DISCUSSION.

Dr. COLCOTT FOX said there was at present a case in Westminster Hospital of such multiple telangiectases. He showed a drawing of it sent to him by Dr. John Norton. The case was subsequently admitted by Dr. Hebb, with bleeding from the rectum. The rectal condition had not yet been thoroughly investigated. There was a history of epistaxis dating back for many years, and a sister of the patient had had some similar affection. There were no telangiectases in the mouth or on the face, but they were abundantly present on both sides of the body.

Dr. PHILLIPS, in reply, said it was true that the condition sometimes occurred at advanced ages, and that females were chiefly affected; but the present patient's father had a similar affection.

Multiple Hereditary Developmental Angiomata (Telangiectases) of the Skin and Mucous Membranes, with Recurring Epistaxis.

By F. PARKES WEBER, M.D.

THE patient, aged 60, is a pale, rather puffy-looking woman, with small red angiomata distributed over the face, ears, lips, tongue, mucous membrane of the mouth, and the conjunctival surfaces of the four eyelids. There are likewise telangiectases inside both nostrils, on the posterior wall of the pharynx, and on the anterior surface of the epiglottis. Some of the angiomata on the face approach the "spider nævus" type seen in patients with cirrhosis of the liver. There are peculiar ophthalmoscopic changes. Both optic discs are rather pale, especially the left one, and the blood-vessels are too thin. In the macular region of the right eye there is a whitish area with a patch of black in its centre, probably the remains of a hæmorrhage. In the region of the macula and outwards in the left eye the retina is dotted with numerous small star-shaped pigment spots, somewhat resembling the change found in cases of retinitis pigmentosa. In the left eye there is likewise a small retinal hæmorrhage.[1] During the last six years the patient has been subject to very frequent epistaxis. The angiomata were first noticed at about the age of 42. There is a history of a similar affection in the patient's mother and in several of the patient's children. Dr. Weber has described the case in full,[2] and similar cases have been recorded by Professor Osler and others.[3]

[1] Dr. R. Gruber's ophthalmoscopic examination of November, 1907.

[2] *Lancet*, 1907, i., p. 160.

[3] See especially Osler, *Quar. Journ. of Med.*, Oxf., 1907, i., p. 53.

DISCUSSION.

Dr. C. O. HAWTHORNE said he had recorded a case of this kind, but somewhat incompletely, owing to the fact that the patient could not submit to detailed examination. But there were two points in connection with such cases which should be borne in mind: First, they should be carefully distinguished from cases of ordinary hæmophilia. It would be found that there was nothing in the family history to suggest that there was an undue tendency to bleed, as, for instance, on a tooth being extracted. Secondly, these cases bled not only from the nose, but from small nævoid patches. He ascertained from one of the present patients that she sometimes had bleeding from one of the fingers. He suggested that a patient might have such a patch on the skin apart from any patches which caused bleeding from the mucous membranes. He knew of one case in a woman who had a spot at the end of her thumb, from which she bled frequently, though in her case there was no history of epistaxis.

The PRESIDENT asked whether in the family groups the condition preponderated in females. He understood that in a number of cases the condition came on at a ripe age. He recalled the fact that the occurrence of nævoid conditions all over the trunk in people past the climacteric had been supposed to occur in patients developing malignant disease, but he did not think such spots had been proved to be of any material diagnostic value. All must have seen women past the climacteric who developed small nævoid growths on the trunk which appeared to have no prognostic significance. It would be worth while to enquire into the hereditary tendency in these cases.

Mr. STEPHEN MAYOU said that some years ago he saw a case, which was under the care of Mr. Watson Cheyne, of multiple telangiectases in the bladder, associated with the same condition on the legs. There was hæmaturia of a very profuse character. The eyes were examined, and there was found to be double optic neuritis, which at that time was thought to be due to the anæmia produced by the large hæmorrhages.

Dr. PARKES WEBER, in reply, said he would like to urge that all cases of the kind in the future should have the eyes examined, as in his case there were remarkable ophthalmoscopic appearances.

Case of Complete Transverse Resection of the Pharynx with Laryngectomy for Malignant Growth (Squamous-celled Carcinoma) of the Posterior Pharyngeal Wall.

Shown by W. SAMPSON HANDLEY, M.S.

THE patient, a woman, aged 44, was sent to the Bolingbroke Hospital by Dr. McManus and was transferred to my care by my colleague, Dr. E. A. Peters. For some months she had felt difficulty in swallowing, and on admission even fluids were rejected. She was also