PHILADELPHIA DERMATOLOGICAL SOCIETY

*Regular Monthly Meeting, March 14, 1921*JAY F. SCHAMBERG, M.D., *Presiding*

PSORIASIS. Presented by DR. WEIDMAN.

The patient, a white man, aged 33, had been under observation ten days. He had an outbreak of psoriasis with a seborrheiform distribution, the lesions being of guttate size. The case was presented to demonstrate linear lesions appearing along a scratch. There was a history of the patient receiving a scratch on the abdomen from a pin in his clothing and subsequently the disease developed along the scratch mark. The tar ointment with which the patient was treated had removed the scales, and the lesions were less conspicuous than when first seen. He was taking arsenic internally.

DISCUSSION

DR. WEIDMAN added that he had seen lichen planus and warts develop along scratch marks but he had never noted it in psoriasis.

DR. SCHAMBERG remarked that the condition was not infrequent. A few years ago he had conducted experiments along this line. Abrasions had been made in the skin and were inoculated with an emulsion of psoriatic scales. In a small proportion of cases linear psoriatic lesions developed. This was found to occur only during the evolutional stage when new lesions were appearing. In the quiescent cases the experiment did not succeed. Photographs of these artificially produced lesions were published at that time.

DR. CORSON said that judging by the appearance of the lesions in the case presented it was undoubtedly the type in which the inoculations had succeeded.

DR. HIRSCHLER asked what effect arsenic had in these cases.

DR. SCHAMBERG said that arsenic acted as a stimulant to the skin. In the inactive cases which required some stimulus to promote involution it often worked well. In those cases in which new lesions were appearing the stimulating effect caused an undesired activity in growth. This disease was the great dermatologic mystery. It had been known for 2,000 years and the etiology was still uncertain.

ICTHYOSIS HYSTRIX. Presented by DR. BROWN.

A mulatto woman, 19 years of age, was a patient in the Maternity Department of the Philadelphia General Hospital (Blockley). She presented a congenital condition from which she was occasionally almost free, due to its exfoliation. The arms from the axillae to the wrists were almost completely covered with elevated, rough, shaggy epidermal thickening. The color was dark with grayish shading. Irregular lines of fissuring ran through the area, giving a corrugated appearance. In spite of the apparent roughness and dryness, there was present a velvety texture when the hand was passed over the patch. The lower extremities were similarly affected. Keratosis palmaris et plantaris was present. The face was free, but on the forehead below the hair line, at the temples and on the scalp was a slightly raised, jet black patch with an irregular, sharply defined border. It closely resembled the appear-

ance of tar smeared on the skin and had not the verrucous character of the eruption on the extremities. Elsewhere on the trunk the usual appearance of ichthyosis was noted, the lines of cleavage marked with great distinctness.

DISCUSSION

DR. SCHAMBERG said it was unusual to see that amount of epithelial hypertrophy. There was no doubt as to the correctness of the diagnosis.

LEUKEMIA CUTIS. Presented by DR. DENGLER.

The patient, an Italian laborer of middle age, was brought from the wards of the Hospital of the University. The present condition began six years ago as an erythematous eruption on the neck and shoulders. Eight months later the entire body was involved by gradual extension. Six months ago the cervical, axillary and inguinal glands became enlarged. At the time of presentation there was noted a universal scaly erythrodermia. The spleen was enlarged. The superficial lymph nodes, notably the inguinal groups, stood out in relief. The temperature was 100 degrees. Nodules had appeared in the skin at times but all had subsequently disappeared. Itching was intense and uncontrollable. The Wassermann reaction was negative. A leukocytosis of 42,000 existed with 58 per cent. lymphocytes. A biopsy had been made.

DISCUSSION

DR. SCHAMBERG called attention to the interesting picture presented. Such an eruption might occur in mycosis fungoides, leukemia cutis, pityriasis rubra of Hebra and Hodgkin's disease. The glandular and splenic enlargement and the blood picture indicated a hematopoietic origin. It was hard to differentiate the premalignant from the leukemic type of eruption. On account of the blood findings, the speaker thought the case one of leukemia cutis. It was generally accepted that the condition known as Hodgkin's disease could not pass into leukemia but mycosis fungoides could undergo leukemic transformation. Ehrlich and Pinkus believed that mycosis fungoides, Hodgkin's disease and leukemia were closely related and belong to the same group. The evidence here favored leukemia but repeated blood studies were necessary.

DR. KLAUDER suggested establishing the enlargement of the bronchial glands by roentgenogram thereby adding data for diagnosis.

DR. WEIDMAN said the sections made from the biopsy agreed neither with mycosis fungoides nor leukemia. Possibly this difficulty might be traced to the fact that the lesions excised were early ones. On that account it was necessary to hold the matter under advisement until further development of the disease. At the periphery of the lesions spindle cells continuous with those of the collagen bundles were noted; that is, there was present a transition from lymphocytes to spindle cells. At the margins of the infiltrate it shaded off and under the sound epidermis the lymphocytic infiltrate ceased entirely.

