de médecine, by Brouardel, Gilbert, and Thoinot, Paris, 1909, fasc. xiv, p. 304) it is stated that Mycosis fungoides ordinarily lasts three, five, eight, or even twelve years, but that exceptionally it may develop rapidly and lead to death in six months. Ordinarily there are remissions (and the obvious lesions may even disappear) during months or even for a year. In Gaucher's account of the disease, microscopic sections of the skin are figured, after Dominici, as showing the presence of giant or syncytial-like cells. It might perhaps be suggested that those cells (or some of them), as figured after Dominici, were really "pseudo-syncytial" cells, due to proliferation of the epithelium of sweat coils, such as was a striking feature in the microscopic examination of the present case.

A CASE OF PRURITUS IN HODGKIN'S DISEASE—
LYMPHOGRANULOMATOSIS PRURIGINOSA.*

By F. PARKES WEBER, M.D., AND P. W. DOVE, M.B. (CAPT., R.A.M.C.).

THE patient, G. M—, aged 34 years, is a well-built, but rather thin, man, with considerable brownish pigmentation of the skin, especially in connection with numerous small papules on the trunk and thighs (see Figs. 1 and 2)—a pruriginous eruption, which has been associated with much itching (and consequent scratching), varying in degree from time to time. Some of the papules are reddish and in an active (irritable) condition, whilst in others there is no sign of active hyperæmia at present. There is moderate, painless, enlargement of the cervical, axillary, and inguinal lymphatic glands on both sides; one of the enlarged glands in the right axilla and one in the right groin have only recently appeared. There is likewise evidence of enlargement of lymphatic glands in the mediastinum, according to the findings by Roentgen ray examination last year. Otherwise the viscera seem not to be diseased, and the spleen and liver appear not to be abnormal in size. There is no evidence pointing to there having been any venereal infection. The knee-jerks are present and the pupils react to light. A blood-count (September, 1917) gave: hæmoglobin 100 per cent.; red cells 5,200,000, and white cells 8900, in the cubic millimetre of blood.

* The case was described at the Dermatological Section of the Royal Society of Medicine on March 21st, 1918.

Microscopical examination of a blood-film showed nothing special. Of the white cells 84 per cent. were polymorphonuclear leucocytes. One of the nodules from the skin of the front of the abdomen, slightly larger and more deeply situated than the ordinary papules, was excised by Dr. H. Schmidt, for "biopsy" purposes, in September, 1917, but microscopic examination showed only a chronic inflammatory fibrosis and a little small-cell infiltration.

According to the history obtained, the illness commenced in September, 1916, with itching and small reddish spots on the skin. Two months later some glandular nodules on the left side of the neck were observed, and then the patient suffered from cough, fever, and sweating. In February, 1917, the enlarged left supraclavicular glands were very noticeable. In September, 1917, there was a considerable packet of enlarged lymphatic glands on the left side of the neck and in the left supraclavicular region. On the body and limbs there were many papules; some of them were acne-like in appearance, and most of them were reddish; but one or two were slightly larger and deeper and without any red coloration of the skin over them. The man's general condition and symptoms have varied from time to time. Sometimes the affected lymphatic glands have been larger, sometimes smaller; sometimes there has been troublesome cough, and in January, 1918, there was considerable dyspnoea (possibly in connection with enlargement of mediastinal lymphatic glands); sometimes the patient has complained of sweating and insomnia; occasionally there has been pyrexia; once there was troublesome diarrhoea: at times also there has been much loss in body-weight. In regard to the cutaneous symptoms sometimes there have been exacerbations of the pruritus with increased irritable redness of the prurigo-like papules. But frequently there have been exacerbations of pruritus, in which the itching has been referred to the papules, without the latter showing any fresh hyperæmic or inflammatory change. Since the commencement of his illness the patient has lost much hair from the scalp, face, axillæ, and pubic region; and the hair of his eyebrows, which used, he says, to be "bushy," has become short and scanty. During the earlier part of the illness the presence of scabies was suspected, and diminution of cutaneous irritation, when it occurred, was regarded as a result of successful treatment against scabies. Arsenical treatment was tried

in 1917, but was given up on account of soreness of the eyes. According to the patient himself most of his periods of improvement have occurred when he has been under thyroid treatment; they were accompanied by a sense of general well-being, but he believes that he has generally lost weight at the same time. In regard to the use of thyroid gland extract in other more or less similar cases we shall make some remarks further on. Warm baths and the application of vinegar at one time seemed to have a good effect on the cutaneous

FIG. 1.—Case of G. M—, February, 1918. Photograph to show the pigmentation of the skin and the enlargement of the supraclavicular lymphatic glands.

irritation. For sweating and sleeplessness a little morphine and belladonna was found to give temporary relief, but belladonna had to be discontinued on account of dryness of the mouth. During exacerbations of cutaneous irritation bromides, internally, and lead lotion and calamine lotion, locally, gave no relief.

