the accident is not a very common one. The history of this case, the peculiar method by which relief was obtained, and the satisfactory result, render it worthy of record, especially in connexion with the first case, with which it had many features in common.

ART. XXVII.—*Notes on a Rare Form of Skin Disease, resembling in some of its features Urticaria Pigmentosa.*^a By WALLACE BEATTY, M.B., Assistant-Physician to the Adelaide Hospital.

IN January last the boy whom I exhibit to the Academy was brought from Portarlinton to the Adelaide Hospital, suffering from a peculiar disease of the skin. As I was in much doubt regarding the diagnosis of the affection, I was anxious to get the opinion of the members of the Academy on his case, so I wrote to his father requesting him to bring up my former patient, and also his younger brother, who, I had heard, was affected in a similar way. With this request he complied. My notes on the elder brother's case are as follows :—

Moses L., aged fifteen, a fairly healthy-looking lad, dark complexioned, first came under my observation in January last. The appearance of the skin to-day is much the same as it was when I first saw him, and is as follows :—An eruption is present over a considerable part of his body, in the form of spots of four different kinds, which appear to represent different stages—1. Red, slightly-raised pimples, some the size of the head of an ordinary pin, others larger, about split-pea sized, mostly topped with a minute blood-clot, the result of scratching. 2. Dull-brownish circular spots, about $\frac{3}{8}$ -inch in diameter for the most part, but some rather larger, on a level with the surface of the skin, and presenting to the finger passed over them either the feel of healthy skin or of skin slightly tougher than normal; the colour does not alter on pressure. 3. Similar sized spots, with a whitish centre and dull brown periphery. 4. White spots of different sizes, some very small, others larger, but only few as large as the brown ones. These are mostly on a level with the surface of the skin, and feel somewhat firm to the touch; some, however, present minute depressions on their surface, being somewhat “thimbled,” and one or two present minute furrows radiating from the centre. The localities affected are the neck, the back and front of chest, the extensor surface of the arms, the forearms, the extensor surface of the thighs and legs. The spots are most abundant on the chest. On the forehead there are two or three brown spots, and on the cheeks,

^a Read before the Medical Section of the Academy of Medicine, Friday, March 14, 1884.

especially the left, are a few red pimples. One or two red pimples are present on the scalp. The eruption spares the hands and feet, the flexor aspect of the arms, the axillæ, the flexor aspect of the knees, the abdomen, and genitals. The white spots unsurrounded by a brown ring are very abundant on the front and back of the chest. There is a peculiar mottled appearance of the skin, very marked between the shoulders, the unaffected skin being brownish, and contrasting with the darker and lighter spots. The eruption consists chiefly of brown maculæ, with or without a whitish centre, and of white spots; the red, slightly-raised, pimples are only found here and there. The sensation in all the spots is normal.

The course of the affection, according to the boy's account, which he gives in a very clear manner, is as follows:—He first suffers itchiness in one spot; as yet the skin looks perfectly normal; he scratches the spot; the scratching is followed by redness, and often by an appearance like "hives." After some hours (on the following morning, if he scratches the itchy spot the night before) a slightly-raised pimple appears, which may or may not be itchy. Soon this pimple flattens, becomes dull-brown, and enlarges; after a time the centre becomes whitish, the circumference remaining brown; and finally the brown colour disappears, leaving a white spot, which persists. He cannot say in what space of time these changes take place. The itchiness of each spot is as a rule felt only at the commencement, and may last only a few minutes; it is more often felt at night than during the day, but he is never kept awake by it. Raised pimples sometimes appear without previous scratching; occasionally pimples remain itchy for a few days.

His previous history, as obtained chiefly from his father, is as follows:—He was quite healthy when born, and the skin was free from eruption. At the age of seven years a large sore came on the back of his head, from which a quantity of matter issued; this after a time got well. Shortly after he got a "gathering" in one ear, which got well also. Three years ago, or thereabout, his father noticed occasionally on his face small red spots, such as might be produced by scratching a small pimple; these got well. It was afterwards noticed that he used to scratch his neck and back between the shoulders; but it was not till the spring of 1883 that spots similar to those at present on his body were observed; their course since then has been as above indicated. Two years ago an abscess formed over the right lower jaw, which burst and then healed up.

