

22 Davis : *Cases of Pigmentation* ; Weber : *Recklinghausen's Disease*

Two Cases of Pigmentation : (1) Argyria ; (2) Pigmentation of Unknown Origin.

By HALDIN DAVIS, F.R.C.S.

THESE cases both exhibit anomalies of pigmentation. The first is a case of argyria due to the ingestion of silver nitrate pills, at one time a fashionable remedy for indigestion. The patient, some twenty years ago, took these pills three times a day for a period of about twelve months. The alteration in colour came on *after* she had ceased taking them and has persisted almost unchanged ever since, although she thinks that the tint is not so dark now as it used to be. Argyria is a very capricious condition. I have had a case under my care in which the only source of silver was protargol in a six weeks' course of swabbing the vagina daily ; nevertheless, the patient developed the characteristic pigmentation, which however disappeared after three years. It must be very exceptional for argyria to develop from the use of protargol, otherwise we should see more of it, as protargol is widely used for certain conditions and I have never heard of any other case ascribed to it.

In the second case the origin of the pigmentation is still unknown, but I am assured by Dr. Barber that it falls into the category of a case described by Civatte as "reticulated pigmentary poikiloderma." Members will recall Dr. Barber's similar case recently shown.¹ In that case there was atrophy of the skin ; in this patient there is no atrophy although the condition has now been increasing over three years. The patient has had menstrual troubles for about six years and I am inclined to think that perhaps in some obscure way they have been instrumental in causing the pathological changes in the skin.

A Case of Recklinghausen's Disease, shown in 1905, as an Early Pigmentary "Forme Fruste."

By F. PARKES WEBER, M.D.

THE patient, a married woman, aged 36, now presents the characteristic features of Recklinghausen's multiple neuro-fibromatosis, with much cutaneous pigmentation in spots and patches of various sizes and shades ; there is diffuse brown pigmentation over the back of the thorax and neck. The "molluscous" fibromatous tumours are of various sizes and mostly sessile, and they are scattered over her whole trunk and limbs. Some of the tumours are much softer than others. There is a peculiar diffuse, soft one which forms a cushion in the subcutaneous tissue over the dorsum of the middle segment of the left index finger, and a much larger one forms a diffuse swelling in the subcutaneous tissue of the lower outer part of the right thigh, just above the knee-joint. During the last two or three months the patient has noticed a slightly tender swelling on the right side of the lower part of her neck, which may be connected with a nerve-trunk (a plexiform neuroma). The nipple-region of both breasts is involved by molluscous growths. She has had four children, of whom only the fourth is living, aged seven months. Wassermann reaction negative. Brachial blood-pressure (systolic), 120 mm. Hg ; (diastolic), 80 mm. Hg. By ordinary examination I find nothing abnormal in the thoracic and abdominal viscera.

¹ *Proceedings*, 1926, xix, p. 60.