

where she recovered. Since that time she has enjoyed pretty good general health, with the exception of a severe attack of ague while living in a fen district. There is no history of syphilis, hæmorrhoids, or uterine disorders. The skin disease from which she now suffers began about ten years ago by the formation of a small reddish dry patch on the back of the right hand, of about the size of a florin; subsequently two similar patches formed on the left upper arm, and one on the right thigh; all these patches gave rise to considerable itching. The disease on the head began about six or seven years ago, and at the present time it affects the scalp, forehead, and face; on the latter it is arranged in a symmetrical manner somewhat resembling a butterfly in shape. The lower margins of both orbits, the fore part of the nose, the upper lip and mouth, are free. The skin over the scalp is freely movable, and the eruption in this situation is of a glistening appearance, and has a red base covered with thin white scales; scattered here and there are white, smooth, even scars. Over the forehead are some dry superficial scales. The hair over the part affected is almost destroyed, but nowhere is the sensibility of the skin impaired. The facial eruption, which is the most recent, is of a much brighter colour, with irregular, well-defined margins, studded with small tubercles, some of which are isolated; it seems in a more active condition. The right upper eyelid is healthy, while the skin of the left is affected and a little contracted at the inner side, so as to prevent the eyeball being properly covered by the lid. The whole surface of the eruption is dry, attended with little pain, but is very irritable.

Allow me now to call your attention to the leading features of this case, and the characters by which we arrive at a diagnosis.

Firstly, then, our patient is of the female sex, and I may remind you that erythematous lupus is far more common in women than in men. Mr. Naylor, indeed, estimates the proportion as about eight or ten to one. Again, you will remember that this variety is essentially the *lupus of middle age*; and in accordance with this view we find in the case before us that the age of 40 was attained before the disease made its appearance. It is true that Dr. T. Fox states (at page 206 of his work on "Skin Diseases") that erythematous lupus "mostly attacks children, and especially those of the lower orders." It is, however, more than possible that Dr. Fox would at the present time modify this statement; you must not, therefore, attach too much importance to it. Neumann justly remarks that the disease "is rare under the age of 20."

Last, but not least, we have the history and character of the eruption. It is of about ten years' standing, and began by the formation of a red erythematous patch on the back of the hand, and another, a little later, on the forehead. The former of these has remained almost stationary since its first appearance, and contrasts remarkably with the latter, which has gradually spread with perfect symmetry over the central part of the scalp, producing baldness, and leaving perfectly smooth white scars, which are neither raised, puckered, nor depressed; the skin

retains its elasticity, and the scalp is movable. The disease has spread downwards as well as upward; it has invaded the bridge of the nose, and then spread laterally over both cheeks, always keeping a perfectly symmetrical course, so that the two sides of the face are equally affected, and thus a butterfly-shaped patch is formed, leaving the skin under the eyes, on the forehead of the nose, and around the mouth perfectly healthy.

This gradual and *symmetrical* spreading of the disease is very characteristic of this variety. Again, note especially the well-defined and slightly raised margin of the patch, the colours of which contrast remarkably with the healthy skin around, while here and there a tiny tubercle springs up just beyond it, showing distinctly the direction in which the disease is progressing—namely, at its circumference.

The whole patch has a red base, and is sparingly covered with thin white and dry scales. Nowhere has there been open ulceration except on the right cheek, which shows a few white lines of scars, evidently caused by the healing of small ulcers, the possible result of too vigorous local treatment.

These patches are nearly painless, but are at times attended with severe itching, which has been noticed as a frequent symptom erythematous lupus. The sense of touch, as far as we can determine, remains as perfect as ever. All this in accordance with our usual experience of the malady. The exceptional feature, however, in this instance, in the large extent of surface involved in the course of ten years. We may, indeed, look upon the case as intermediate between lupus vulgaris non-exedens and lupus erythematous, but approaching more nearly to the latter, though, like the inhabitant of a border-land, partaking of the characters of both races.

We may ask, Is the disease in this instance modified by any syphilitic taint? In reply, I would merely remark that the patient lost her teeth at an early age, and that we have no history of congenital syphilis to assist us in arriving at a positive conclusion on this point.

I will now direct your attention to the morbid anatomy of this disease. The earliest indication of a pathological process going on in the skin is the appearance of a patch of erythema, which is not at first very persistent. After a time we find that the walls of the sebaceous glands of the skin affected become thickened with fibrous tissue and cells, and their ducts plugged with altered sebum of dark-greenish colour, producing a peculiar and characteristic dotted appearance.

Similar changes occur in the hair follicles, and, as a consequence, baldness is produced. The papillæ are also invaded, and are said by Neumann to be immensely enlarged. The new cell-growth does not generally extend into the deeper layers of the corium. As a subsequent change, the sebaceous glands and the pigmentary layer of the skin are entirely destroyed, and we have produced the well-known smooth white scars which are plainly seen on the scalp of our patient. In some very mild cases the scar left is so slight as to be quite imperceptible; these cases are, however, exceptional.