Wassermann reaction ±. 21.8.35: There was a diffuse alopecia of the scalp. Treatment was resumed, 3·45 grm. "914" and 1·4 grm. bismuth, being given over seven weeks. 16.10.35: Dermatitis on the neck and arms recurred and was treated by 14 injections of calciostab and 10 hepastab. 9.12.35: The dermatitis had cleared up and the papular eruption had become pigmented macules. Pilula hydrargyri, gr. iv b.d., was given.

6.1.36: The Wassermann reaction was negative. No further treatment was given and the condition remains the same.

II.—Mrs. D., aged 45, when first seen, 3.7.35, had a hard chancre on the fourchette. Spirochætes were present and the Wassermann reaction was positive (+±). 5·7 grm. "914" and 2·0 grm. bismuth were given for over ten weeks and potassium iodide for two weeks. On 18.9.35 the Wassermann reaction was negative. A fairly severe generalized arsenical dermatitis then developed and was treated by injections of thiostab. 2.11.35: The patient had an attack of herpes zoster on the left side of the thorax and a violaceous papular eruption, with lesions in the mouth. 20.11.35: The herpes was healed; a few of the papules had small vesicles at the apices. Pilula hydrargyri, gr. iv, b.d., was given and continued until 21.1.36, when hydrargyrum cum creta, gr. i, t.d.s., was substituted. The papules had now become pigmented macules.

4.2.36: The Wassermann reaction was again negative. No further treatment has been given and the condition remains the same.

These two cases were treated by the same brand of "914" from consecutive batches.

Are they examples of biotropism, or are they to be classed as drug eruptions, due either to arsenic or to some impurity?

Discussion: Dr. FREUDENTHAL said that both these cases showed clinically and histologically, more or less similarity with lichen planus, but that did not necessarily mean that the condition was lichen planus. Clinically, other diseases might imitate lichen planus, for example, lichen syphiliticus planus, scrofulous lichen planus, lichen amyloidosus, &c. The rash appeared a short time after novarsenobillon was given, and that fact strongly favoured the idea that this was a drug eruption imitating lichen planus.

Dr. H. GORDON: Had both cases had arsenical dermatitis preceding the lichen planus? [Dr. STUART: Yes.]

Dr. KLABER said that last year he had shown before the Section the case of a woman who developed annular lichen planus some months after her last injection of arsenic and bismuth, when the Wassermann reaction had become negative. Other comparable cases had been described and appeared to exclude the possibility that the eruption, in these cases, at any rate, arose directly as a result of syphilis or the drugs employed to treat it. This particular group seemed to imply that true lichen planus could be in some way activated by preceding syphilis or one of the drugs usually employed in its treatment.

Dr GORDON said that if one regarded these two cases of lichen planus as an example of biotropism the long latent period was unusual. When known infectious disorders, such as herpes simplex or herpes zoster, occurred after the administration of novarsenobillon they usually came in the middle of a course or shortly after the end.

In both these cases the eruptions had occurred some months after the termination of the course and after an arsenical dermatitis. It seemed probable that this latter was of importance, possibly as an agent in sensitizing the skin.

Morphœa.—R. T. BRAIN, M.D.

I. A., a girl, aged 17, single, had noticed the appearance of white areas of skin on the neck for about nine months. The areas slowly spread and in the lower part the skin became slightly raised. No symptoms of any kind were observed. Her

previous health was good. Menstruation had begun when she was aged 13, and was regular and normal. Her parents were healthy and no similar cases are known in their families.

The patient attended St. John's Hospital for Diseases of the Skin and on examination was found to be in good general health and of normal development.

On the right side of the neck, spreading from the mid-line about the level of the pomum adami in an irregular pattern towards the lobule of the ear were smooth white macular areas with an ivory-like surface. The largest lesion was about 3 by 2 cm. and smaller ones set in normal-looking skin extended laterally. The lesions were very slightly depressed but were not appreciably indurated. In the lower part of the largest plaque, a band, 2 by 0·5 cm., was harder than the rest and was raised slightly and had a matt surface. No further investigations have yet been made and no treatment has been tried.