

irritation. The trouble commenced about nine years ago and was at first confined to the index finger.

Apart from stammering and a little tendency to urticaria factitia, there appears to be no other abnormality in this patient. There is no blood-eosinophilia.

An alternative diagnosis, suggested by the appearance of the finger-webs, is the possibility of linear plane warts. There has been no biopsy.

*Discussion.*—Dr. W. FREUDENTHAL (for Dr. Parkes Weber) said that Dr. Parkes Weber himself was somewhat doubtful about the diagnosis. The clinical appearance has varied, almost disappearing at times. No biopsy had been made.

Dr. A. M. H. GRAY said that on examining the case he did not see any lesions typical of lichen planus. He thought it was a case of lichenification.

Dr. W. J. O'DONOVAN said he had been informed that this patient had been for a long time a counter hand at a popular chain stores. For long periods at a time she handled scented bath salts, soaps, sugars, and sweets. It was impossible now to say what the original diagnosis should have been. The lesions to-day were much paler than lichen planus, although they had a flat papular appearance. These papules were aggregated with no linear or circular patterning at all. It was probable that to-day she was suffering from a chronic sensitization dermatitis and that this would persist for some time yet.

Dr. A. C. ROXBURGH said that he agreed with Dr. Gray that this was a case of lichenification due to scratching.

#### **Angioma Serpiginosum.**—F. PARKES WEBER, M.D.

The patient, A. E. F., a young unmarried woman, now aged 33, has small red and reddish-brown lesions, some "lichenoid" with a shiny surface, mostly arranged in groups, on the hand, forearm and upper arm, on the right side. The case was shown in March, 1927, when the patient was 21½ years (*Proceedings*, 20, 1341). The appearances have changed little since then, and this case is therefore neither Schamberg's disease, Majocchi's purpura telangiectodes, nor lichen planus. Slight examples of the condition, like this one, are usually unilateral or asymmetrical and not symmetrical, as was suggested by Jadassohn (*"Dermatologie"*, 1938, p. 452).

#### **Pigmented Nævi on the Skin, Lips, and Buccal Mucous Membrane.**—G. B. MITCHELL HEGGS, M.D.

R. S., female, aged 18. Occupation: Domestic.

*Previous history.*—Nothing relevant, except these spots since infancy.

Patient complains of disfigurement and requests removal of the nævi.

*Present condition.*—There are numerous small, pigmented macules distributed in the following areas: round the eyes and mouth and on the lips; nape of the neck, elbows, back and thighs, knees and backs of hands. There are also similar pigmented lesions on the buccal mucous membrane of the lips and cheeks.

A biopsy of skin taken from a lesion at the edge of the lip to include the mucous membrane, shows multiple pigmented cells in the deepest layer of the epithelium, and melanophores are also present in the fibrous tissue.

*Discussion.*—Dr. A. C. ROXBURGH said that he had seen a similar case at St. John's—a woman with pigmented macules on the lips and inside the mouth. So far as he remembered, no treatment was advised because it was not thought that it would be helpful. The lip lesions were the only obvious ones in that case.

Dr. LOUIS FORMAN said that he had one case similar to this in a middle-aged woman, who gave quite a short history—only a few years—and as far as he remembered there were no nævi elsewhere.

Dr. HEGGS said that Dr. Dowling's case, to which he had referred, had a strong family history; there were two relatives who were known to have the same condition. He agreed with Dr. Roxburgh, he did not intend to treat the lesions in the mouth, only those on the skin.

**I.—Case for Diagnosis. ? Periadentitis Mucosa Necrotica Recurrens (Sutton).—J. H. TWISTON DAVIES, M.B.**

Woman aged 34. First seen 20.7.38, complaining of an ulcer at the right angle of the mouth of four weeks' duration. She had had a similar ulcer in about the same place six months previously, of which the scar, bounded by a thread-like waxy ridge, was still visible. The present lesion had been painful in its early stages and had been thought to be a tuberculous ulcer. The ulcer, on the upper lip near the commissure, was irregular in outline, deeper than it was wide, and had a ragged, sloughy base. The surrounding tissues were firmly indurated.

Wassermann reaction negative. Physical examination, sputum and skiagrams negative for phthisis.

Section showed œdematous but densely cellular granulation tissue with a few giant cells but no tuberculoid systems. The biopsy seemed to expedite healing for this took place within ten days.

When the patient was seen again on 14.12.38 there was a firm tender swelling a centimetre away from the commissure of the lower lip. In appearance it suggested a very localized area of intense inflammation in the deeper layers of the lip, bulging but not otherwise affecting the surface. She was given an exposure of X-rays and a large dose of quinine in the hope of aborting it.

To-day the ulcer has developed and is covered with an adherent laminated crust. If one removed this the cavity of the ulcer would be seen to be filled with an opaque whitish jelly-like slough.

The condition seems to correspond with that described and illustrated in Sutton's textbook. Elsewhere (Sibley, 1899, Löblowicz, 1910) it has been labelled *ulcus neuroticum* and stress laid on the neurotic personality of the patients. This particular woman is an emotional person but in two other cases I have seen recently I believe the psychological factor could be excluded.

Clinically one has the impression of infarction of a small artery followed by necrosis of an inverted cone of tissue. The lesion would appear to be too deep for an infection of a mucous gland. A case I treated with a herpes virus vaccine was not improved.

The Handbuch article entitled "recidivierenden aphthen" describes this condition but oddly enough it is illustrated with a coloured representation of Case II with the legend "*ulcus neuroticum*."

**II.—Case for Diagnosis. ? Ulcus Neuroticum.—J. H. TWISTON DAVIES, M.B.**

Woman, aged 62. First seen 24.6.38, complaining of ulceration of hard palate of two months' duration in the position of the suction pad of her upper denture. Her dentist had assured her that the denture had nothing to do with the ulcer. The ulcer then consisted of a mass of hypertrophic granulations. Patient was simply instructed not to wear the denture. Seen a week later, the ulcer had the aspect of a rapidly healing erosion. The base, level with or slightly raised above the edges, consisted of fine granulations, red and of healthy appearance, while at the border epithelialization was obviously proceeding apace.

A week later again the same picture was observed, but the ulcer had altered in shape and position. The patient has been seen five or six times since, and each