

abdomen and back. The blood count is normal. Sections from one of the patches show typical lymphatic tissue very like that found in the case shown by the late Dr. Lee Dickinson and myself many years ago, but the colour of the nodules in that earlier case was bright yellow,¹ whereas the colour in the present case much more resembles the appearance seen in a case shown by Fox and Rolleston and fully described in the *British Journal of Dermatology*, 1909, xxi, pp. 259-61; 377-85.

Case of Trade Argyria.

By H. G. ADAMSON, M.D.

THIS is an example of a condition which, I think, is not now often seen. Formerly it was more common as the result of the administration of silver pills in the treatment of epilepsy. In those cases the coloration was blood-carried and universal but most pronounced on those parts exposed to light. The present case is, I think, an example of local argyria, the result of absorption by the skin, or of what has been called trade argyria, which occurs sometimes in those who work with powdered silver. This patient has for many years been occupied in making nitrate of silver. The pigmentation seems to be confined to the parts about the mouth and is particularly marked in the nasolabial furrows. Similar discolorations of the conjunctivæ are, I believe, known to ophthalmologists as the result of local applications of silver nitrate. It appears that the silver is deposited in the sub-epithelial margin and not in the epithelium, which explains the fact that it is never exfoliated but remains permanent. In trade argyria the silver particles are said to be deposited directly in the skin and to form small masses sometimes as large as a hemp seed. In this case the infiltration is more uniform and I am not prepared to say exactly in what way it has reached its destination. The patient states that the skin of the hands and face becomes splashed with silver nitrate and darkened (by exposure to light). This wears off, but leaves the skin around the mouth pigmented, but not, as we see, the skin of the hands.

Case of Boeck's Sarcoid.

By A. M. H. GRAY, C.B.E., M.D.

THE patient is a young man of 32. A swelling appeared two years ago on the centre of the forehead and has now attained the size of a cherry. There are several smaller nodules scattered about the face and extremities, but there are none on the trunk. The lesions first appear in the deeper layers of the dermis and slowly increase in size. They are first of pale brownish colour, not raised above the surface and easily palpable, but later they become elevated and of a much darker brown tint. In the large nodule on the forehead you can see yellowish nodules, and if you test them with a sharpened match you find they do not yield like lupus nodules, but are intensely hard. There is a section of one of the lesions under a microscope, and it shows the characteristic appearance of deep-seated collections of epithelioid and giant

¹ *Brit. Journ. Derm.*, 902, xiv, p. 219.