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AN ANOMALOUS CASE OF ERYTHEMA MULTIFORME IN A PATIENT WITH CARDIAC AND RENAL DISEASE.

By ARTHUR WHITFIELD.

THE extremely interesting case here reported was for some time in the wards of King's College Hospital, and it is with the kind permission of the late Professor Curnow that I now record it.

Rose S—, aged 19 years, was admitted into King's College Hospital on January 23rd, 1902, suffering from pain in the abdomen and the passage of blood *per rectum*.

Her family history showed a decided tendency to tuberculosis, one brother having died of phthisis and one sister of pleurisy.

The patient herself had been quite healthy until two years ago, when she suffered from swelling of and pain in the legs, which laid her up for about ten days. She had never suffered from any other serious disease, but she was apt to have pain in her legs since this attack, and suffered from severe headaches. Her occupation was standing all day in Covent Garden Market.

A month before admission the patient began to pass small quantities of bright blood with her fæces, accompanied by burning pain, and she also became troubled with bleeding from the gums and nose.

On admission she was found to be suffering from advanced mitral incompetency with some pulmonary congestion, but compensation

seemed fairly good. The examination of the abdomen revealed only indefinite tenderness. The urine was of sp. gr. 1010, acid, containing a good deal of blood and albumen, with hyaline and granular casts. The urea amounted to 264 grains per twenty-four hours.

She was treated by free purgation, and later with small doses of arsenic and iron, and considerable improvement took place, so that she was well enough to go out on February 20th, 1902. Her condition was then good, but she had still, of course, the mitral disease, and the kidneys were considered to be in a state of chronic fibrosis.

During the whole of her first stay in the hospital the temperature had been slightly and irregularly raised, varying from 99° to 101° in the evening, and dropping to normal or 99° in the morning. One week after leaving the hospital she again fell ill, her chief symptoms being pain in the legs, sickness after food, and severe frontal headache. She was readmitted on February 27th, 1902, in a drowsy condition, complaining when roused of pains in the limbs, while her breath had a strong urinous odour. She was given 15-grain doses of Pulv. Scammonii Co. and Pulv. Jalapæ Co. each night, and hot-air baths for about half an hour every other day, the diet being restricted to milk and lime water. Under this treatment improvement was again rapid, and on March 8th the treatment was changed to one drachm of magnesium sulphate and five minims of tincture of belladonna three times a day. On March 10th she was given an injection of pilocarpine, and this was repeated several times. On March 19th she was well enough to get up in the afternoon, and she continued to improve until April 1st, when her temperature suddenly rose to 102.2° , and an eruption appeared upon her face.

Two days later the rash spread down to her arms, and some appeared upon her chest. She was isolated at once on the appearance of the rash, as there was a great deal of smallpox about and the eruption strongly resembled that of smallpox in some particulars, though Dr. Curnow was always confident that it was not that disease. I was asked up to see her, and found the following condition:—On the face were numerous thick scabs, especially around the lips and mouth, but here and there could be seen hard shotty papules about three millimetres in diameter. Most of these seemed to arise in connection with the follicles, but this was not

evident in every case. Besides these papules there were also very deeply seated, extremely tense vesicles, in some cases umbilicated and with a greyish pearly hue.

The later stage of these vesicles showed slight opalescence of the contents, but suppuration did not occur in all, some drying up to scabs without any sign of infection.

No grouping was present, and peripheral extension was extremely limited. With the exception of the fever, there were no signs or symptoms accompanying the eruption beyond the soreness of the lips produced by the actual skin affection itself. The temperature subsided gradually in five days, and then continued in the subfebrile condition which was maintained throughout. The patient was vaccinated successfully during this attack. The eruption began to fade away quite rapidly, and had almost disappeared by April 16th, though there was some superficial pitting left after the falling of the scabs. On April 19th the temperature rose again to 102°, and on the 20th a fresh crop of papules appeared on the face and arms, and extended on to the chest and slightly on to the legs. Their appearance was exactly similar to that on the previous occasion, but they were much more numerous than before, so that the face was in a terrible condition, the whole of the lips and mouth being enveloped in a sheet of vesicles exactly resembling those of confluent smallpox; while numerous vesicles were scattered about on the arms and legs, some appearing even on the palms and soles. This time neither the temperature nor the eruption subsided so quickly as before, new lesions continuing to come out, so that the face was not completely clear even on June 2nd. After this, however, no further lesions appeared, and the skin gradually returned to normal. Slight scarring was left by some of the lesions, but much less than was expected by those who had seen the eruption at its height. During the second attack every sort of examination was carried out that I could devise in order to determine the nature of the eruption. The examination of the fluid from the vesicles gave either nothing or a non-liquefying and non-pathogenic staphylococcus. The inoculation of a piece of one of the lesions beneath the skin of a guinea-pig was followed by no disturbance in health of the animal. The blood examination made at the height of the second attack showed no marked abnormality, with the exception of a moderate polynuclear leucocytosis. Half of

