AN UNUSUAL CASE OF DERMATITIS HERPETIFORMIS.

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THE following case is an example of an important type of Duhring's disease, and is of interest on account of its similarity to the recent case, with illustrations, published by Dr. Hallopeau, in the "Atlas of the St. Louis Hospital," and to which he has given the appellation of "en cocarde."

Sarah S., aged 53, came under my care in the Harrogate Royal Bath Hospital on July 25th, 1895, complaining of a skin eruption.

She gave the following history:—For many years prior to 1894, she had enjoyed good health. Early in that year she occupied, before it was dry, a newly-built addition to her house. At the beginning of March, she began to feel pains in her knees, and these lasted until April, when they suddenly disappeared. Immediately after the disappearance of the pains, she noticed a number of blebs on both legs. Fresh ones came out from time to time, and eventually they appeared on her abdomen and back. A scab soon formed on the bleb, and on this being shed she noticed a ring occupying the site of the margin of the bleb. This condition continued until the end of the year, when the blebs and rings ceased to appear, and the skin became well.

In the spring of 1895 she did not feel well, and soon after the blebs returned, followed by the rings. The eruption caused itching, and produced a sense of burning.

On examination of the patient the eruption was seen to be situated on the thighs, legs, dorsum of the feet, the lower part of the abdominal wall, extending as high as the umbilicus, and on the back as high as the tenth rib. It consisted of rings, gyrate figures, and vesicles, or blebs. Not only was it bilateral, but it was fairly symmetrical.

While under observation, the following was noticed to be the mode of development:—First vesicles and bullæ, measuring from one line up to three-quarters of an inch in diameter, occurred from time to time. They were hemispherical or oval, tense, and projected well above the surrounding skin. Their contents were clear at first, but in a few hours were opaque. The opacity sometimes took place at one side, and then spread rapidly across the bulla. Synchronously with the appearance of opacity, a reddish-pink areola occurred around the bulla, or vesicle. Within twenty-four hours after the evolution of the bulla, the contents were absorbed, and

a thin scab formed on the site; the red areola, however, remained. Next a depressed, shallow, moist ring, measuring about one-eighth of an inch in diameter, was observed at the periphery of the scab, between it and the red areola. The outer margin of this moist vallum, as it may be named, was soon elevated into a series of elongated vesicles. Soon after the scab was shed, leaving the skin slightly congested but otherwise normal; another ring then formed, which was foliaceous in character, being composed of fine scales. This ring lay internal to and fringed the moist vallum. Thus there were three concentric rings; the innermost composed of scales, the middle a moist vallum, and the outer a red areola. The vallum was contiguous to the other two rings, and each was sharply defined. The red areola measured from one-eighth of an inch up to three-quarters of an inch, or even an inch in diameter. When this areola was wide, the skin around was tense and shining, and the patient complained of burning and itching in the part. These rings increased in diameter by the areola spreading outwards, and the vallum and foliaceous ring following in its wake. As they grew at the periphery they met and coalesced at the point of contact with other series of rings. These points of

coalescence disappeared, and as a result gyrate figures were produced. The skin enclosed by the rings returned to its normal condition, with the exception of some slight pigmentation. Sometimes a fresh bulla occurred inside a large ring, and this was followed by another series of rings inside the first.

Microscopic Examination :—On examining the contents of fresh bullæ, I found numerous micrococci, which stained readily with Kühne's methylene blue. They occurred in pairs, or in lines of three or four or more. These micrococci were more abundant in freshly-evolved bullæ than in those which were opaque. One of the opaque bullæ was removed with the surrounding skin, and hardened. Serial sections were made with the rocking microtome, and stained with various reagents. Under a low power (a half-inch Beck), a thick mass was seen separating the layers of the epidermis. Under a higher power (one-sixth inch), this mass was readily made out to be fibrinous lymph with entangled leucocytes. It lay upon the stratum granulosum and raised the strata lucidum and corneum to form a cap. At no part did the fibrinous layer invade the rete Malpighii. Most of the cells of this layer stained very readily, especially those underlying the fibrin. Again, in the rete, there were numerous fine channels. These were seen winding between the

cells and directed towards the upper surface. Some were seen to commence at the junction of the rete with the corium. In the corium there was dilatation of the blood-vessels with an increased number of leucocytes.

Treatment :—The patient was prescribed sulphur waters and daily sulphur baths, and was discharged on September 5th perfectly well.

Further History :—On May 14th of this year the patient was again admitted under my care, with an eruption identical in all respects to that of last year. She stated that the recurrence took place last December. She was ordered sulphur water and daily sulphur baths. She very quickly improved with this treatment, and on June 17th she was discharged quite well, with the exception of some pigmentation of the skin.

Diagnosis :—In proceeding to ascertain the class in which this extremely anomalous affection should be placed, we must mainly rely upon the clinical features for that purpose, since the microscopical appearances do not yield us much information. In its structure and contents the bulla is similar to those occurring in pemphigus, but apart from this no other change of any importance has been noted. Clinically the bulla, with its areola and its scab, resembles pemphigus. Its subsequent course, however, is widely different, since the areola, instead of disappearing, spreads excentrically and widens into a broad zone. Moreover, a vesicular ring appears between this zone and the scab. Thus as the disease progresses it becomes erythemato-bullous.

From the circumstance that the case was anomalous in character, also as there was no reference to a similar case in the literature at my disposal, I communicated with Dr. J. J. Pringle on the matter. After reading my account and on seeing a photograph of the eruption, this gentleman replied he was of opinion that it was a case of Dermatitis herpetiformis, bearing a certain resemblance to a case recorded by Dr. Hallopeau under the specific name of "*en cocarde*." As regards this suggestion, there is no doubt that the case now under consideration possesses certain analogies to those described under the name of Dermatitis herpetiformis. In the first place, polymorphism is exhibited. A bulla or vesicle is first evolved, and on its disappearance the site is surrounded by rings of an erythemato-bullous nature. Another feature of similarity is the chronicity, or rather the *recurrence*, of the eruption, since two attacks have followed

the first outbreak. A third point of resemblance lies in the circumstance that the patient's general health was fairly good, which is also a usual feature in Dermatitis herpetiformis. One prominent symptom in the latter disease is intense itching. In my patient, however, though it was considerable, it was not excessive. In connection with this symptom, Dr. Pringle wisely says that too much stress has been laid upon it, and that the pruritus depends more on the personal factor than on the disease itself.

In respect to the case recorded by Dr. Hallopeau, mine resembles it in certain particulars, especially in that phase when the erythema spread excentrically and was bordered by a ring of vesicles. In my case, however, there was no series of rings alternately, erythematous and vesicular, such as led him to give his the name of "*en cocarde*." Another feature of resemblance in the cases is that there was pain in the joints before the appearance of the eruption.

There is another disease to which allusion should be made, and that is Erythema (Herpes) iris. In one variety of this affection a bulla is surrounded by one or several concentric rings of vesicles. In my case, however, only one vesicular ring occurs, and that after the bulla has dried. Again, in Erythema (Herpes) iris there is no erythematous zone spreading excentrically.

From the foregoing considerations I am inclined to place the case tentatively among those of Dermatitis herpetiformis. In conclusion, I desire to express my indebtedness to Dr. Pringle for his courtesy, his valuable suggestions, and the kindly interest he has evinced in the case.