

Disseminated Lupus in a Girl aged 4½.

By E. G. GRAHAM LITTLE, M.D.

THE patient, I. S., had had measles two years ago, and, as the eruption of measles died away, the present lesions were noted, appearing almost like an enanthem, the small lupus nodules developing nearly at the same time. At present the child had small nodules of definitely lupus type, giving the characteristic buff colour on pressure with a glass slide, distributed as follows: The largest patch was on the right cheek; now it was the size of a sixpence. This was said to have commenced in the same way and at the same time as the other and smaller nodules. In all there were about twenty-five such lesions, scattered widely and rather symmetrically over back and trunk. The nodules were the size of a split-pea, and appeared to have remained nearly stationary, with the exception of the face-lesion, which alone had grown much larger than the others. The father was seen, and was the subject of the most extensive and chronic tar acne, his employment being in a gas-works. There was no history of tubercle either in the family or in this patient. A somewhat similar case also occurring after measles had been shown some time ago by Dr. MacLeod.

The PRESIDENT said these phases of tuberculosis were of great interest in relation to the so-called tuberculides. As a rule nearly all the lesions died away spontaneously, but some might remain and spread to form lupus patches. In a case under his care with a great number of disseminated lesions, all died away except one on the hand, which persisted and grew into a warty patch.

Case of Syphilitic Onychia.

By J. M. H. MACLEOD, M.D.

THE patient was a middle-aged man who had contracted syphilis fifteen years before. After the disappearance of the secondary symptoms he had been free from any signs of the disease till five years ago, when his left hand had become affected with a typical scaly palmar syphilide. This resisted treatment for some months, but temporarily cleared up under injections of benzoate of mercury. Early in 1909 it appeared again, when it was associated with a suppurating perionychia of three

of the fingers of the same hand. At the time of exhibition a number of scaly, brownish pink macules and patches were present on the left palm, and the second, third, and fourth fingers were affected with the peri-onychia. The nail-wall of the finger was raised and inflamed, and at the lateral borders of the nail was superficially ulcerated. The nail-plate was thickened, opaque, and of a dirty-greyish colour, and anteriorly had softened and partly sloughed. The condition was the result of an inflammation and suppuration of the tissue around and beneath the nail, leading to destruction of the nail-plate and imperfect growth at the nail-matrix.

Pityriasis Rubra in a Man aged 21.

By Sir MALCOLM MORRIS, K.C.V.O., F.R.C.S.Ed., and
S. E. DORE, M.D.

WHEN the patient was aged 9 he noticed scaly spots scattered about his body and limbs, the largest patch, on his thigh, being about the size of the palm of his hand. There was nothing on his elbows or knees. As a result of treatment by chrysarobin, the skin of the whole of his body became acutely inflamed, the redness being followed by profuse scaling. The scaly patches did not, however, entirely disappear. He continued to have attacks of acute redness, followed by desquamation, once or twice a year, sometimes very severe and sometimes mild, until the age of 14. Various ointments were tried without benefit. In 1903 he improved under creolin ointment and baths, and his skin remained clear for six weeks. The condition, however, again relapsed, and was again treated with chrysarobin ointment. Since this time the attacks have continued, the longest interval being one of eighteen months, when he was having vapour baths. As a rule the attacks were not accompanied by constitutional symptoms, but in 1908 a more than usually severe attack was attended by a temperature of 104° F., and severe pains in the feet and hands, with swelling of some of the joints. Since 1908 his condition has been much as it is at present—i.e., universal redness with scaling, accentuation of the natural lines of the skin, with here and there slightly darker patches apparently corresponding to the sites of previous patches of psoriasis. From time to time areas of white skin appear, but the redness on the chest and face are permanent. Examination of the urine showed the presence of a substance which caused slight reduction