

Case of Lichen Planus Annularis.

By J. H. SEQUEIRA, M.D.

THE patient, a single woman aged 34, stated that three years ago a few spots appeared on her arms, but they disappeared without treatment. Eighteen months ago she fell on her knees, and a few days after the fall patches came upon the front of both knees, where they had been bruised. The patches were described as starting with small discrete red spots which spread and coalesced, leaving white areas of skin between. These areas have extended, and fresh patches appeared from time to time.

The eruption has the characters of lichen planus of the annular type, the most extensive being on the extensor surface of the legs, just below the knees. Some of these are as large as a two-shilling piece, the centre of the spots being smooth and of normal skin colour, while at the margin are aggregated small shining flat-topped papules, in some parts with a small scale. On the front of the forearms, just above the wrists, are smaller areas the size of a sixpenny-piece, and others again on the upper arms. The eruption itched at first.

There is a history of a sore in the mouth, but there was no leukoplakia when the patient came under observation. The patient had scarlet fever and rheumatic fever as a child. She has always been anæmic, and suffered from menorrhagia until the uterus was curetted in 1916. In 1917 she had the vermiform appendix removed, and myomectomy was performed at the same time. The Wassermann reaction was negative.

Case of Leuconychia.

By H. C. SAMUEL.

THE patient is a man exhibiting leuconychia of the totalis type. The nails of both hands are affected, but the left hand is the worse. The nails are unequally affected. Toe nails are normal. He is a bacon cutter at a large grocery store, and his hands are constantly soaked in the bacon brine. He has been in this trade for the last twenty-five years, and the nails have been gradually assuming their present characteristics for fifteen years. He himself assigns the condition

entirely to the salt in the bacon, in which, as I have said, the hands are constantly bathed. There is no family history of leuconychia, leucodermia, alopecia, nor any other skin disease, nor has he ever had any other skin trouble whatever.

Dr. Pernet showed a case here recently¹ of a woman with leuconychia striata and totalis, and she put the appearance down to her work, which was also in the grocery department—viz., the handling of butter and margarine.

In view of Dr. Pernet's remarks in his case, the teeth of this man have all been removed before he came under my observation, and the inference that he must have had unhealthy teeth may only be coincidence. May not the occupation of this man be a very important aetiological factor in the causation of his condition? It seems to me more than a coincidence that Dr. Pernet's patient should also have connected her leuconychia with some chemical or physical action of the butter or margarine.

Case of Leucodermia and Melanodermia associated with Leuconychia.

By H. C. SAMUEL.

THE patient is aged 6. The left lower costal and lumbar regions show a melanodermic sheet upon which are small leucodermic spots arranged in lines. On his nails are some small early spots of leuconychia. I have also brought his elder brother, who exhibits the early stages of leuconychia striata on several of the nails of his fingers. The father, who is not here to-day, has recently developed well-marked leucodermia and melanodermia at the angle of his lower jaw—they are not at all unlike those on the boy's trunk, that is to say, there is a melanodermic patch with small dotted macules of leucodermia upon it. In addition the father shows some leuconychia of his fingers. The father's brother had very well-marked leuconychia striata of all his finger nails. I am unaware that there is any association between leucodermia and leuconychia as shown by this case, although I believe it is not unknown between alopecia areata and leuconychia, and of course leucodermia, alopecia and canities are very frequently found together.

¹ *Proceedings* (Sect. Dermat.), p. 28.