REMARKS.

Although at the commencement of the illness the case was regarded as one of scabies, there can now be no doubt that it is one of prurigo-

like pruritus in Hodgkin's disease (Lymphogranulomatosis maligna)—and that from the clinical point of view it may be termed "Lymphogranulomatosis pruriginosa." One of us (F. P. W.) believes that the commonest blood-change found in cases of Hodgkin's disease is a polymorphonuclear leucocytosis, with or without decided simple anæmia, excepting in late stages of the disease with chronic enlargement of the spleen, when more or less leucopenia is common. The contention of Pinkus that the blood-picture always shows a relative

FIG. 2.—Case of G. M—, February, 1918. To show some pruriginous papules on the upper front of the right thigh.

lymphocytosis has been opposed by Dock (the American editor of his article in Nothnagel's *Encyclopædia of Medicine*), Cabot, Da Costa, Longcope, Byrom Bramwell, and others.

A good deal has been written on the subject of pruritus and pruriginous skin eruptions in Hodgkin's disease, especially prurigo-like papules (formerly referred to under the heading "Pseudo-leukæmic prurigo"); these papules must be distinguished from the nodular growths in the skin (seldom associated with pruritus) which occasionally constitute a striking feature in cases of leukæmia, especially

atypical leukaemia. H. D. Rolleston (1) shortly discussed the subject in an article in the *British Medical Journal* in 1909 entitled "Pruritus in Lymphadenoma." In regard to the associated cutaneous pigmentation, W. G. Longcope writes (2): "Aside from the pigmentation which may follow the use of arsenic, a brownish discoloration or mottling, which is usually associated with enlargement of the retro-peritoneal lymph-nodes, is seen occasionally." A case in some respects very similar to the present one is that recorded by Byrom Bramwell (3) in 1909. The patient was a man, aged 43 years, in whom, about one year before lymphatic glandular enlargement was first observed, the skin symptoms commenced, namely, pruritus, recurring crops of pruriginous papules, and pigmentation, which resembled that of Addison's disease, though at the subsequent post-mortem examination the suprarenal glands appeared normal. In the present case, as in Bramwell's case, the pruritus and cutaneous (prurigo-like) pruriginous papules made their appearance before any lymphatic glandular enlargement was observed. Rolleston (4) remarks that pruritus, though a relatively rare symptom, may nevertheless be one of the earliest manifestations of the lymphatic glandular disease, appearing before any glandular enlargement has been noticed, and even causing the patient first of all to seek the advice of a dermatologist. He quotes the case of a man who came under Sir Cooper Perry's observation for pruritus, with so-called lichenisation of the skin due to scratching; the inguinal glands were enlarged. The question of Hebra's prurigo was raised. The diagnosis of the lymphatic glandular disease was proved by a subsequent post-mortem examination. Rolleston adds that pruritus may also occur late in the disease. "It may disappear as the disease advances, and may appear and disappear again and again."

In the case of a man (S. B—, aged 35 years), admitted to the Westminster Hospital in 1908 under Dr. R. G. Hebb, more or less cutaneous pruritus and lymphatic glandular enlargement had existed for several years already, but the pruritus seems to have preceded the glandular enlargement. Later on, in 1910, a prurigo-like eruption of papules was superadded to the pruritus, and there were definite vesicles over some of the papules. It was stated in the description that the eruption was of a dusky red colour, and that some of the papules had vesiculated summits; in many parts the

papules formed small or large aggregations. A microscopical examination of the skin ("biopsy") showed some (apparently inflammatory) small-cell infiltration, as in the present case.* In one (the third) of C. Kreibich's cases (5) an extensive itching affection of the whole body was followed in six months by the appearance of lymphatic glandular swellings in the neck and axillæ; there was likewise a recurrent papular eruption on the skin.

