hospital. The section from the second case shown at a previous meeting was taken from a group of lupoid nodules on the forehead—away from the rosaceous area.

He agreed that in long-standing ordinary rosacea one might find giant-cells in chronic inflammatory papules, but the microscopical appearances of such lesions were quite different. He also agreed that benefit from the administration of solganal did not prove a tuberculous origin.

POSTSCRIPT (April 16, 1935).—A papular tuberculide of the fingers and backs of the hands has now developed. These appeared after the third injection of solganal [H. W. B.].

Chloasma Virginum Periorale.—H. CORSI, M.D.

The patient is an unmarried woman, aged 20. For two years she had had a pigmentation affecting the upper lip. It varied in intensity and was more noticeable in the summer. The lower border of the pigmentation was abrupt; beneath it was a clear strip 2 mm. wide before the red of the lip was reached.

Menstrual history normal. Blood-pressure low—95/70.

References.—VON POOR, *Derm. Wchnschr.*, 1926, lxxxii, Nr. 9. NARDELLI, *Giornale Ital. di Derm.*, 1930, lxxi, 1650-60.

Discussion.—Dr. J. E. M. WIGLEY suggested that the pigmentation was due to the application of eau-de-Cologne, in other words "Berlocque dermatitis." The points in favour were: (1) The sharply defined margin of the pigmentation. (2) The increased noticeability in summer. (3) The position just under the nostrils, where the lips would be dabbed with a handkerchief wetted with eau-de-Cologne. The patient stated that she had done this, and had further said that eau-de-Cologne was the only scent that she used.

Dr. CORSI (in reply) said that with regard to the possibility of the condition being one of Berlocque dermatitis, the appearance from which the name Berlocque was derived was absent. There were no pendant-like processes where eau-de-Cologne had run down. On the contrary the lower margin of pigmentation was horizontal and sharp. And if eau-de-Cologne had caused this condition by being dabbed on with a handkerchief, there could not have been the unpigmented strip just above the lip, which was so characteristic of the condition here and in all other cases described.

? Lymphadenoma : Case for Diagnosis.—J. E. M. WIGLEY, M.B.

John P., aged 64.

History.—The condition began about nine months ago when the patient noticed a small brown spot over the lower part of the sternum. He did not feel very well at the time, but had been to a swimming-bath two days previously and thinks he caught cold there. The spot gradually increased in size up to that of a threepenny-bit. Shortly afterwards two further spots appeared a little below the original one, to be followed by others, one on the right groin and another over the lower part of the chest on the right side. The last two have grown to a larger size than the others, and have both broken down, and are now discharging pus. They are definitely tender. The patient has put on 1½ st. in weight since the operation of prostatectomy two years ago and now looks fairly fit. Well nourished. Tongue slightly furred. Nothing abnormal found in tonsils. No history of adenitis. Nothing relevant in family history.

Lesions.—The lesion in the epigastric region is typical of the original outbreak. It is an elliptical nodule, brown in colour, with a reddish tinge towards the centre. There is a certain amount of peripheral scaling. It is fairly firm to the touch, and at one edge is raised above the surface. It is confined to the skin and not in any way attached to the underlying structures.

The lesion on the right groin is also elliptical in shape, and is rather larger than a shilling in size. Towards the periphery it is reddish-brown in colour. In the centre it is raised above the surface, and has a crateriform opening from which dirty