ABSTRACTS OF CURRENT LITERATURE

DERMATOLOGY.

GRAIN ITCH.

By Schamberg. The Jour. Cut. Dis., February, 1910.

In the late spring of 1901 an unfamiliar eruptive disease appeared in Philadelphia and vicinity and attracted the attention of the skin specialists of the city. The cause of the disease remained obscure despite careful interrogation to ascertain the cause of the affection and the explanation of the household epidemicity.

Dr. Goldberger and the author jointly solved the question during 1909. The disease was prevalent in Philadelphia and neighboring towns, and found among the sailors on several boats.

Among the boat crews it was ascertained that the disease was confined to the sailors who had slept on some new straw mattresses. In every case the individual had recently slept upon a new mattress and the mattresses were traced to four factories.

Careful examination excluded the covering of the mattresses as the source of infection and placed it upon the straw. The straw was sifted and the mite found which was identified by Nathan Banks, United States Bureau of Entomology, as very close to, if not identical with the *Pediculoides Ventricosus*. In order to demonstrate that the mite was the cause of the disease several mites were placed on the bare shoulder, arm and chest and in sixteen hours the characteristic eruption appeared from the bites of the mites.

Eruption. The disease is characterized by an eruption consisting of wheals, many of which exhibit at their summits a central pinpoint sized vesicle. This is the peculiar lesion of the disease produced by the bite of the mite, and is so characteristic as to immediately suggest this affection. The contents of the blisters are clear, but for a short time, and become

lactescent and pustular. The lesions vary in size from a lentil to a finger-nail, rounded or oval in shape, and are elevated 1 or 2 mm. The color is rose tint. The vesicle or pustule is usually minute, not exceeding 0.5 mm. in diameter, but sometimes may be larger.

Usually the eruption is profuse, involving the neck, body and in a lesser degree the arms and legs. The greater number of lesions are on the trunk. The hands and feet are nearly always free.

Really three types of the eruption may be observed; (1) urticaria-vesiculo-pustulosa type, (2) varicelloid type, with large central vesicle or pustule, and (3) erythema multiforme type.

The itching was intolerable and worse at night and seriously interfered with sleep.

Systemic symptoms. In the early part of the attack light chills with temperature of 100 deg. F. to 102 deg. F., may exist in some cases, while others will be afrebrile, but complain of anorexia and malaise, while others will not feel ill at all.

Diagnosis. The disease may be confounded with urticaria, chicken-pox and scabies, and the writer had known of many errors. In one case even smallpox was suspected.

Treatment. As the parasite only perambulates upon the surface and does not burrow in the skin the treatment is not severe. Frequent warm soap baths would doubtless suffice, but an ointment of betanaphthol, sulphur and lard was found of great service, as it not only destroyed the mites, but relieved the cutaneous symptoms. The clothing should be disinfected to prevent reinfection, and the mattresses should be disinfected or burned.

The author discusses the literature upon the subject, some of it dating back to 1829, and is interesting from an historical standpoint. Several illustrations are given. J. M. K.