CLINICAL NOTES.

HYDROA VACCINIFORME seu AESTIVALE.

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HYDROA VACCINIFORME is so uncommon a disease that I feel that no apology is needed for recording the clinical notes of two cases which I have had the opportunity of studying. These two cases of this rare skin affection are the first described and recorded in Brazil.

CASE I.—Maria B., a white Brazilian, ætat. 19 years, unmarried, came under my observation first in October 1892.

Family History.—Mother is a stout woman, with healthy skin, who has never had any serious illness; her grandmother and brother had suffered badly from rheumatism. The father's family history was unknown, but he himself was in good health; he is a well-built, robust man.

Previous History.—The patient's health, except as regards the cutaneous affection for which she sought advice, had always been in every respect quite good; she had never had any serious illness.

History of Cutaneous Affection.—The first appearance of her skin disease was referred by her to the summer of 1880 (January), and has come and gone since then. It is nearly absent during the autumn and winter, from March or April till September, and is worst during the summer, from January till March. Any exposure to the irritating influences of the tropical sun-rays produces a more severe outbreak.

Only the exposed regions of the body have so far been affected. In the summer of 1892 the forehead was the part primarily attacked. Afterwards the eruption was disseminated over the chin, the cheeks, the ears and the backs of the hands. The lesions appeared as vesicles and flat blebs, which had no areola.

The primary lesions varied from the size of a pin-point to that of a

split pea. The vesicles were clear, and presented a yellowish hue. The blebs were of a pale-yellowish tint, with a central brownish colouration. After having lasted for several days they dried up to form a brownish scab, ending by covering the whole of the area of the blister. The crust falling off left a cicatrix on the skin often of great depth. The eruption was accompanied by marked itching, but this ceased when the outbreak was fully developed. I only prescribed rest in the bedroom for several days and the application of dermatol powder. The most marked improvement resulted from this simple treatment.

In the summer of 1893 she had a series of attacks from January till March.

In the summer of 1894 a fresh eruption was present from January to the end of February. The cheeks, the nose, and the chin were invaded. The ears and the back of the hands were symmetrically attacked.

On the 25th of December, 1894, after a short walk in the open air exposed to the sun, the eruption broke out again in the back of the hands and spread down to the fingers. This state of things continued until January 15th, 1895, when the dermatitis assumed a more intense character, and spread more widely. Severe, but not constant, itching accompanied the outbreak. The forehead, the nose, the cheeks, the chin and the ears were attacked. The tongue was clean, the temperature normal, the pulse at first 80, but later 75 to the minute. The urine was normal. No sign of visceral disease could be detected.

Confinement to bedroom several days was enjoined. Tonics were the only internal treatment employed.

The local treatment was the application of boric starch poultices till the lesions were clean and all the crusts gone, then painting with steresol.

On January 29th considerable improvement had for the time taken place; nearly all the crusts had fallen off, the face had assumed a perfectly normal appearance as to colour, remaining only rather rougher than normal, but with several vacciniiform scars.

CASE II.—Antonia M., a six-years-old little girl, with a tawny complexion (father mulatto, mother white), came under my observation on December 26th, 1894.

Family History.—Father suffers from asthma, and is a stout man. Mother is healthy, and has three children, all alive. There was no history of syphilis or other skin disease.

Previous History.—The patient's general health had always been in every respect quite good.

History of Cutaneous Affection.—The first appearance of the present eruption was referred by her parents to the summer of 1890 (January), and it has come and gone since then. It is nearly absent in autumn and winter, from March or April till September, and it is worst during the summer. Any exposure to the sun's rays produces a more severe outbreak. Only exposed regions of the body have been affected.

History of the Eruption of last Summer (1894).—The cheeks were the spots primarily attacked. Afterwards the nose, the chin, the forehead, and the forearms were invaded. The eruption appeared as discrete papules, which became vesicles and bullæ, from the size of a pin-point to that of a pea, of a yellowish or greenish colour. After several days they became depressed in the centre; subsequently a brownish crust began to form, ending by covering the whole of the bleb, which, after falling off, left an erosion and often in the end a scar. Severe itching accompanied the eruption. The temperature was normal. There was no sign of visceral disease.

Rest in the bedroom several days was ordered. On the 25th of January the little girl ventured out in the open air; a new outbreak developed, but it was not severe. This time the ears and the backs of the hands were also attacked. I ordered her to be again confined to her bedroom. Tonics were prescribed. The local treatment employed was the application of boric starch poultices till the lesions were clean and all the crusts gone; then painting with steresol. She is at present perfectly well.

It is clear, I believe, that these two cases are of this rare skin disease which was first described by Bazin in 1862. It has been brought again to the attention of dermatologists by Jonathan Hutchinson, in 1888, in the "Clinical Society's Transactions," Vol. XXII.: "A case of summer eruption recurring with great severity for many years, but finally getting well—a form of Kaposi's disease." It has since been observed by Allan Jamieson (1888 and 1894), Henry Handford (1889 and 1894), Berliner (1890), Buri

(1891), T. Bros van Dort (1892), H. G. Brooke (1892), Crocker (1893), C. Boeck (1893), John Bown (1894), and Brocq (1894).

HEREDITY OF XANTHOMA PALPEBRARUM.

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Mrs. H—, aged 28, was under my care with Pruritus and Chronic Urticaria, following the prolonged suckling of her third child. My notes say she is not strong, has a weak circulation, and suffers from habitual constipation and leucorrhœa. Her face flushes much after meals, though she does not drink alcohol. She is a brunette with black eyes, and is very dark under the eyes, *as are all her family*. Mrs. H— gave me the information which I have arranged below:—

I have not seen this lady for some years, and unfortunately do not know her address, so that I cannot give the family history up to date.

The heredity of Xanthoma, in connection with the supposition that Xanthomatous lesions are produced by embryonal and local causes, has been discussed recently by Török, who has collected the recorded cases in the *Annales de Dermatologie et de Syphiligraphie*, 3^{me} Sér., T. IV., No. 11, Nov. 1893, p. 1119 *et seq.* Heredity has been noted both in the forms localized to the eyelids, and in the disseminated