

tried before excision was undertaken. The patient, however, was disinclined to wait longer, and Mr. Clayton-Greene excised it two days later. Dr. Bunch, whose report is as follows, had made cultivations and sections.

Examination of stained films and sections showed the absence of acid-fast organisms, streptothrix, and Leishman-Donovan bodies. Both films and sections showed the presence of cocci, and in the films chains of streptococci were fairly numerous. Cultivations were made on agar and in broth and the streptococci isolated. Sections stained by Pappenheim's method proved to contain numerous plasma-cells, and the histological structure of the lesion was consistent with its being an infective granuloma.

DISCUSSION.

Dr. GALLOWAY said his opinion was that it was a granulomatous lesion, a new growth in that sense, but not in any other. His inclination was to try methods of treatment other than excision, unless Dr. Crocker was satisfied that such measures had had a fair trial and failed.

Dr. MACLEOD said it was evidently granuloma, and was probably a form of Oriental sore. He would recommend in the first instance treatment by means of a Finsen lamp, as he had found that lesions of the type of "septic granulomata" were much benefited by this treatment.

Dr. WHITFIELD suggested an examination of a bead of pus, as he had a suspicion that the condition was tuberculous. That point could be settled by inoculation.

Dr. PERNET said he had seen the "Biskra button" in Biskra itself in various stages, and the appearances were none of them like that presented by this patient. He suggested the use of ung. hydrarg. as an emplastrum. He had a case some time ago, apparently somewhat similar.

Case illustrating the Effects of X-rays on Scar-keleid.

By J. H. SEQUEIRA, M.D.

THE patient, a boy aged 6, had been attending the Orthopædic Department at the London Hospital under Mr. Openshaw, and was sent by him to Dr. Sequeira for treatment of extensive keleid of the scar of a burn of the face. The burn occurred two years ago and took four months to heal. The chin and both cheeks in their lower parts were the seat of extensive scars with great thickening. The condition of the right side is illustrated in the photograph (fig. 1). At Mr. Openshaw's

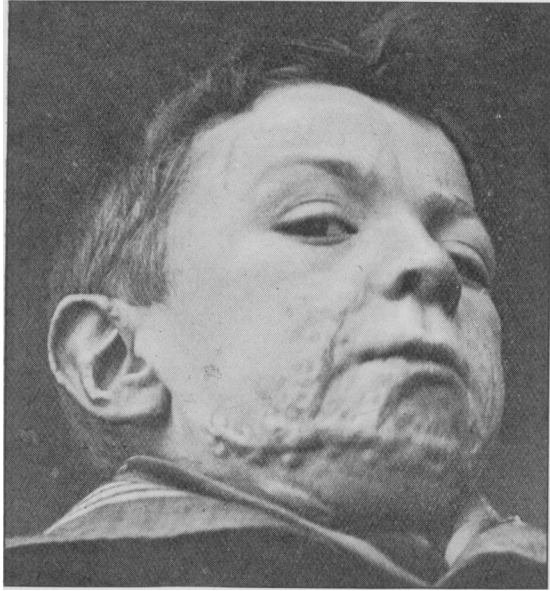


FIG. 1.
Scar-keloid, before treatment.



FIG. 2.
Showing effect of treatment by X-rays.

request only one half was treated by the X-rays. The parts were exposed at intervals of a fortnight to pastille doses of the rays. Each part has had from eight to ten pastille doses. There has been no inflammatory reaction whatever, and the areas are now quite soft and supple and show a marked contrast to the similar lesions on the untreated side (fig. 2). Dr. Sequeira remarked on the better results obtained by the X-rays than by the injection of thiosinamine and fibrolysin, which he had tried in similar cases.

DISCUSSION.

Dr. PERNET said that in the case of a woman with keloid of the shoulder he injected thiosinamine, with the result that there was a great diminution of the condition. It also diminished the pruritus, which was a troublesome symptom.

The PRESIDENT said that good results were obtained from thiosinamine in scar-keloid, and cited the case of a scar on the face from a burn which had been much benefited by the treatment.

Case of Extensive Ringworm of the Body and Limbs.

By J. H. SEQUEIRA, M.D.

THE patient was shown first at the Dermatological Society of London.¹ He then had ringworm extending from the neck over the whole trunk to the thighs and down the arms to the hands. The affected areas were scaly, and had a sharply marked margin. There was also an ulcer at the umbilicus, reniform, and with a much infiltrated border. On the dorsum of the right hand there was a flat button-like lesion, the size of a half-crown-piece. The scalp has been free, but the left ear was attacked. The nails of all the fingers and thumbs were affected. The boy had had the trouble for years, and his sister, shown at the same time, was affected in a similar manner, but had no ulcerated or kerion-like lesions.

Scrapings from the lesions were examined by Mr. Twort in the Bacteriological Laboratory at the London Hospital, and the cultures grown had a crateriform character exactly like one variety of endothrix trichophyton. Dr. Colcott Fox also had some of the material, and

¹ *Brit. Journ. Derm.*, Lond., 1906, xviii, p. 269.