(2) The yellow variety is due to a bacillary-like fungus, probably a streptothrix or a microsporoides. This fungus I have been unable to cultivate.

(3) The pigmentation in the black and red varieties is caused by coccus-like organisms, which produce black and red pigment, and which grow on the hair in symbiosis with the streptothrix-like fungus.

(4) The black pigment-producing coccus is easily cultivated. It is apparently different from any other species of cocci so far known, and I have suggested for it the term "*Micrococcus Nigrescens*." The red pigment-producing coccus somewhat resembles *Micrococcus ruber* of Trommsdorff found in cases of chromidrosis; it also resembles *Micrococcus rubicus* of Hefferan. Further investigation is required to decide whether it is a separate species.

BULLOUS ICHTHYOSIS.

By GEORGE PERNET, M.D.

I HAVE given the title of "Bullous Ichthyosis" to this short paper in order to call attention to an unusual condition I met with in 1902, and the notes of which I have recently come across whilst looking up another matter.

I think my purpose will best be served if I start with the details of the case, such as they are, for in the rush of work one is not always able to make as full a record as one would desire.

The patient was a female child, aged 4½ months, Marion F— (I mention the christian name and initial especially in the hope that the patient may perhaps be recognised by some other observer into whose hands she may have subsequently drifted). She was first seen on April 25th, 1902. The disease had been present since birth.

When the child was born some denudation of the skin was noticed, and the next day blisters appeared. The blisters had kept on recurring until the week before the child was seen by me. Up to three months of age the child had not thrived, had got thin, and only weighed 5 lb. Since that time her weight had risen to 10 lb.

When seen the child looked fairly well nourished. She was

covered almost all over, except palms and soles, with grey, slightly scaly lamellæ (I may say that calamine lotion had been ordered and applied before she came under observation). Further, the scaliness was almost in the form of a crust, which was soft, and could be readily peeled off, the skin beneath being slightly red and smooth, but there were indications that the lamellæ would re-form. Three quarters of the back was uniformly covered with soft incrustations (probably partly due, I noted at the time, to the fact that the child had been soaked in *Lotio Calaminæ*).

The face was comparatively free; and the buttocks where napkins came were also comparatively healthy.

The next note made was on August 22nd, 1902, about four months later. In the interval the child had had whooping-cough, and had been very bad and too ill to attend. No blisters had appeared whilst the patient was "low in her system," but as she got better the blisters again made their appearance about the skin; but they were smaller as yet, the mother added, than they had been originally. The skin became very moist about the back of the head and neck, and also about the upper part of the back, but the other parts of the body, which were drier, gave one the impression of ichthyosis.

On August 22nd no actual bullæ were observed, and the appearances were much what they were when the child first came under observation. But on the left arm near the axilla there were the remains of a bulla about 1 inch in diameter which had appeared a week previously. The others the mother had noticed were smaller.

October 24th, 1902.—A crop of blisters appeared a week previously. They were scattered about the limbs and abdomen.

After a long interval the child was again seen on November 20th, 1903. The patient was by now two years old. The mother stated that up to a month previously no blisters had appeared, then fresh ones came out about the right knee.

There were now large areas of denudation about the trunk, on the site of what had been bullæ the day before. Here and there there were also small purulent foci (cutaneous abscesses). The remainder of the skin was dirty-looking, presenting the appearances of a well-marked ichthyosis.

The mother said in reply to inquiry that she herself did not readily perspire, but her skin was not very dry.

I have recently tried to trace the child, but without success. The parents lived at the time at a distance from London in the west of England, and have no doubt moved a good many times since 1903. It would be interesting to know if the child is still living, and what her condition is now.

Commentary.—When I saw the child for the first time I entered the diagnosis as an anomalous congenital bullous eruption plus ichthyosis, adding “ichthyosis with bullæ.” Later on, especially when seen at the age of two, the development of the case appeared to confirm that view. I had on the first occasion excluded Epidermolysis bullosa (hereditaria) (congenital traumatic pemphigus), and also Ritter’s form of exfoliative dermatitis. As regards the former, I am quite aware that ichthyosis may be concurrently present, and it is quite on the cards that there may be variations in form and degree linking up these conditions.

Now with reference to the case I have described, I would in the first place mention what Brocq says when speaking of “le Pemphigus congénital à tendances cicatricielles (Pemphigus successif à kystes épidermiques” (1): “La peau des malades est sèche, xérodermique; elle présente de la kératose pilaire; dans un cas que nous avons vu chez notre maître, E. Besnier, elle était franchement ichthyosique; aussi le savant dermatologiste a-t-il pu considérer cette dermatose comme une forme particulière d’ichthyose, et l’a-t-il appelée ichthyose à poussées bulleuses.” When I read this I felt that there was some justification for the label I had attached to my case in 1902, viz. ichthyosis with bullæ. This was further confirmed by Brocq’s footnote giving a reference to a paper by von Düring, entitled “Ichthyosis mit pemphigoïden eruptionen” (2). I may add, this paper is also mentioned in Unna’s *Histopathologie* in the bibliography appended to “Ichthyosis,” but Unna does not appear to deal with the point in the article itself.

Von Düring considers the condition is a very rare one indeed. His patient was a boy, aged 7 years (a Lasen lad, that is, a Mohammedan Caucasian. These Caucasians find their way from Russia to Asia Minor). This patient being several years older than the child I observed, I cannot very well compare the two. Suffice it to say von Düring looked upon the condition in his case as coming into the category of ichthyosis, and he expresses the opinion that Besnier

was right when the latter instinctively, and with his great clinical acumen, dubbed the case he saw an "*Ichthyose à poussées bulleuses*." As far as I can make out the case referred to by Brocq as Besnier's is really the case shown by Vidal under the name of "*Lésions trophiques d'origine congénitale à marche progressive*," a girl, aged 13 years. It was apparently this case that Besnier, in the discussion that followed, named "*Ichthyose à poussées bulleuses*" (3). This Vidal case is cited by von Düring as also a case of Hallopeau's shown under the label of "*Dermatose bulleuse infantile avec cicatrices indélébiles, kystes épidermiques et manifestations buccales*" (4), but few details are given (age, etc.), so the descriptive title will have to do.

