The following cases were also shown:

Case for Diagnosis. ? Malignant Granuloma.—Dr. D. E. OAKLEY.

Multiple Naevoid Basal-cell Epitheliomata. ? Porokeratosis of Mantoux (Two Cases).—Dr. C. D. CALNAN.

Erythema Chronicum Migrans (Lipschütz).—Dr. STEPHEN GOLD.

Lichenoid Gold Eruption.—Dr. R. H. MEARA for Dr. G. B. DOWLING.

Disseminated Granuloma Annulare, Showing Necrobiosis Maculosa (Miescher).—Dr. I. S. HODGSON-JONES.

Ectodermal Dysplasia with Universal Pili Torti: Retinitis Pigmentosa.—Dr. D. S. WILKINSON.

Squamous-cell Epithelioma.—Dr. D. S. ANDERSON and Dr. R. H. SEVILLE.

Pachyonychia.—Dr. B. SCHWARTZ.

Lichen Sclerosus et Atrophicus of Trunk and Penis (? Early Balanitis Xerotica Obliterans).—Dr. BRIAN RUSSELL.

(These cases may be published later in the *British Journal of Dermatology*.)

[*November* 20, 1952]

Dermatomyositis.—J. R. SIMPSON, M.R.C.P.

Mrs. E. B., aged 52.

History.—Left local mastectomy was performed in 1943 for "a lump in the breast". In 1948 she noticed irritation in that area.

When seen in October 1949 the tissues beneath and around the scar were indurated and there were two raised firm nodules in the area. Histological examination of a nodule showed scirrhous carcinoma. She was transferred to the Plastic Surgery Unit at Frenchay, Bristol, under the care of Mr. G. M. FitzGibbon.

Operation (December 6, 1949).—The skin and underlying tissues in the left pectoral area were excised, together with the anterior ends of the second and third ribs, and the left axilla was cleared. The wound was closed by a pedicle flap from the abdomen, carried up on the left forearm. A small marginal loss along the upper edge of the flap was afterwards covered with a Thiersch graft. The histological report indicated that the growth had extended below the deep surface of removal.

Her condition was satisfactory until May 1952. She then developed redness and swelling of the eyelids and face. The swelling subsided in a month but the redness persisted and was later accompanied by scaling. These changes have gradually extended to the scalp, neck, right pectoral area, the shoulders and upper limbs and, most recently, the fronts of the knees. Itching has been a marked feature throughout. There has been no loss of hair. During this period there has been a gradual loss of muscle power. She has also developed slowness in speech and slight dysphagia.

On examination.—There is erythema and fine scaling on the scalp, pinnæ, all round the neck, the eyelids and on the face. On the right side the rash extends over the shoulders and below the clavicle to the level of the second rib. On the left side it stops abruptly at the upper edge of the graft, just below the clavicle. The whole of the upper limbs is affected, except the medial aspect of the arms and the palms. Below the elbows and on the patches over the front of the knees there is conspicuous hyperkeratosis which shows a discrete follicular pattern in many areas, but is confluent in others. This change is well shown over the knuckles and the interphalangeal joints.

Muscular weakness is shown in the grip and in her inability to sit up from the supine position. Muscle wasting is not very marked, except in the interossei and sclerosis is not obvious.

The pectoral graft is healthy except for a small crusted ulcer at the upper edge. There is a hard subcutaneous nodule in the left axilla, presumably a lymph gland.

Investigations (since November 6, 1952).—Skiagrams of chest, skull, dorsal and lumbar vertebræ show no evidence of metastases. X-ray shows normal movement of the diaphragm; heart and aorta normal in size and shape; œsophagus normal. Blood count normal. E.S.R. 19 mm. in one hour (Wintrobe). Creatine excreted in twenty-four hours = 0·083 gramme. Creatinine excreted in twenty-four hours = 0·59 gramme.

Plasma proteins: Total 8·95; Albumin 3·90; Globulin 5·05 grammes %. Albumin-globulin ratio = 0·78 : 1·0.

