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from *Lupus vulgaris* and other tuberculous lesions of the skin. The patient, a single woman, enjoyed good health until ten years ago, when, without any obvious change in her general condition, the right knee began to swell. At the same time a small spot of lupus appeared on the nose and a second on the right great toe. An operation was performed upon the knee, which proved to be tuberculous. A very successful result followed, and fair movement and a perfectly sound scar are the result. The spot of lupus upon the nose spread, and two years later the cheeks were involved. The lupoid lesion on the great toe remained quiescent until eighteen months ago, when it began to spread, and this increased activity was followed by the appearance of a series of swellings at intervals along the calf in the line of the external saphenous vein. These recently broke down and formed small abscesses and finally ulcers. They were doubtless the result of tuberculous lymphangitis. The facial lupus presents no unusual features. The lesion on the great toe is rather warty, but the condition of the skin of the right leg from the toes to the knee is remarkable. The entire limb is swollen and pits on pressure. The right calf measures  $14\frac{1}{2}$  inches, the left 11 inches. The skin of the region is of a brownish tint, and scattered all over it are a large number of discrete, circular, brown papules. They are distinctly palpable and resemble isolated lupus nodules. In some parts the lesions are larger—about one sixth to one third of an inch across, and these spots are more raised and scaly. In a few instances small necrotic areas have formed. The line of ulcers on the back of the calf has already been mentioned. The patient's general health is fair. Her tuberculo-opsonic index is .7, and it is proposed to treat her with tuberculin (R.) injections.

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THE DERMATOLOGICAL SOCIETY OF GREAT BRITAIN  
AND IRELAND.

A MEETING of the above Society was held at 11, Chandos Street, on Wednesday, October 24th, 1906, Dr. LESLIE ROBERTS in the chair. The following cases were shown:

Mr. DAWSON showed a case of *chrysanthemum dermatitis*. The patient was a healthy man, aged 35 years, by occupation a florist,



who for the past four or five years invariably suffered from an acute dermatitis of the face, with redness and weeping. A few hours after handling chrysanthemums the face becomes affected, and almost recovers from Saturday to Monday, when he is absent from his work. The hands are never affected.

Dr. ALFRED EDDOWES showed, under  $\frac{1}{12}$  oil immersion (Zeiss), *hairs from the scalp affected with psoriasis* and treated for several weeks with antiseptics. The psoriasis was clearing up, but the patient complained of the hair falling out. Keratosis of the mouths of the follicles was the most prominent feature, and on microscopical examination a micro-bacillus, sometimes in chains, was discovered round the root of the hairs.

Mr. T. J. P. HARTIGAN showed—(1) a case of *rodent ulcer* of the chest treated with radium; (2) a case of *Paget's disease of the breast* similarly treated; (3) drawings and microscopical preparations of a case of *blastomycosis* in a girl, aged 11 years, the first true case, he believed, to be reported in this country.

Mr. SPENCER HURLBUTT showed—(1) a case of *Eczema seborrhoicum areatum*. The patient, a male, aged 43 years, first observed small patches on his leg about four months previously. The lesions now seen on the inner side of his right calf consist of two circinate patches rather larger than crown-pieces, with sharply-defined and slightly-raised margins. The affected surface is dry, of a reddish-brown colour, most marked at the periphery, and more or less covered with minute yellowish scales. The appearance of the lesions somewhat simulate psoriasis; the possibility of their being due to trichophytosis was negatived by microscopical examination.

(2) A case of *syphilis* in which the primary lesion upon the little finger had followed upon the scratch of a kitten.

Dr. GRAHAM LITTLE showed a case of *Tinea versicolor* in a young man with a distribution that rendered it interesting. There were several buff-coloured or pinkish patches, nummular in shape, and restricted to the upper part of the chest over the manubrium sterni. The shape, colour, and distribution of the patches suggested seborrhoic eczema very strongly; yet a microscopic examination of the