the lesion which was excised for inoculation purposes was fixed and examined histologically, with the following result :—The inflammation was almost limited to the region closely surrounding a hair-follicle and neighbouring sweat-gland, and extended some depth into the corium. The epidermis over this lesion was raised *en masse* from the underlying papillary body, and in addition contained two cavities within the substance of the stratum mucosum. Both of these cavities and the interval between the epidermis and papillary body were filled with coagulated serum containing a very large number of polynuclear leucocytes, and immediately around these large numbers of leucocytes were present, apparently streaming up to the surface. There was also some proliferation of the epithelium around the hair-follicle and the sweat-duct. Sections stained with the acid-orcein-polychrome-blue-tannin-orange stain revealed no change in the collagen or elastic fibres, and no micro-organisms were found other than a few cocci in the vesicles. The raised epithelium and that immediately around it stained badly and appeared to be necrotic, resembling that found in the vesicating erythemata. Taken as a whole, the lesions seemed to suggest that acute bullous change found in severe toxic inflammations rather than that due to actual presence of a micro-organism. Before any of these examinations had been carried out Dr. Colcott Fox came to see the case with me, and we both inclined rather to the view that the lesions were of a pyæmic origin; but I think these must be excluded from the results of the cultivation and experimental evidence, especially as they were supported by the histological conditions. It was certainly a great surprise to me to see these extremely severe and formidable-looking lesions clear up in the way they did, leaving only slight pitting and in some instances no recognisable scar. The condition of the patient, which seemed so critical at one time, also improved so much that she was able to leave the hospital the second time in a fair state of health, although, of course, the heart and kidneys were in an irrecoverable condition. At the time of her worst eruption the temperature was running a typical hectic course, and she was in the typhoid state. That the temperature was not due to subsequent infection, as in the secondary stage of variola, is, I think, shown by the fact that the highest temperature always preceded an outbreak of papules, and the fever subsided as they became vesicular.

One great point of interest lay in the extreme difficulty in distinguishing the eruption from that of an anomalous case of smallpox, even to those who had a large experience of the disease. Taking all the points into consideration, it seems to me that it was most likely a vesicating erythema of toxic origin, a diagnosis with which I believe Dr. Colcott Fox concurred, though neither of us had ever before seen an eruption of any kind quite similar to it.

A search into the literature has not furnished me with any information as to similar cases. Many cases of so-called pyæmic dermatitis have been published, but the findings differed from those in this case, and I have already given my reasons for believing this to be due to some toxic disturbance rather than infection of the lesion. I would also draw attention to the fact that most if not all such cases terminated fatally, and the material was obtained after death. In the face of more recent knowledge on the subject of terminal or agonal infection and post-mortem changes, the results so obtained should be received with the greatest reserve.

THE SCLERODERMIC TYPE OF LUPUS ERYTHEMATOSUS.

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I HAVE been permitted to state in the pages of this Journal my reasons for believing that Lupus erythematosus is not a disease in the strict sense of the word, but merely a pathological condition that may, owing to certain estimable influences, arise in the course of many perfectly distinct diseases of the skin. It will be unnecessary here to repeat these observations, since they are stated in full in recent numbers of the Journal.

If the theory there set forth is based on truth, it should be possible to demonstrate that any disease capable of producing œdema or erythema of the skin, when conditions are favourable, may give rise to Lupus erythematosus.

I am tempted, therefore, to give in series a number of cases which,