Wechselmann (6) has written on the disease (in a man aged 44 years) being complicated by universal Exfoliative erythrodermia. In his case some of the glands suppurated and they were scraped, and at the same time the most enlarged glands amongst those that had not suppurated were excised. This operation was followed by (at all events temporary) diminution in the cutaneous itching. It should be noted that in Wechselmann's case, as in the present case, treatment was at one time directed against scabies, from which it was suggested that the patient was suffering. Bruno Bloch (7) has described the case of a woman, aged 52 years, in whom Hodgkin's disease was complicated by a cutaneous condition of "Erythema toxicum bullosum." It has apparently been maintained by some that generalised Exfoliative erythrodermia or "Érythrodermie pityriasique" (of French authors) may also complicate tuberculous lymphatic glandular disease, and amongst other authors papers have been written by O. Müller (8), August Halle (9), and E. Bruusgaard (10), on the association of tuberculosis with universal Exfoliative erythrodermia or Pityriasis rubra.

One of us (F. P. W.), in 1907, saw a well-developed man (A. L. P—), aged 35 years, suffering from Hodgkin's disease, in whom enlargement of lymphatic glands in the neck, axillæ, and groins had been present for at least two or three months, whilst pruritus had been troublesome on and off (especially at night) for about twelve months. There had been some cutaneous pigmentation for the last four weeks or so. He had a red, scaly rash on his legs, a good deal of pigmentation on the trunk, and a highly-coloured face. In January, 1908, it was reported that the patient had become an *homme rouge*, with a kind of universal Exfoliative erythrodermia; he

* The case was described on the printed *Agenda* of the meeting of the Clinical Section of the Royal Society of Medicine on June 10th, 1910, but unfortunately the patient could not come to the meeting.

died about August, 1908. In that case it was claimed that treatment with thyroid extract had (as in the present case) given some relief in respect of the cutaneous irritation. In connection with the question of thyroid treatment, it should, moreover, be noted that, in the present case, there has been much loss of hair (see back). In R. G. Hebb's case (above referred to) there was loss of hair of the scalp and eyebrows. In Byrom Bramwell's case (likewise above referred to) there was loss of hair and altered character of hair; thyroid extract was used as a palliative. The hair became "very fine and silky though dry, and lighter in colour than it used to be." Byrom Bramwell added (11) that he was particularly interested in these features of the case, for some fifteen years previously he had met with a case of Hodgkin's disease in which the same group of symptoms was present—deep pigmentation of the skin suggestive of Addison's disease; a pruriginous eruption which had preceded the development of the glandular enlargement by two years. In that earlier case of his the cutaneous eruption was not only papular but (as in R. G. Hebb's above-noted case) vesicular in character. There was the same alteration in the condition of the hair. That patient was a woman, and, prior to the onset of the disease, she had had a great quantity of dark-brown hair; as the disease developed she became almost bald, and the hair became altered in character—much lighter in colour, much finer, more silky, and more dry in texture.

The tendency in pruriginous cases of Hodgkin's disease (Lympho-granulomatosis maligna) for the itching (with or without cutaneous eruption) to precede obvious enlargement of lymphatic glands may well be compared to the development of the granulomatous tumours in cases of Mycosis (Granuloma) fungoides being usually preceded by a more or less generalised skin eruption of some kind—the so-called "pre-mycotic" manifestations of the disease.

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A CASE OF CUTANEOUS TUBERCULOSIS FOLLOWING THE OPERATION OF TATTOOING.

By S. E. DORE, M.D.

At a time when tattooing is likely to become more prevalent, the following case may be of interest:

The patient was shown by me at a meeting of the Dermatological Section of the Royal Society of Medicine on July 17th, 1913, but I was prevented from publishing the case in detail at that time. The patient, an artillery officer, aged 29 years, with no definite history of previous tuberculosis, was sent to me on July 16th, 1913, by Mr. Percy Sargent. Five years previously he had been tattooed with the device of a flying drake on the right forearm and that of a fox's head on the left forearm. The operation was successful, and was not followed by an undue amount of inflammation or any subsequent trouble. Three years later he had the design touched up by the same operator. A year and ten months after the retouching he noticed a small swelling on the tattoo mark on the right arm in the situation of the drake's back, followed a few days later by the appearance of numerous minute raised spots on the wings and body of the drake and on the fox's tongue and ears on the opposite arm. When I first saw him on July 16th there was a raised plaque with well-defined edges and a flattened slightly ulcerating surface, measuring about 1 in. in length and $\frac{1}{2}$ in. in breadth on the right tattoo mark in the position of the drake's back and about a dozen small conical papules on the wings and body; on the left arm similar small papules of more recent occurrence marked the tip of the fox's tongue and the points of the ears. The papules varied in size from a pin's head to a small pea, and some of the larger ones showed a minute central depression

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