Harking back to Vidal's case, in addition to the trophic lesions, onychogryphosis was present.

Altogether the matter is a little involved. A clearer idea could be obtained were it possible to trace my own case and see the state of affairs obtaining at the present time in Marion F—, supposing her to have survived. On the other hand, one may imagine that the Vidal and the von Düring cases (I am leaving out Hallopeau's) may have started much in the same way as in the child I was able to observe at the beginning of its life. I find some support in the fact that both Besnier (in Vidal's case) and von Düring refer to the condition as a bullous ichthyosis.

At this point I am confronted by a rare condition, which Brocq described, he says, in 1902 (5), but he does not give a reference to the original communication. In one of his well-known and extremely valuable diagrams, Brocq, starting with "*l'ichthyose vraie*" as a centre, calls attention to the affinities and connections of this disease with many other conditions. On the outskirts of his diagram one notices "*les Dermatitis exfoliatives des enfants à la mamelle*," and also "*l'Épidermolyse bulleuse héréditaire sans cicatrices*," and "*l'Épidermolyse bulleuse héréditaire avec cicatrices*." In my opening remarks I have already alluded to these conditions. But more closely allied to ichthyosis proper is what Brocq calls "*les Erythrodermies congénitales ichthyosiques avec hyperépidermotrophie sans bulles*" and the same "*avec bulles*." It is this "*Erythrodermie congénitale ichthyosique avec hyperépidermotrophie*" which he described in 1902, and to which he refers in these terms: "*Dans quelques cas il se produit tantôt d'une manière continue surtout dans les premières années*

de la vie, tantôt d'une manière intermittente, et alors d'autant plus rarement que le sujet est plus âgé, des soulèvements bulleux de l'épiderme, irréguliers de forme contenant une sérosité opaline, d'aspect flaccide, rappelant assez bien les bulles du pemphigus foliacé. Ces soulèvements épidermiques qui ne s'accompagnent pas de prurit, mais de simples douleurs dues à la vésication des téguments, se forment surtout sur les membres en particulier au niveau des membres inférieurs, des jambes et des pieds." Further, he adds that the condition differs from ordinary ichthyosis "par la rougeur des téguments, par l'intensité de la séborrhée de cuir chevelu, par son apparition dès la naissance, par l'envahissement des grands plis articulaires." Now, in some particulars, not in all, his description applies to the case of Marion F— I saw in 1902. Brocq figures (*loc. cit.*) "l'hyperépidermotrophie" of the palmar aspect of the hand. There was nothing of this in my case; on the contrary, the palms and soles were free.

There were other differences, but I think there can be no doubt that we are dealing with allied conditions, varying in degree no doubt. We must not strictly circumscribe a morbid condition and make it fit into one stereotyped mould reminiscent of the Procrustean bed.

In his remarks on differential diagnosis, Brocq further refers to Pityriasis rubra pilaris, Pityriasis rubra, Pemphigus foliaceus, and Ichthyosis fœtalis, or "Kératome diffus malin congénital." On the other hand, he points out that Thibierge "a décrit des formes atténuées de l'ichthyose fœtale des faits qui sont à peu près identiques aux Érythrodermies congénitales ichthyosiformes avec hyperépidermotrophie sans bulles." Here again we get links connecting up with ichthyosis.

Brocq concludes with these remarks, which are important: "Le type morbide que nous venons de décrire (Erythrodermies congénitales ichthyosiques avec hyperépidermotrophie) doit-il être considéré comme une forme atténuée du kératome diffus malin congénital? La question n'est pas encore résolue. En tous cas il est certain qu'elle ne peut être identifiée avec l'ichthyose vulgaire."

Howbeit, especially as to the connection or otherwise with ichthyosis proper, further observations are needed to allow of our classifying the case I have described, and which at the time of observation

TO ILLUSTRATE DR. ERNEST D. CHIPMAN'S CASE OF GRANULOMA ANNULARE.

I called on the spur of the moment, "anomalous congenital bullous eruption plus ichthyosis," with the alternative name of "bullous ichthyosis." I am hopeful that this attempt to elucidate a point of interest, though it be in a fragmentary manner, will perhaps be of some value to dermatologists.

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A CASE OF GRANULOMA ANNULARE.

By ERNEST D. CHIPMAN, M.D.

THE following facts concerning a case of Granuloma annulare occurring in the writer's service in the skin-department of Cooper Medical College, San Francisco, are deemed worthy of report, because the search for ætiological factors has brought out certain details which, in connection with other case reports, may prove of value.

The history is as follows:

The patient, Irving F—, is a schoolboy, aged 14 years, of slight physique, but lithe and active.

The family history is negative.

In the previous personal history there is nothing to note except measles and tonsillitis.

The complaint is of an eruption on the pinna of each ear and on the back of each hand. The lesions of the ear appeared suddenly three years ago, those of the hands also suddenly six weeks ago.

The lesions are deeply set papules or nodules, firm in consistence, of pale, waxy aspect, annular configuration, and raised approximately one eighth of an inch above the surface of the normal skin.

As to the evolution of the lesions little can be learned from the patient other than that they appeared suddenly in their present form. Whether the circles began as single nodules and spread peripherally,