both tibiæ were felt. X-ray pictures showed them to be calcareous, and I take them to be small phleboliths, though they are not all obviously connected with the dilated superficial veins in the legs, which can hardly be termed varicose veins. Radiographic examination likewise revealed the presence of early osteitis deformans (Paget), particularly of the skull, which showed the characteristic woolly appearance.

Blood-Wassermann reaction negative. Brachial blood-pressure 140/100 mm. Hg.

Phleboliths like these over the shins—if they really are phleboliths—are, I think, not very rare in elderly women. Such cases might perhaps be termed "local phlebolithic calcinosis".

Morbus Recklinghausen with Glomoid Tumours.—ROBERT KLABER, M.D.

A girl, aged 13. At the age of 3 months some brown spots were noticed on the trunk; these have been gradually increasing since in size, number, and depth of colour. More recently several blue spots have appeared. There is slight scoliosis which is said to have been first observed after she had pneumonia at the age of 7.

The patient now shows an enormous number of brown macules on the trunk and limbs, varying in size from that of a pin-head to 3 in. in diameter. On the front of the left wrist there is also a pigmented band which shows slight soft infiltration. In addition, she has soft blue nodules. There is a group of these blue nodules on the right side of the neck and similar solitary nodules are present on the left heel and calf which are tender to deep pressure.

A section of tissue removed from the left wrist showed the characteristic histological changes of Recklinghausen's disease. A blue nodule excised from the right calf showed histology closely resembling that of Masson's glomus tumour.

I have ventured to describe these nodules as "glomoid" because, in spite of this histological resemblance and clinical tenderness, several were present in situations where the glomus was not believed normally to occur.

Discussion.—Dr. PARKES WEBER said that he had often heard of bluish lesions and had sometimes seen them himself in Recklinghausen's neurofibromatosis, but he had never seen lesions so blue as some of those in the present case. He supposed the blueness of the excised nodule was due to the blood that it contained. Such lesions, if previously observed in Recklinghausen's disease, would certainly have been described as angiomata.

Dr. I. MUENDE said that he had had a similar case five years ago where a man aged about 45 who had had psoriasis for more than thirty years developed numerous blue angiomatous lesions chiefly on the limbs but also on the trunk. He had removed one of the lesions and in the absence of recent knowledge of the glomus tumour called it a "cavernous angioma".

Weidman and Wise had described a similar case (*Am. Arch. Derm. and Syph.*) but he was not convinced that the histology in that case, or in Dr. Klaber's and his own cases, showed any resemblance to that of Masson's tumour.

Tumour of Cheek: ? Nature.—A. C. ROXBURGH, M.D.

W. B., aged 49, a well-covered man.

History.—For some months there have been red blotches on the forehead, chin, and right cheek. These are dusky red, slightly raised, and slightly infiltrated, with smooth margins. They are not irritable. About one month ago a tumour began to develop on one of these blotches, on the right cheek near the angle of the mouth. On December 9 this measured 4 cm. by 3½ cm. projecting about 1 cm. (*see* photograph). it was reddish-brown in colour, painless, and not tender; the surface was smooth and the texture firm; there was no fluctuation. The growth appeared to be rather in the skin than in the substance of the cheek. Five teeth were removed three weeks ago but the tumour was by then "quite a good size". The only remaining teeth are 9 in the front of the lower jaw, and these are healthy. Hair is still growing on the tumour.

Wassermann and Sigma reactions negative.

Urine clear; acid; no albumin or sugar.

Nothing else of importance on body, no enlarged glands. No viscus palpable.