

Mr. T. P. BEDDOES said that in many cases of this condition there was an associated gastric disturbance, and it was extremely useful not only to give mouth-washes, but also to attend to the state of the naso-pharynx and to that of the digestive tract generally. A further point to be noted was that the continual movement of the lips perpetuated the condition. The making of tiny transverse incisions kept the lips at rest and aided healing, acting like scarification. At the first visit, the lips were painted with cocaine and lightly cut with a lancet. At the next visit the lancet was used without cocaine, and the patient was usually expert enough to perform the operation, and continued to do so at home every third or second day. So far as he knew, those were the two most successful treatments.

### Case of Vagabond's Disease.

By A. WHITFIELD, M.D.

THE patient, a girl, was sent to us at the hospital from the infirmary four weeks ago. She showed pigmentation rather more marked than at present. Apparently she is mentally deficient, therefore the history I have written down is probably inaccurate. She appeared at the infirmary in what they called there an indescribable condition of lousiness. She still had scabies when she came to the hospital. She is naturally dark-skinned, but she shows this extraordinary pigmentation, and on the shoulders it is mostly surrounding scratch-marks and tears of the skin. She was a mass of tears all over the body, and there was a universal hyperidrosis with vesicles, some of them due to the scabies. I obtained the history that two years ago she quarrelled with her parents and left her home. Most of the time since she has been practically starving, and has been sleeping in the streets. She has, in fact, been under conditions which develop what is known in Paris as "vagabond's disease." The question arises whether this is all the toxic effect of the intense parasitism, or whether it is, in part at least, arsenical. She gives no history of having had injections of arsenic compounds, but her Wassermann reaction is strongly positive. We have had her urine carefully examined for arsenic and it yielded none. My tentative diagnosis is that it is all vagabond's disease, though I am prepared to admit she may have had arsenic.

### Two Cases of Tuberculosis of the Buttocks.

By S. E. DORE, M.D.

ONE patient, a man aged 48, is a case of typical lupus verrucosus of the buttocks, and the other, a man aged 43, has a lesion which is more of the tuberculous gumma type. In both cases the eruption began in the year 1915, following an operation for fistula-in-ano. Mr. Adams, of St. Thomas's Hospital, tells me that only 15 per cent. of the cases of fistula-in-ano are tuberculous, but I think there is no doubt that both my cases are tuberculous, although it may be interesting to mention that the first case, in which there is a large infiltrated mass in the right buttock, was diagnosed as a typical gummatous syphilide, but all the tests have been negative. Another interesting feature of the two cases is that the first man was a camel rider in Egypt, and it seems probable that tubercle bacilli from the fistula infected the surrounding skin. In the case of the other man there is a history of his riding a pony bare-backed some years before his fistula appeared.

Dr. J. H. SEQUEIRA (President) said these cases were of considerable interest. He had seen several cases of typical lupus of the buttock, but the lupus usually began in childhood. He had considered that abrasions of the skin caused by friction had allowed the organisms to enter and set up the condition. In association with anal fistula he had usually seen a more acute form of tuberculosis, and this occurred in moribund patients suffering from active tuberculosis of the alimentary tract. Dr. Dore's two cases were of particular interest because of the age at which the lupus began to appear.