DR. SCHAMBERG concluded the discussion by adding that Douglas Simmers regarded the eruption as an effort to eliminate toxins through the skin. But in leukemia there was usually a leukemic infiltration of the skin. Roentgen-ray therapy was suggested for relief from the itching as well as a curative measure.

FOR DIAGNOSIS. Presented by DR. STRAUSS for DR. CORSON.

A white boy, aged 15 years, had a curious group of small pitted scars in front of the right ear. They had been present for eight years. Either the

patient and his family were unobservant or the primary lesions were inconspicuous for there was no history of their presence. The scars were from 2 to 5 mm. in diameter and were arranged in a vertical distribution, some fifty or sixty being present. There were comedones in some of the pits; otherwise the only active lesion was the topmost one which displayed a dry yellow crust with a darker, horny, acuminate center.

DISCUSSION

DR. SCHAMBERG thought the case was an unusual type of papulonecrotic tuberculid. There must have been a preceding inflammation unless the case was one of idiopathic atrophy.

LEISHMANIASIS. Presented by DR. KLAUDER for DR. SCHAMBERG.

A white man, aged 43 years, lived in South America for ten years, returning to the United States six years ago. Seven years ago the present eruption started on the left ear; six years ago on the right one. There was present a marginated, pinkish eruption on the lobule of each ear. The surface was crusted lightly. The area involved was about the same on both sides, the entire lobule and adjacent margins of the pinna being affected.

DISCUSSION

DR. SCHAMBERG said the case was one of leishmaniasis. The appearance shown was almost a replica of that seen in other patients affected with the disease. The organism had not been demonstrated, but the results of treatment corroborated the diagnosis. New superficial ulcers had recently formed with extension of the patch. Some of the lobule had been destroyed. The treatment had consisted of intravenous injections of 5 c.c. of a 1 per cent. solution of tartar emetic given every second day. In all, five injections had been given with decided improvement in the eruption. It was thought that the disease was due to infection by an insect. Attempts to inoculate guinea-pigs and a monkey from this case had failed. In this case there had never been deep lesions but superficial ulcerations covered with a crust. The similarity to recently reported cases suggested the diagnosis. Many cases were found in South America.

DR. WEIDMAN mentioned that Patton had shown the *cimex lectularius* to be a spreader of this disease.

DR. CORSON remarked that the case resembled lupus erythematosus, clinically.

DR. KLAUDER brought up as of interest the fact that Donovan bodies had been found in inguinal ulcerations.

DR. HIRSCHLER asked how the intravenous injections acted. Did they make the patient ill?

DR. SCHAMBERG replied that this patient did not feel sick after the treatments. Diplococci had been found associated with the bodies, but their significance had not been worked out.

DR. WEIDMAN said that to be considered causal bodies of proper morphology should be found in the lymphocytes.

DR. SCHAMBERG concluded the discussion by mentioning that in a recent number of *The Journal of the American Medical Association*, cases of inguinal granulomas had been reported. Possibly they were cases of leishmaniasis.

ADENOMA SEBACEUM. Presented by DR. KLAUDER for DR. GREENBAUM.

This patient and those in the two following cases were sent to the meeting by Dr. Greenbaum, who was unable to be present. The patient was an undersized boy, 7 years of age. The small tumors on his face had been noted for several years past. The child was an epileptic. The tumors were scattered over the forehead, sides of the nose and upper cheeks. They were bright red, quite numerous and most of them were the size of a pinhead. A few telangiectases were noted in the affected region and an angioma on the forehead. There was no discussion as the diagnosis was plainly adenoma sebaceum.

LUPUS ERYTHEMATOSUS. Presented by DR. KLAUDER for DR. GREENBAUM.

A white woman, aged 29, presented an erythematous patch on the left cheek of three years' duration. On the dorsum of the fingers of the left hand, patches of a similar appearance had been present four or five weeks. The eruption was the vascular type of lupus erythematosus. It disappeared in winter and returned in the spring. On the tip of the nose and the right cheek there was a much fainter outbreak.

DISCUSSION

DR. SCHAMBERG warned that when the eruption of this disease spreads to parts other than the head the likelihood of a serious acute condition developing must be borne in mind. A patient of the speaker's had had high fever and a pneumonic consolidation lasting several weeks. In others an erysipeloid eruption of the face is succeeded by a pneumonic condition.

FOR DIAGNOSIS. Presented by DR. KLAUDER for DR. GREENBAUM.

A colored woman of middle age presented a few pigmented spots of ten years' duration. They were each about the size of a five-cent piece. One was on the wrist, others on the legs. There were ulcers in the center and distinct nodulation was apparent.

DISCUSSION

DR. SCHAMBERG suggested a circumscribed prurigo nodularis and a cutaneous response to scratching. He thought that in many cases of that disease the nodules are secondary to scratching. The name lichen obtusus was once used for such a condition.

DR. STRAUSS said that most of the cases described had occurred in women. In this case there had never been more than half a dozen lesions.

EDWARD F. CORSON, M.D., Secretary.