- (23) HERTER.—*New York Med. Journ.*, 1898, p. 68, quoted by Wells, *Chemical Pathology*, 4th Edit.
- (24) WHITFIELD.—“Lumleian Lectures,” *Lancet*, 1921, ii, pp. 61, 122, 168, Lect. 2.
- (25) MUTCH, N.—Chapter III, Lane’s *Chronic Intestinal Stasis*.
- (26) VAUGHAN.—*Protein Split-Products*, Philadelphia, 1913.
- (27) ZINSSER.—*Infection and Resistance*, p. 39.
- (28) WELLS.—*Loc. cit.*, p. 195.
- (29) DANYSZ.—*Origine, evolution et traitement des Maladies Chroniques non-contagieuses*, Paris, 1920.
- (30) BILLINGS, FRANK.—*Journ. Amer. Med. Assoc.*, 1920, lxxiv, p. 1631.

ANETODERMA ERYTHEMATOSUM OF JADASSOHN.

W. McMURRAY, M.D.,

Consulting Dermatologist to Sydney and Coast Hospitals.

THE diagnosis of the following case described as Anetoderma erythematosum is based on the peculiar clinical and histological findings.

J. M. B—, aged 44 years; occupation, builder. The disease appeared six years ago. His father died at 65 and mother at 50 from causes unknown. So far as he is aware there is no tuberculosis in the family. He is married; his wife has had three living children and no miscarriages. He never had any venereal disease. Blood negative. The only defect he complains of is slight deafness in the right ear, which he attributes to diving.

Twelve years ago he received a superficial bullet-wound which grazed the skin on the left side of his neck, slightly injuring it. This healed quickly. In 1915 he experienced a burning sensation at the site of the bullet-wound on the left side of the neck below the ear. The surface became red and itchy; later on it assumed a mottled appearance and felt rough to touch. The patch continued to spread slowly at the periphery. Two years ago a papule formed at the left commissure of the lower lip, which he cut by shaving. This also healed quickly, but subsequently became depressed, leaving a smooth scar the size of a split-pea. Shortly after a similar lesion appeared on the tip of left ala nasi which left a similar scar.

The plaque on the left side of the neck is now irregular in shape,

measuring 9 cm. in its largest dimensions, and is depressed. The margins are sharply defined. There is no zone of erythema or lilac border. The skin is thinned and wrinkled in appearance, diminished in thickness, inelastic, and when pinched up seems loosely attached to the underlying fat. The colour is snow-white for the most part, and scattered irregularly over the surface are pigmented patches varying in size from a pin's head to a threepenny-piece. The surface is rough and desquamating. Sensation normal. The lymphatic glands in the neighbourhood are not affected. The sites of the lesions have no relation to the distribution of any nerve.

Immediately in front of the tragus is a smooth circular depression, which admits the tip of the little finger, conveying the impression that the supporting framework of the skin has disappeared, and left an empty space. The edges are smooth and sharply defined. The lesion at the tip of the nose is similar in character to that at the commissure of the lip, looking like a rodent ulcer which has undergone spontaneous cure.

Dr. Aspinall kindly excised a portion of the skin from the neck and I have to thank Dr. Frank Tidswell, Pathologist, for the following report :

"The epidermis shows the usual layers intact, but the component cells have a malnourished appearance; those of the stratum corneum in particular look dried up and shreddy. There are several small hair-follicles with sebaceous glands which are normal save that they share the malnourished appearance of the general epidermis. The more deeply-seated sudoriparous glands look quite normal. The corium lacks its papillary layer, the epidermal margin being flat. In the subpapillary layer there are a considerable number of ragged degenerated fibrils. Amongst and below these and in the reticular layer there is a considerable infiltration of small round-cells. This is particularly marked about the vessels of the subpapillary plexus, but occurs also in isolated patches round the deeper vessels. The endothelium of the capillaries and the entire walls of the larger vessels appear to be normal, and the lumina everywhere patent. Elastic fibres are plentiful enough in the deeper parts, but are inconspicuous near the surface. The connective-tissue cells are normal, and their collagenous fibres abundant except towards the epidermal margin. The muscle-bundles and endothelial cells look

TO ILLUSTRATE DR. McMURRAY'S CASE OF ANETODERMA
ERYTHEMATOSUM OF JADASSOHN.

normal. Special staining did not reveal any bacteria or fungal parasites."

The general issue of the microscopical examination of the piece of tissue is to show atrophy of the corium, and especially of its papillary layer, which appears to affect the fibrils rather than the cells, and with which is associated an infiltration of small round-cells. No manifest histological cause was found for this condition. The appearances are consistent with the descriptions of Anetodermia erythematodes (*Atrophia maculosa cutis*).

ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

MEETING held on June 16th, 1921, Dr. ARTHUR WHITFIELD, President of the Section, in the Chair.

Dr. H. W. BARBER showed a case of *Erythema figuratum perstans*. Patient, a female, aged 38 years. The eruption, which consisted of ringed erythematous patches, first appeared sixteen years ago around the right axilla. A few years later similar patches appeared near the groins and on the lower abdomen, and during the past two years behind the knees. As a child she had repeated attacks of tonsillitis, with quinsies, and her tonsils were scarred and septic.

The case corresponded to the one which was originally reported by Dr. Colcott Fox in the *International Atlas of Rare Skin-Diseases*, under the title of "*Erythema Gyrratum Perstans*," and similar cases have been described by Wende and Mook.

Dr. E. G. GRAHAM LITTLE showed a case of *atrophic condition of skin following treatment of nævus*. The patient was a lady, aged 29 years. More than twenty years ago a nævus on her shoulder was treated with some acid which was said to be acetic. The nævus was the size of the end of a little finger, and was quite obliterated by the treatment, leaving a scar. From that focus had spread this atrophic condition of the skin for several years, and the process was still going on, causing her discomfort and trouble. At the present time there was a patch of dead white atrophic skin spreading from the

This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.