

with various tar preparations, but with temporary improvement only. In one of my cases the lesions cleared up rapidly under treatment by salicylate ionization, but the condition generally resists all methods of treatment.

DISCUSSION.

Dr. H. W. BARBER said he had recently studied several cases of the kind; the condition had usually been bilateral, and affected that part of the palm nearest the thumb. The eruption occurred more commonly in hot than in cold weather, and commenced with the formation of acute vesicles on an erythematous base. When caught at an early stage they were, as a rule, sterile; but they soon became secondarily infected with staphylococci. He also had searched for the ringworm fungus, without success. X-rays were often startlingly successful at first, but relapses had occurred in all his cases, whether he treated them with the rays or with crude coal tar. Most of these patients were very seborrhœic, and had lesions of seborrhœic dermatitis elsewhere; also they freely sweated, and on the palms, where there were no sebaceous glands, the sweat was more strongly acid than normal sweat. He thought the condition was not due to external infection, but, possibly, to the excretion through the sweat glands of some toxin, the inflammatory changes being secondary. The only successful treatment he had experienced had been along dietetic lines; he had not found any local treatment succeed permanently.

Dr. H. C. SEMON said he recently had a case with the same condition on the back of the hand, the history having been of three years' duration. The patient was a woman, aged 35, and she had been through every form of treatment, the condition eventually clearing up under X-rays. Against the view that it was an external infection was the fact that X-rays cleared it up; this one would not expect if it were a ringworm or yeast infection. He strongly supported Dr. Barber's idea that the condition was related to sweat secretion in the palm, and thought that what he had said as to diet was important.

Psoriasis affecting Mucous Membrane of Lip in a Girl aged 17.

By S. E. DORE, M.D.

I BROUGHT this as a possible case of psoriasis affecting mucous membrane. A patch began on the red surface of the lower lip as a result of a slight injury by a hair ribbon in a patient with well-marked psoriasis on the hands and fingers. In the May number of the *American Journal of Dermatology and Syphilology*, Dr. Max Sheer described one case and mentioned others in which the mucous membranes were attacked in psoriasis; in his case the hands and fingers were also mainly affected, but there was apparently a definite silvery scaling on the mucous membrane of the lips. The lesion in this case is not characteristic, but it is impossible to exclude psoriasis owing to the similarity of the lip lesion to those on the hands and fingers.

Ichthyosis in a Girl aged 13.

By S. E. DORE, M.D.

THIS is a well marked example of severe ichthyosis. Patient has been under Dr. MacCormac's care at the Middlesex Hospital for some time, and she appears to have been taken to Dr. Colcott Fox when she was only five years old. Two other members of the family are similarly affected, four are healthy