covered with scabs. The patient then poulticed the arm, and when next seen the scabs had come off leaving, in lines of the pattern, deep ulcers with hard, round, smooth edges and granulating bases. The whole design was raised and surrounded with an erythematous border. The general health of the boys did not seem to have suffered with the development of the local lesions. A piece of skin from J. H—'s arm was excised, and well-marked giant cells were found in the corium immediately under the Malpighian layer, although the presence of bacilli was not demonstrated.

On December 11th, J. H— and W. N— were shown at the late Sir Jonathan Hutchinson's museum, and he was of the opinion that the condition had been produced by the inoculation of tubercle.

The period of time intervening between the retouching of the designs and the development of the lesions in my case is probably not too long to exclude the tattooing as the source of infection. Every dermatologist is familiar with the long periods of latency exhibited by the tubercle bacillus in cases of lupus, and it is probable that, owing to the pigments employed in the tattooing and the peculiar nature of the operation, the infecting material might become attenuated and the bacilli encapsuled. The same reasons may perhaps account for the coincident development of a tuberculous ulcer and a papular tuberculide.

HEREDITARY ANGIOMATA (TELANGIECTASES) WITH EPISTAXIS.

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THE series of cases about to be described, and the first to be reported from Australia, are identical with those recorded in 1907 by Prof. Osler, under the title of "A Family Form of Recurring Epistaxis, Associated with Multiple Telangiectases of the Skin and Mucous Membranes," and by Parkes Weber under the title of "Multiple Hereditary Developmental Angiomata (Telangiectases) of the Skin and Mucous Membranes, Associated with Recurrent Hæmorrhages." There are of especial interest on account of the remarkable family history. Although, personally, I have only examined the patient and

* Shows the individuals suffering from the disease.

† Died of anæmia.

FIG. 1.

TO ILLUSTRATE DR. NORMAN PAUL'S PAPER

FIG. 2.

TO ILLUSTRATE DR. NORMAN PAUL'S PAPER.

her children, yet the clinical condition, the previous and concomitant hæmorrhages, and the occasional deaths arising therefrom, have so impressed themselves on the patient, that I was able to obtain from her a clear and lucid statement of the family history.

Family history.—The disease can be traced back as far as the great-grandmother, and both her daughters, *i. e.* the grandmother of the present patient, and her sister exhibited the condition. The latter died of anæmia, and of her family of five sons and two daughters, three of the sons are known to have been affected, one of these dying from anæmia. Reverting to the direct ancestors of the patient, the grandmother had a family of eight children, consisting of five sons, three of whom were affected, and three daughters, of whom two were affected. Of the latter, one, the mother of the patient, died of anæmia, and of her family of seven sons and two daughters, six sons and two daughters are affected. The patient states that “one of the brothers has a number of similar spots on the shoulders and abdomen, and another has a like condition affecting his waist.” The members of the patient’s family, a boy, aged 3 years, and a girl, aged 7, have recurrent epistaxis, but no angiomata. Both the patient’s mother and grandmother had angiomata beneath the finger nails and on the fingers, as well as those situated on the face and mucous membranes.

Case record.—The patient, A. H—, a healthy and intelligent woman, aged 32 years, states that frequent bleeding from the nose in childhood is the first indication of the disease; this recurrent epistaxis continues, and about adult life angiomata appear, which increase in size and number with advancing years. Scattered over the patient’s face, without showing any tendency to be aggregated, are the bright red angiomatous lesions, about a dozen or more on each side, whilst a few are distributed over the forehead, chin, and nose (Fig. 1). In size they vary from pin-point to millet seed, the former predominating. The mucous membrane of the lips is extensively involved, whilst the buccal mucous membrane and the fauces are free. The tongue shows numerous angiomata, and in the centre there is one which measures five millimetres across, this being the largest lesion on either the cutaneous or mucous surfaces. There are a few telangiectases on the hard palate, and on the conjunctival surfaces of the eyelids. An angioma on the nasal mucous membrane, from which

hæmorrhage frequently took place, was destroyed by radium, with the result that the epistaxis had been greatly minimised. Examination of the hands shows a few telangiectases on the palmar surface of the left hand, with a few on the dorsal surfaces of the fingers of the same hand, as well as one on the dorsum of the little finger of the right hand. The appearance of the patient does not suggest anæmia, and this opinion is verified by the blood-count, which is as follows: Red blood-cells, 5,110,000; white blood-cells, 12,200; polymorphs, 50 per cent.; large lymphocytes, 16 per cent.; small lymphocytes, 31 per cent.; large mononuclear, 1 per cent.; eosinophils, 2 per cent. No nucleated red cells seen, reds normal in size and shape, no polychromatophilia. There was no tendency to hæmophilia, nor did there appear to be any mental dulness or deficiency. An angioma was removed from the upper lip, and showed (Fig. 2) in the superficial portion of the corium numerous dilated vessels, and blood-distended cavities (*a*), with a flattening out of the papillæ. The condition is one, which although definite and distinct, is liable to pass unnoticed and unrecognised by those outside the sphere of dermatology, on account of its almost complete absence from dermatological works.

ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

MEETING held on October 18th, 1917, Dr. J. H. STOWERS, Vice-President of the Section, in the Chair.

Dr. J. L. BUNCH showed a case of *Erythema elevatum diutinum*. The patient, a woman, aged 31 years, first developed some raised erythematous lesions on the knuckles eight months ago. These patches spread to the dorsa of the hands, in a somewhat linear distribution, and to a small extent to the forearms. The lesions were now present on the knuckles and backs of both hands; they were red and raised, and in places tended to have an annular appearance. A few scattered papules were present on the forearms. There was very little irritation. An alternative diagnosis of *Granuloma annulare* had been suggested, but the linear distribution of so many of the lesions did not quite seem to conform with such a diagnosis.

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