Mr. Morris also tells me that he saw (September, 1891) similar lesions in a young man who was under the care of Dr. van Hoorn, at Amsterdam.

T. COLCOTT FOX.

A CASE OF ICHTHYOSIS ASSOCIATED WITH LICHEN RUBER PLANUS.

BY G. G. STOPFORD TAYLOR, M.D., M.R.C.S.,

Physician to the Liverpool Hospital for Cancer and Skin Diseases.

J. E. W., æt. 29, is a tall active man of dark complexion. The left arm particularly and the left leg are stunted in their growth by an attack of infantile paralysis which occurred when he was about two years of age, but it was only when he was stripped for examination that a marked difference between the sides was noticeable. His skin is seborrhœic, and between the shoulders and in the presternal region yellowish-looking crusts are observed.

On the right half of the body only, *i.e.* on the non-paralyzed side, the following eruptions on the skin are apparent :—

1. Corresponding to the position of the mammary and submammary regions there is a well-marked patch, consisting of horny spines projecting from follicular orifices, which give a sharp prickly feel ;—*Ichthyosis Follicularis*. The spines are of a dirty yellowish-brown colour and the intervening skin is pigmented.

There is not the least appearance of any inflammatory action round the follicles and no hairs are seen emerging from them. The horns are so firmly implanted that considerable force is required for their removal, and on that being effected a small circular depression with a blood-stained base is left ; they vary in length from mere horny dots to a quarter of an inch in length.

Over the right aortic cartilage a slight inflammatory tint is seen round a few hairs.

Over the supraspinatus muscle there is a patch of discrete, flattened, reddish and waxy-looking papules ; corresponding to the angle of the scapula there is a patch of spines with waxy papules intermixed. Over the crest of the ilium the papules are closely packed and purplish in colour, corresponding to the right side of the tenth dorsal vertebra ; over the buttock, and following the course of the ilio-inguinal nerve and the internal cutaneous nerve of the thigh,

other patches are seen. In the cruro-scrotal fold are quite a large number of papular elevations, varying in size from a pin's head to a pea. These latter papules are stained brown. No follicular orifices are seen, and they are all destitute of scales.

2. On the right forearm, where the radial nerve becomes sub-cutaneous, and following its division over the wrist and down to the terminal phalanx of the forefinger, the following condition is observed: Hard dry papules, purplish in colour, discrete, roundish, conical or flattened, and covered more or less with horny scales, which are very adherent. On the proximal phalanx the papules become smaller and less defined and more horny, and on the terminal phalanx the eruption consists of a thickened horny interrupted line about one-eighth of an inch in width and three-quarters of an inch in length.

The palms and soles, hair, nails and mucous membranes are unaffected.

The patch on the wrist and hand is so rough as to wear away the patient's shirt-cuff, and to necessitate an extra piece of lining in his coat-sleeve.

History.—Beyond the facts that the patch on hand and wrist commenced in early childhood, and that the other eruptions appeared ten years ago, nothing definite can be obtained.

Family history is good. No knowledge of any cutaneous affections among relatives.

Subjective symptoms.—Itches very badly at times, especially on the wrist; occasionally the patient experiences a smart stinging or nipping pain where the spines or horns are the longest.

Remarks.—Undoubtedly this case is one of those mixed forms of keratoses which are exciting the minds of dermatologists all over the world, and which, when settled, will, I trust, sweep into oblivion a lot of useless terms which are perplexing and render confusion worse confounded.

We have the papular form of lichen ruber planus associated with ichthyosis follicularis, and we have in addition a horny patch on the wrist which is something more than a lichen. Why this latter should have taken on a condition of hyper-keratosis from the beginning leads me to suspect an ichthyotic tendency. Of course, it may be argued that it is a verrucose lichen, but I venture to submit that a lichen verrucosus is here congenital. The spines may be

compared with a lichen pilaris, or a lichen spinulosus of Devergie, but I would point out that the spines are tough and horny, and are not packed close enough, as in the former. The distribution of the spinous patches, the healthy condition of the integument between the involved areas, the limitation of the disease by the median line, accords with Dr. Crocker's description of ichthyosis hystrix. The reports of Darier's case of psorospermiosis led to the examination of the horns by a competent microscopist, but without the discovery of any micro-organisms. In conclusion, the position of the eruptions on the non-paralyzed side of the body, the distribution of the patches in the course of well-known nerves, justifies the opinion that a faulty nervous condition is the etiological factor in the production of these rare diseases.

A CASE OF ACUTE SUPPURATIVE DERMATITIS.

BY G. G. STOPFORD TAYLOR, M.D., M.B.C.S.,

Physician to the Liverpool Hospital for Cancer and Skin Diseases.

M. G., a girl aged 13, came under treatment on the 21st March, 1891, for two small bullæ which had formed in the left popliteal space.

The bullæ were opened, the loose skin removed, and ung. hydrarg. ammon. chlorid. applied.

She was brought for inspection on the 24th.

For the purpose of clearly describing the condition the writer thinks it better to adopt the following plan, viz., to divide the diseased state of the integument into three zones.

1. An outer erysipelatous margin about two inches broad, containing minute, yellow, discrete collections of pus, varying in size from a pin's head to a pea, situated between the cuticle and the derma, without giving rise to any bullæ or any appreciable elevation.

2. An ashy-grey area about $1\frac{1}{2}$ inches wide, representing the cuticle lying flaccid, and raised upon the derma by the pus beneath.

3. The central zone, the size of the palm of one's hand, entirely denuded of cuticle, exposing a bleeding and profusely suppurating papillary layer. This "spreading" dermatitis rapidly extended to the gluteal fold above, and to the ankle below, and surrounded the limb at the back of the knee-joint. As the disease advanced at the