

after some illness; perhaps it atrophied after mumps, but there was no lump felt in the scrotum which gave the sensation of being occupied by fibrous tissue. Congenital phimosis was also present in this case.

#### COMMENT ON THE NATURE OF THE CASE.

Bland Sutton in his book on tumours says that hairy moles are recognised as much by their pigment as by their hair, i.e., the two are constant. Pusey in his book on dermatology says moles are pigmented nævi, i.e., pigment and blood vessels are in excess and constant. Combining the two definitions, the hairy mole would seem to consist of three elements—all in excess of the normal—i.e., hair, blood vessels and pigment, which may, therefore, be termed *nævus pigmentosus et pilosus*. The case under review well shows this condition and also exemplifies other varieties of nævus such as flat (*n. spilus*), raised (*n. verrucosus*), and fatty (*n. lipomatosus*) nævi described by Pusey in his book on dermatology; the unique feature of the case being the presence of all these varieties in one person.

Regarding size, shape, distribution and number the case is also unique as nævi rarely exceed the size of the hand and though the shape varies with size, so that with larger nævi we find greater elevation, more hyperkeratosis, more papillomatous or warty surface, and a more exaggerated growth of hair, in this case we found the flat variety was more marked than the raised and hair growth was not abundant except at the growing margin. The number is usually one or two but may be unlimited; frequently when no large nævus is present there are many moles. In this case both small and large varieties were present, the former in large numbers (about 200).

Distribution is generally irregular and asymmetrical and may be upon any part of the body, but sites of predilection are the face,—especially forehead, neck and back; or may be along cutaneous nerves, blood vessels, metameric segments of skin and embryonic sutures. In the present case moles were scattered all over the body and were not confined to any one particular region, blood vessel or nerve, thus differing from a neurofibroma. In (2) the condition was sharply limited at the junction of the occipital with the temporal, whereas if the temporal was involved the condition might have been mistaken for cirroid aneurysm. The condition was present from birth, therefore the excessive pigmentation must have been due to deposit of excess of melanin by prickle-cells. Its presence on the palms and the mucous membranes of the palate-sites normally devoid of pigment is curious.

The exact nature of these growths can only be told by microscopic examination of a section of the growth. This was not done lest a malignant change occurred—a real danger ever present in such cases—and because practically nothing can be done by way of treatment in such an

extensive condition which, however, was not painful and only slightly disfiguring.

We, therefore, conclude with Pusey that nævi are developmental defects and that the causes of their occurrence are altogether obscure with no hereditary tendency (although in this case it was stated that the great-grandfather had a very similar pigmentation of skin).

My thanks are due to my cousin, N. B. Bhata-vadekar, B.A., M.B., B.S., for pointing out the detailed literature in Pusey's book on dermatology, and to Colonel Murray, I.M.S., the Inspector-General of Prisons, Bombay Presidency, for his kind permission to publish this case.

#### ACCIDENTAL "MARKING-NUT" DERMATITIS.

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THE "marking-nut" in India, according to Lyon's "Jurisprudence," is occasionally used with criminal intent and sometimes therapeutically.

The case responsible for this note commenced with the therapeutic application of the juice of the marking-nut for ringworm of the scalp.

The patient after the application of the juice to his scalp did not consider the likelihood of vesication of parts with which the juice came in contact, and noticed after 4 days an erythematous patch on his left arm over the biceps region which reminded him that he had been using his arm as a pillow shortly after he had applied the juice to his scalp.

Twenty-four hours later the patch had the appearance of herpes and was extremely irritable. He also noticed isolated herpetiform patches on his left forearm and wrist which he attributed to the secretion from the ruptured vesicles. Crops of vesicles and papules appeared on the chest also.

The chief complaint of the patient was intolerable itching. He denied any tingling or pain before the crops appeared.

It is difficult to state whether the secretion from vesicles produced by the juice also has the effect of a vesicant, and it was intended to try this on the patient and a volunteer but the former refused and has not been seen since.

The scattered crops of vesicles were in all probability the result of splashing with some of the juice when it was applied to the head, and the large patch on the arm the result of direct contact.

The history of the case and the presence of the large 'contact' patch were the main facts in the diagnosis which would have been otherwise very difficult.

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