarily vivid red colour, the surface was smooth and shining as if the whole of the tongue had been denuded of the superficial epithelium, and the papillæ were almost if not quite absent. There was nothing to indicate that the condition was due to Lupus erythematosus except its association with the spread of the eruption in other parts; and the exhibitor commented on this, and expressed the opinion that in this case the condition of the mouth would have been absolutely impossible to diagnose without the aid of the cutaneous eruption.

(2) A woman aged 30 years, in whom an eruption of *Lupus erythematosus* had begun on the scalp eight years ago. Recently she had had some general malaise, and the eruption had spread vigorously. When shown she had a great deal of characteristic eruption on the face and head, and there were also numerous typical atrophic patches on both fore and upper arms, some being almost as large as the palm of the hand. Her tongue and palate were also involved, and in this case the lesions on the tongue exactly resembled those on the skin, being represented by small circular atrophic patches of smooth pearly scar surrounded by an edge of vivid hyperæmia.

Dr. SEQUEIRA showed (1) a girl aged 15 with numerous *leg-ulcers*. Although never in robust health, the patient was well until June, 1902, when a crop of "blind boils" appeared upon the legs. These broke down into ulcers, which healed up under local treatment (lotions and fomentations). In June, 1903, a fresh crop of "blind boils" appeared upon the legs, and these rapidly broke down into ulcers. The patient came up to the London Hospital, and was seen first by Mr. Barnard, by whose courtesy the case was presented at the meeting. The patient is anæmic, but there is no evidence of visceral disease. The ulcers are irregular in outline, and vary in size from a shilling to a five-shilling piece. Three are situated on the outer side of the right leg in its upper third, and there is a large, very irregular ulcer on the inner aspect of the right calf, just below the belly of the gastrocnemius. On the left leg there is a small ulcer just below the head of the fibula, and one near the middle of the outer aspect of the

leg, and a third over the upper part of the gastrocnemius posteriorly. A very deep ulcer extends across the front of the ankle, and in this the extensor tendons are exposed. The edges of the ulcers are slightly raised, and clean-cut, and undermined. A probe can be passed under the edge all round. The bases were dirty, but fomentations have rapidly cleaned them up. With the exception of the ulcer in front of the left ankle there is no attachment to deep structures. On the left thigh there is a small indurated patch, which shows no signs of breaking down. It does not in any way resemble the early stage of Bazin's disease, but rather a pigmented chronic lupus patch. There are numerous pigmented scars on the sites of the ulcers which developed a year ago. There is no sign of congenital syphilis, and no history or evidence of tuberculosis. The ulcers are painful, but there is no alteration of sensation in either leg. Sensibility to touch, pain, heat, and cold are unimpaired. The case was shown for diagnosis.

Opinions rather favoured the view that the lesions were tuberculous, though of an unusually rapid type. Some members, however, were of opinion that the condition might be artificial, a supposition which can easily be cleared up, as Dr. Sequeira has admitted the patient into the London Hospital. Congenital syphilis was also considered, but the majority of members did not favour the view.

(2) A woman of 50, with an indurated patch on the left calf, involving skin and subcutaneous tissue. The patient had been the subject of Phlegmasia alba dolens, and the condition was considered a sequel of that disease.

Mr. Arthur Shillitoe showed a young man aged 19, in order to demonstrate the effect of copaiba in the treatment of *psoriasis*.

The patient had always enjoyed good health, and the only point of interest in the family history was the fact that an elder brother, now aged 27, was some eight years ago affected in a similar manner. In the present case the disease commenced last May, and when seen on August 24th the patient was found to be covered on the abdomen, back, and extensor surfaces of the extremities with a psoriasis of the annular type. He was given copaiba, but no external treatment. The eruption has very considerably cleared up, its previous extensive distribution being seen in the now fading pigmentation left on the extensor surfaces of the extremities, etc.

Dr. WHITFIELD showed a man aged 35 years, with a good example of *Acne keloid* on his neck. The history was that he had had syphilis five years previously, for which he was treated at the Lock Hospital. Owing to efficient early treatment he had had no early rash, and had had no eruption on his skin until a twelvemonth ago, when spots came out on the back of his head and also on his neck. These had healed up and broken out again and again round the lower part of his neck, but on the hairy margin at the back of his neck they had developed into growths. When exhibited it was to be seen that he had a line of somewhat exuberant serpiginous cutaneous gummata on the front of his neck, extending from immediately behind the angle of his jaw downwards and forwards to the sternal notch. These represented the still active edge of what must have been a formidable eruption, since behind this line, right round to the back of the neck, in a band of five inches in width, the skin was entirely converted into an irregular, and in places almost bridled scar. At the margin of the hair in the middle line, and a little to the right behind, there were two oval patches about half an inch in width by about one inch in length, of smooth, shining, raised scar, the elevation being a full quarter of an inch above the surrounding level. In the centre these patches were quite denuded of hair, and looked like ordinary keloid, but at the edge the hair could be seen to be drawn together in tufts like little camel's-hair pencils. When first seen there were two or three deep-seated, indolent-looking pustules round the hair-follicles of the central patch, but these had apparently disappeared at the time of exhibition. Dr. Whitfield said that he thought the case was especially interesting, beyond the fact of the disease being always rare, from the fact that the growths and the syphilitic eruption apparently dated from the same time. In view of the strife that was at one time current as to whether Acne keloid was syphilitic or not, this case might certainly be used as an argument for its syphilitic origin. The exhibitor, however, expressed his opinion that this particular change was not syphilitic, with which all the members present seemed to agree.