Bacteriology (Dr. L. P. Garrod).—Films show numerous bacteria of three principal types, small Gram-positive cocci, short Gram-negative bacilli, and fusiform Gram-negative bacilli. Cultures yield a growth of *Streptococcus salivarius* and *Pfeiffer’s bacillus*.

Dr. Garrod concludes that the bacteriology of this material suggests infection from the mouth or pharynx.

The child’s paternal grandfather is said to have similar, though larger, depressions in the same position on both ears, but these have occasioned no inconvenience.

II.—W. M., a boy aged 16, has had since birth a small swelling on the helix, just above the external meatus. Ten years ago, following an attack of measles, the swelling became more marked (presumably by infection) and an operation was performed immediately in front of this area. This has left a shallow ulcer with undermined edges and a granulomatous base, which has persisted ever since. It communicates by a narrow fistulous channel with what appears to be an infected cyst in exactly the same position as in Case I.

As in that case, there is also a small dimple in the corresponding position on the opposite ear.


Two Cases of Tricho-epitheliomata with a “Rodent” Lesion.—Robert Klaber, M.D.

These two cases both show the multiple small nodules on the lower eyelids and other parts of the face described as “tricho-epitheliomata.” In each there is, in addition, a rodent-like lesion on the right cheek. One patient has had a full erythema dose of radon applied, but the tumour showed no response.

The histology suggests that the rodent lesions and the tricho-epitheliomata have a common origin.

In neither case is there any family history of any similar condition. These small so-called tricho-epitheliomata are, however, very much more common and seem to be less frequently familial than is the case in epithelioma adenoides
cysticum. Histologically, however, there is close resemblance, and it seems possible that they represent a forme fruste of the latter disease, in which there is more marked epithelial proliferation.

I.—Mrs. A. C., aged 53, for many years has had several small, whitish, flat-topped nodules on the eyelids. These have the clinical and histological appearances of tricho-epithelioma.

Two and a half years ago the patient first noticed a small flat plaque on the right naso-labial fold. Six months ago she was first seen at St. Bartholomew's Hospital, and then showed a hard, white, waxy disc, with overlying telangiectasia. This was regarded as a "rodent" and two radon seeds were applied, estimated to give a dosage of 100 mgm. hours per sq. cm. of area. Erythema occurred but the growth has remained otherwise unaffected; its size is exactly the same.

The section shown indicates its origin from a so-called tricho-epithelioma.

Report on microscopical sections.—(1) Nodule on eyelid shows in the corium epithelial strands, nests, and small cysts, filled with amorphous material, the whole suggesting a folliculo-sebaceous origin. (2) Tumour on cheeks shows in the corium less cyst-formation and more epithelial proliferation, but the appearances suggest the same origin as the nodule from the eyelid.

II.—Mrs. F. L. is aged 61. For as long as she can remember she has had nodules scattered over the lower eyelids and cheeks. They are smooth and of normal skin colour or slightly yellow. A few show a short central horny plug.

Thirty-three years ago she had a rodent ulcer excised from the right upper cheek. Ten months ago a rodent-like lesion appeared on her right lower cheek.

Report on microscopical sections.—(1) Section from nodule on eyelid shows in the corium, for the most part, dense compact masses of basal cells, but a few tubular elements and two cysts, filled with amorphous material, are present. (2) Section from tumour on cheek shows in the corium, arborescent basal cell-masses, surrounded by fine, cellular, fibrous tissue. The appearances differ only in degree from those of the eyelid nodule, and are consistent with a follicular origin.

Discussion.—Dr. Dowling said that all members were doubtless familiar with the flat lesions of the lower eyelids which were quite common and which were well described and illustrated in Darier's "Précis de Dermatologie" (p. 862) under the heading of hydradenoma or syringocystadenoma. Might not the cystic lesions of Dr. Klaber's sections be derived from sweat-glands or ducts rather than from pilosebaceous follicles?

Dr. Muende agreed with Dr. Dowling. He thought the first of these two cases was one not of tricho-epithelioma but of "hydradénome éruptif" of Darier. The histology of the two conditions was quite distinct, for in the latter the dilated spaces were lined by two layers of epithelial cells, the inner of which were regular, flattened cuboidal cells with clear, faintly staining cytoplasm. The structure resembled dilated sweat-ducts very closely. In tricho-epithelioma, however, the tubular structure had very thick walls, the cells of which had a marked tendency to keratinize towards the centre, the whole being strongly suggestive of taking its origin from the hair follicle.

Dr. Klaber (in reply) said that during the last few months he had examined microscopical sections from six cases of so-called tricho-epithelioma, and in all of them the histological structure had resembled more or less closely that of the sections now shown. These suggested an origin in primitive hair-follicle and sebaceous-gland elements. He thought that the glandular eosinophil cells referred to by Dr. Muende represented primitive sebaceous epithelium, rather than sweat-gland derivatives. He agreed that hydradenoma showed a close histological relationship, but he thought that this term might be better reserved for conditions in which lesions were scattered over the trunk.

Psoriasis Pustulosa.—Robert Klaber, M.D.

This patient had for ten years an eruption on the soles of the feet (fig. 1, p. 80) which shows the classical appearances of acro-dermatitis perstans. For the last two months he has had on the right leg a large circinate scaly lesion which is clearly a circinate psoriasis (fig. 2).