W.R. negative. ECG normal.

Histology (Dr. G. Stewart-Smith).—Skin of right forearm and brachioradialis muscle:

Skin: The epidermis shows slight hyperkeratosis with patchy stretching of the malpighian layer and loss of papillæ. At the lower margin of the epidermis there are many dilated lymph channels and some small capillaries, and around these a moderate number of small round cells and some histiocytes: there is some œdema of the deeper layer.

Immediately beneath the epidermis the connective tissue has a sclerodermatous appearance and deep to this the collagen is rather coarse but does not show any "caking" such as was described by Dowling and Freudenthal (1938).

Thionin stain failed to demonstrate mucin.

Muscle normal.

POSTSCRIPT.—She received ACTH intravenously, 25 mg. daily for a week, during which time the eruption faded and muscular power increased. Treatment was stopped abruptly on account of an acute bronchopneumonia from which she made a rapid and complete recovery. In spite of this her dermatomyositis continued to improve and two weeks after the last dose of ACTH the skin showed only faint brown staining and scarcely any hyperkeratosis; she could rise, unaided, direct from the supine position and her grip had doubled in power, as measured by a dynamometer.

REFERENCE

DOWLING, G. B., and FREUDENTHAL, W. (1938) *Brit. J. Derm.*, **50**, 519.

Dr. L. Forman: This patient was operated on some time ago for an ovarian disorder and a uterine polypus was removed, the exact pathology of which has, unfortunately, not been determined.

The hyperkeratotic erythema shown in this case recalls the similar areas demonstrated in a patient in whom the diagnosis of "query" lupus erythematosus had been offered. This patient, a young man, subsequently died of carcinoma of the colon (*Proc. R. Soc. Med.*, 1938, **31**, 474).

In these cases of dermatomyositis occurring in late middle age there would appear to be in many cases an associated visceral carcinoma.

Onchocerciasis.—K. D. CROW, M.R.C.P., and R. H. SEVILLE, M.D.

N. C., male, aged 27.

History.—Over three months ago, a few weeks before returning to England, an intensely irritating papular eruption appeared on the patient's back and, later, on the outer sides of his buttocks. This has remained essentially unchanged since then, except that individual lesions wax and wane in prominence, although none has actually disappeared. He has also noticed that the papules are more prominent and more irritating when his skin is warm.

For the past two years, the patient has been engaged in agricultural research projects in the Gold Coast territory of West Africa. During most of this time, his work has taken him into the interior where he has been forced to live under somewhat primitive conditions.

On examination.—Across the shoulders and tapering off down to the lumbar region is an area in which are numerous, flesh coloured, rounded papules about $\frac{1}{8}$ in. in diameter (Fig. 1). Many of these have been excoriated. On the outer sides of the buttocks are other papules, slightly larger and seeming deeper than those on the back. There are no excoriations in these areas. No firm subcutaneous nodules could be palpated. General examination of other systems reveals no abnormalities.

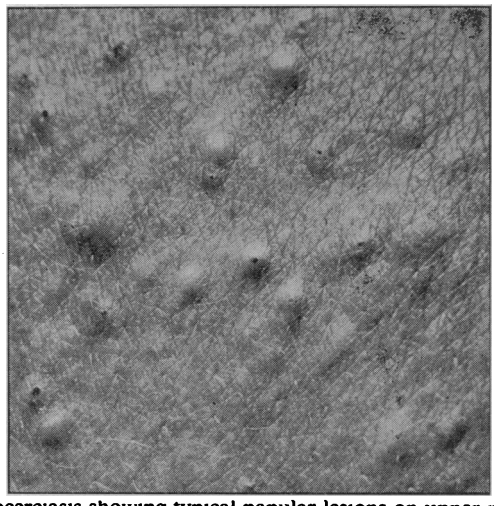

FIG. 1.—Onchocerciasis showing typical papular lesions on upper part of the back.