With regard to family history, his father and mother are first cousins, the children of two brothers. Their grand-parents were not related. His grandmother (on the mother's side) was born in Barbadoes, her mother being a native of that place, but her father an Englishman. The boy's father is very healthy, and never had any skin-affection. His mother has been out of her mind several times, and her mother was so also. His mother has had six living children; two of these died, one of

scarlatina, another soon after birth; two children were dead-born. I have made careful inquiry, and see no grounds for suspecting that there is any syphilitic taint in the family. The father's brother died of phthisis. A brother, younger than the patient, is affected similarly to him; but no other member of the family. These two brothers have not slept together.

With regard to the younger brother, Edward L., spots were first noticed about twelve months ago, when he was eleven years old, and appeared on the arms; they run a similar course to that noticed in the brother's case. The localities affected are the extensor surface of arms and forearms, the back of the chest, and in small numbers on the front of chest and lumbar region, the gluteal region, outer aspect of thighs and legs. The eruption is absent from the axillæ, flexor aspect of arms and forearms, abdomen, genitals, and flexor aspect of knees. The pigmented spots in his case are almost all slightly raised. The boy is delicate looking, and has a cough. The urine in each case has been examined, and found normal. The mucous membrane of the mouth and pharynx is not affected.

I am in great doubt as to the nature of the skin-affection in these two cases. The brown colour is evidently due to the formation of pigment; how formed it is uncertain. The pigment appears to atrophy subsequently, first centrally and then peripherally.

Dr. Walter Smith saw the cases at my request, and suggested to me that the affection may possibly be of a similar nature to the disease first described by Dr. Nettleship in 1869, and named subsequently by Dr. Tilbury Fox, "*Xanthelasmaidea*," and by Dr. Sangster, "*Urticaria Pigmentosa*." A very complete account of the cases of this disease hitherto recorded has been given by Dr. T. Calcott Fox, and is published in the "*Medico-Chirurgical Transactions*" for 1883. I think Dr. Smith's suggestion is a very good one. I do not know of any other skin disease to which my cases bear a closer resemblance. The itchiness, the occurrence of an appearance similar to wheals on the part scratched, the formation of pigmented spots, are very similar to the description given of that disease. Still, however, there are important points in which my cases differ from all the cases of *urticaria pigmentosa* hitherto recorded:—

1. The eruption did not begin till several years after birth, whereas it appeared in the recorded cases of *urticaria pigmentosa* within the first six months.

2. The eruption in my cases begins as pimples, always small,

whereas in the other cases the spots are usually larger, though varying in size up to the size of a shilling, and usually more of the nature of tubercles, or nodules, or localised infiltrations.

3. The subsequent atrophy of the pigment and formation of white spots are quite peculiar.

I have not been able to produce characteristic wheals by scratching, but the boy asserts that they often appear. The redness, however, produced by scratching is more marked and more persistent than normal.

I think it well to remark that there is no reason whatever to suspect the irritation of epizoa as a cause of the eruption. The boys belong to a respectable family, and are themselves very clean.

Whether the features which distinguish my cases from those of urticaria pigmentosa hitherto described are sufficient to mark them out as examples of a separate disease is a matter worthy of consideration. I know of no other disease to which to refer them.

THE "POSTAL MICROSCOPICAL SOCIETY."

A SOCIETY under the above name has, since its commencement twelve years ago up to the present time, put in circulation chiefly such slides and notes accompanying them as are adapted to general interest; special pathological and histological slides and notes have not hitherto been circulated continuously. It is now proposed to add a special Medical Branch, which all members of the profession whose names appear in the "Medical Directory" are invited to join. The entrance fee is 5s., and the annual subscription 10s., for which each member receives, at about fortnightly intervals, a box containing twelve slides, accompanied by a note-book; also one copy of the "Journal of Microscopy" quarterly. The medical slides and notes will be kept distinct from those of the Society in general, and form a separate circulation. Mr. Alfred Allen, 1 Cambridge-place, Bath, is the Hon. Sec., and will be happy to send a copy of the Rules, and to give any further information.

NITRITE OF AMYL IN AMMONIACAL URINE.

PROFESSOR VON DITTEL observed at the Vienna Medical Society that he had for a long time past, in obstinate cases of ammoniacal urine, found this substance very useful. A solution is made of three drops in 150 of water, and a tablespoonful of this is added to a litre of water, with which the bladder is washed out. The unpleasant smell of the urine diminishes immediately, and is replaced by a pleasant ether odour.—*Allgemeine Wiener medicinische Zeitung*, January 15, and *Med. Times*.