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A CASE OF PEMPHIGUS VEGETANS.

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THE case to be recorded was admitted into the Westminster Hospital, under the care of Dr. R. G. Hebb, whose house-physician I was at that time, and to whom I am indebted for permission to publish the notes.

Mrs. F. M—, aged 23 years, admitted July 13th, 1905, died October 11th, 1905. She had borne two children, the younger at the time of admission being eleven weeks old. Both were in good health.

This latter labour had been prolonged, necessitating the use of forceps, but was otherwise uneventful, and the lochia appear to have been natural. There had been no miscarriages, and there was nothing of note either in her personal or family history.

The history indicated the existence of vesicles—"white-headed things"—having appeared on the genitals about nine days after child-bed, later spreading to the adjacent skin. These broke, but the raw surfaces did not heal; some of the vesicles became confluent before rupturing.

Then a number of vesicles developed in and around the mouth and nostrils, but the skin elsewhere, except about the genitals, remained clear. Soon the thighs were involved, chiefly over the adductor regions, then the back, chest and arms, in the above order.

Such are the main facts before admission. On that date bullæ or vesicles were scattered all over the body, also raw surfaces where the former had ruptured. Some bullæ contained a clear, others a turbid or purulent, fluid. The mouth and vaginal mucous membranes were involved, and a sero-purulent vaginal discharge was present. The temperature stood at 101·8° F., but in spite of this the patient showed no marked constitutional symptoms, her appetite was good, and she lay comfortably in bed. The heart and lungs were normal, and the urine contained no albumen.

In general terms it may be said that the skin condition became gradually worse until death on October 11th, although now and then some region showed a temporary improvement.

At one time there was a distinct lull in the storm, between August 3rd and September 15th. Before August 3rd the temperature had been about 101° F., but at this date it began to fall and remained, approximately, normal until September 15th, when it again rose and remained up until death, although this latter bout of fever averaged a lower degree than the former. This improvement was seen in all directions save in the skin condition, which still progressed steadily. As various brands of anti-streptococcic serum had been freely used one was inclined to attribute the improvement to this remedy.

Such is briefly an outline of events; below a more particular account is given.

July 21st.—Some of the raw surfaces had begun to weep or discharge; on others—especially in the axillæ and lower abdomen—a granulating or papillomatous condition was observed; the papillæ stood about a quarter of an inch above the surface.

July 24th.—New bullæ had appeared on the right forearm and hand. As the latter had become œdematous an incision was made, but no pus found.

August 5th.—There was a complaint of pain in both knee-joints, which had become puffy. No cardiac murmur.

August 14th.—A large number of raw surfaces resulting from ruptured bullæ began to show definite raised edges.

August 17th.—A marked increase in the fungating condition in the axillæ was noted.

August 20th.—A markedly purulent vaginal discharge was now present, and numerous crops of vesicles had been forming on the

[Photograph by J. Parsons.]

TO ILLUSTRATE DR. H. MACCORMAC'S ARTICLE ON PEMPHIGUS VEGETANS.

genitals. At the same time the general bullous formation had been progressing.

October 2nd.—From this date onwards the progress was steadily down hill. Practically the whole trunk and extremities were covered with bullæ or raw surfaces, and on many of the latter fungating masses or thick impetiginous crusts had formed. The face did not escape and the mouth was involved. The purulent vaginal discharge had continued unabated. A most unpleasant odour, which had been very marked before, now became so intolerable that special isolation was necessary. Up to the very end new formation of bullæ continued on the few areas where free skin remained.

The treatment was varied and did not seem to influence the progress of the malady. Immersion continually or intermittently in boric baths was thoroughly tried, nor was arsenic neglected. If credit be given to any remedy, then anti-streptococcic serum should be selected.

Here, then, is a condition, lasting for some three months, beginning on vaginal mucous membrane, fungating in places, and progressing towards a fatal termination. Taking these facts into consideration, and the history as already stated, it seems justifiable to classify it as a true Pemphigus vegetans. It may be stated that syphilis was emphatically denied.

J. M. Winfield (1) has collected and arranged the previously published cases; in 1906 these numbered some fifty-eight. Dr. Colcott Fox has obtained copies of these papers, and through his kindness I have been able to see them, but as Dr. Winfield has so completely dealt with their clinical aspect nothing further will be said here on that part.

