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A CASE OF MYCOSIS FUNGOIDES (?).

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It is certainly very difficult to suggest the real nature of the disease of which this case is an example, or even to give a name to it which will not be misleading or seem to imply more than can at present be proved. This, however, is undoubted, that it resembled in many respects the malady of which Mr. Malcolm Morris lately published an example in the *British Medical Journal* (1894), under the title of Mycosis Fungoides, and that more than one case of apparently a similar nature has been exhibited at the Dermatological Society of London lately. The chief features were briefly:—

1. The spontaneous occurrence of attacks of inflammation of the skin, slightly suggesting but probably wholly distinct from, true erysipelas. This dermatitis involved practically the whole body, and each successive attack led to increased thickening of the corium and subcutaneous tissues, so that they became permanently raised in thick, tortuous folds.

2. Loss of the skin appendages: thus the patient was left without hair on scalp, face, or trunk; and all the nails were shed.

3. Enlargement of all the lymphatic glands which were accessible to examination, with a slight tendency to suppuration, but no leucocythæmia.

4. Frequent febrile temperature and progressive loss of strength, terminating in death from exhaustion.

The patient was a strongly-built man, aged twenty-eight, when the skin first became affected, and he was at the time in prison at Wormwood Scrubs ; this was fifteen months before his admission under my care at the London Hospital.

The family and previous history of the patient were very carefully gone into, but nothing apparently material was brought to light. In no branch of the family could a history of skin ailments be obtained. The patient had been a heavy beer-drinker, but owing to his compulsory detention he had for several months been strictly temperate. There was no evidence of his ever having had venereal disease.

The onset was gradual and took the form of a peeling and itching dermatitis of hands and feet, which gradually spread up the body in spite of treatment, until ultimately the head and face became affected some four or five months before his admission, and then all the hair fell out.

The ears, scalp, and every part of the face became extraordinarily thickened, so that, as seen in the Frontispiece, sinuous folds covered with smooth and unbroken skin were formed, somewhat suggesting enormous cerebral convolutions. His expression became entirely altered, and the "leonine" aspect of some cases of true leprosy was imitated. It was difficult to believe that the patient was under thirty years of age, as his complete baldness, as well as other features, gave him quite a venerable appearance. On the trunk and limbs a solid infiltration prevailed everywhere in the skin, being least marked in the penis and scrotum. The pubic hair disappeared almost as completely as that of the scalp, and the nails of both hands and feet were shed, being replaced by dried epithelium and scab. It may be said that, as a rule, the skin was more evenly thickened elsewhere than on the face. Careful examination was made for anything suggesting growth or "granulomatous" tissue ; but none could be discovered. It is true that from time to time, where the surface became excoriated (for instance, on the hands), some slight granulations formed ; but it must be remembered that the patient could not be induced to refrain from constantly scratching himself ; indeed, one of the most prominent symptoms was the irritation, wholly out of proportion to the desquamation, which was (during his stay in hospital of nine weeks) never very marked. Some of the swollen corium was examined for micro-organisms, but with practically negative results ; I should, how-

ever not like to attach any importance to this, as no inoculation experiments were tried. On the thorax and abdomen the thickening was in places somewhat nodular, but there was no definite "growth," *i.e.*, the nodules were apparently merely spots of skin infiltrated by serum and inflammatory hyperplasia.

The progress of the affection was on the whole steadily from bad to worse, with now and then slight temporary improvement. The arms and legs in particular became more and more swollen, owing to attacks of acute inflammation, which at times suggested cellulose-cutaneous erysipelas, but although the temperature was as a rule raised one or two degrees, and occasionally reached 102°, it never presented the abrupt elevations of the latter disease. Many of the joints, particularly those of the hands and the knees, became flexed from the fact that painful fissures developed in the flexures. No drug seemed to have much effect in checking the cutaneous irritation; opium, chloral, antipyrin, each being tried in him. Perhaps the best result was obtained from giving quinine in considerable doses. Externally oatmeal baths, the continuous application of a lotion containing glycerine and subacetate of lead, carbolic lotion, etc., were persevered with for a considerable time.

And now to consider what lesions of other organs than the skin were present. The most important, although possibly it was only secondary to the dermatitis, was a general enlargement of the lymphatic glands. The cervical, submaxillary, inguinal, axillary and supra-trochlear glands were all markedly swollen, but not very painful or tender. One gland suppurated and discharged in the groin, the pus being thick and somewhat green in colour. The spleen was not perceptibly enlarged, nor were the white blood-corpuscles increased materially (red corpuscles 94 per cent. of their normal amount as measured by the hæmatocytometer), the hæmoglobin equalled 50 per cent. The mucous membranes were not affected so far as could be made out, though his tongue was rather deeply fissured. The urine was quite normal, and varied in quantity from forty to seventy ounces *per diem*. No abnormal physical signs were detected in the heart or lungs, though the patient suffered from a dry cough frequently. The thyroid gland could not plainly be distinguished.

His mental condition appeared to be good, although the constant

irritation and perhaps the use of sedatives combined with the frequent febrile condition, evidently depressed him greatly. He ate ravenously, and there was at no time any diarrhœa. It seemed probable that a fatal issue was not far off, and so it proved to be, for not long after leaving the hospital (owing to insubordination), he died in West Ham Infirmary. We are indebted to the House Surgeon, Mr. Vallence, for the information that no autopsy was permitted.

It has seemed worth while to place on record this single case, although one is really quite in the dark as to its true nature. I have already mentioned that it cannot be regarded as unique, since not only other similar ones have been published as examples of "mycosis fungoides," but other milder cases, where the region affected is perhaps the head and neck or one of the extremities, are not unknown. In such there is the same relapsing inflammation of the skin, leading to a chronic condition of hypertrophy, with enlargement of the lymphatic glands. It is probable that the latter is an important element in the disease, owing to its obstructing the lymph stream. So-called "elephantiasis," as met with now and then in England, with its lymphatic engorgement, recurrent febrile attacks, and increasing infiltration of the skin and subcutaneous tissues, presents a fairly close parallel. But in the case now reported, the chief peculiarity was that the whole surface of the body (with the trifling exception of the external genital organs), was almost uniformly involved. I have omitted to mention that the nerve-trunks accessible to palpation were not enlarged, and that there was no anæsthesia or hyperæsthesia of any part of the skin.