With regard to the bacteriology, some points of interest arise in the above recorded case. On three occasions a bacteriological examination of the blister fluid was made. On July 18th Dr. Bernstein reported a pure culture of a streptococcus; next, on August 5th, a mixed culture was obtained, the vesicles containing not only streptococci, but also a Gram-negative bacillus and other cocci. Finally, on October 9th, no growth of micro-organisms was obtained.

Of the above findings the first is perhaps the most important, for a pure streptococcal infection is rarely the result of accidental contamination, so one is inclined to look on it as of some ætiological signifi-

cance, and this view is strengthened when one considers the mode of onset. There was a recent confinement, a purulent vaginal discharge, and the condition originated in the vagina. Such a chain of events is suggestive.

The previous findings are by no means in harmony. Thus Waelsch (2), Stanziale (3), and Hamburger and Rubel (4) found a diphtheroid bacillus; Winfield (1) and Pernet (5) isolated *B. pyocyaneus*; Hyde (6) in his case cultivated a bacillus and a coccus, which are not classified; Gastou (7) a streptococcus and a bacillus; Marianelli (8) *Staphylococcus pyogenes aureus*.

That a streptococcus can produce a bullous lesion is demonstrated in some varieties of erysipelas. Further, as Dr. Radcliffe-Crocker (9) has pointed out, fungating papillary growths are apt to form on all chronic suppurating surfaces.

If one regards Pemphigus vegetans as a clinical entity the question still remains why in this particular disease the special characters are developed. It cannot be explained entirely on bacteriological grounds, for in other bullous conditions the result of an infective process the specific chain of happenings does not occur. Some other factor, perhaps even the causative factor, still remains to be found.

The post-mortem examination was performed forty-six hours after death by Dr. Bernstein. Emaciation was marked; a universal eruption, mostly covered over with ointment and discharges, was present. In a few places some bullæ and vesicles were seen.

No abnormalities were noted in the thoracic contents or abdominal viscera; the liver was a little pale and fatty-looking, but did not give the lardaceous reaction. A small ovarian cyst was present.

The spleen was small and not friable. Culture media inoculated from it remained sterile.

The uterus showed a multiparous cavity, with somewhat hæmorrhagic mucosa. No abscesses were found anywhere, death being apparently due to toxæmia.

I must express my thanks to Dr. Colcott Fox, Dr. R. G. Hebb, and Dr. J. J. Pringle for much assistance and advice.

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GRANULOMA ANNULARE.*

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(Continued from page 257.)

XXXVII. Galewsky's case, *Iconographia Dermatologica* (Fasc. iii, with coloured plate).

The patient, seen in autumn, 1904, was a female servant, aged 26 years, and had had the condition for several months, during which she had been treated by a general practitioner without success. The eruption had commenced with small round red spots, which by degrees developed into nodules, and these again into rings. When seen by the author, there were small lentil-sized spots on the forearm and two rather large ring-shaped patches on the right index finger. The "spots" on the forearm were a vivid red at the edge, and, in the middle of the papule, of the colour and sheen of ivory. The two ring-shaped patches on the right index formed half-circular rings which were open on one side, indolent and of a hard, keloid-like consistence. From this red infiltration the ivory-white, shiny, hard, raised, keloid-like edge stood out conspicuously. These swellings were comparatively superficially placed and could be easily moved over the underlying tissues. The central portion of the crescents seemed quite normal, showing at the most a slight atrophic shininess. The condition disappeared slowly under treatment with arsenic (Fowler's solution) and local application of tar-lotion and plaster without any pigmentation. In July, 1905, the patient came again with a recurrence of the affection and remained under treatment for six months. The small reddish nodules with waxy, ivory-like surface appeared on the fore-arm, and on the right index thin half circles exactly similar to the earlier lesions. The patient did not react to tuberculin, and showed no symptoms of tuberculosis. The lesions were treated with salicylic soap and thiosinamine plaster, and the nodules gradually and slowly disappeared, with no other trace save slight whitish atrophic patches.

Microscopical examination showed a normal epidermis, with no changes in the

* Paper read at the Dermatological Section of the Royal Society of Medicine on June 18th, 1908.