

A CLINICAL STUDY OF THE SO-CALLED PRAIRIE ITCH, LUMBERMAN'S ITCH, ETC., WITH A CONSIDERATION AS TO ITS ENTITY.

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From time to time one meets with reports in the medical press of unique forms of diseases of the skin closely allied in symptoms to scabies, yet it is claimed, differing therefrom in certain essential details. Nor is it confined to the medical press, but in medical societies and in the profession at large, there exists a firm belief in the entity of a disease, differently named in different localities, but all possessing four cardinal diagnostic points:

The first is *pruritis*, which is always present, but varies in intensity in different cases, in some it is continuous, while in others, there are periods of exacerbation, notably at the close of day.

The second symptom is objective, and consists in a *papillary eruption* which varies in distribution. The hands and forearms are most frequently affected, next in order the trunk and thighs, while the face does not always escape.

The third symptom, or more properly etiological feature, has been the *bête noire* of several amateur microscopists, who following the fashion of the time, have ascribed its *contagious* or *infectious* nature to an hitherto unlabeled parasite. A few years ago a graduating thesis was presented to an Ohio medical college on the bacillus of prairie itch.

The fourth and last distinguishing feature arises from the observation, that although resembling scabies, yet it *does not yield to the therapeutical measures best suited to that disease*.

It is well to bear in mind, that all cases of the so-called prairie itch do not present these four cardinal features, but one or more are present in every case.

In 1854, Dr. William Brodie, of Detroit, wrote a paper on "Prairie Itch," in which he disclaimed for it any relationship to scabies. If correctly informed, the honored ex-President of this Association still adheres to the precepts which were advanced when the dermatology of to-day was in its infancy, when the achievements of more modern dermo-pathological research were yet unknown, when the dermo-neuroses were not mentioned; and when the large family of lichens, which have since been largely eliminated and relegated to their natural places, were supposed to belong to a distinct inflammatory group.

In the winter of 1885, it was estimated that one person in every twenty in Louisville had the itch, and the time-honored remedy of hog's

lard and sulphur did not ameliorate the sufferings of the afflicted.

In writing of this, Dr. Hyde, of Chicago, says: Most probably the series of cold waves from the Manitoba region, which have lately been surpassing their usual limit, and reaching with unwonted severity some of the Southern States, has given rise to the itch in question.

In the *Kansas City Medical Index*, August Number, 1886, there appears an article entitled: "Is it Scabies?" The writer refers to the group of symptoms herein considered, and after quoting extensively, concludes by saying, that it is not scabies, neither is it a disease peculiar to this country. It is to be regretted, however, that the quotations do not inform us as to the means employed in eliminating the well-known disease of a like report, save in the positive assertions that the disease, in question, is not scabies, and that the observers have been in the continuous practice of medicine thirty, forty, and fifty years.

One exception, however, must not be omitted; Dr. Engstad, of Dakota, has made a careful microscopical investigation, and has not found the *acarus*—doubtless, in many cases of the so-called prairie itch Pasteur and Koch might do as much.

My attention was first directed to the "new itch" at the Ohio State Medical Society, in June, 1882, but a typical case was not met with until nearly five months later, at which time it was said to be epidemic in Portage and Wayne Counties, Ohio, and a committee was appointed from the North-eastern Medical Society to investigate the same.

The committee reported: The disease, for the most part, to be scabies due to the *acarus scabiei*.

In due time letters were received, stating that the treatment and hygienic measures suggested by the committee, had proven effectual in exterminating the epidemic.

In May, 1887, through the courtesy of the late Prof. A. B. Palmer, an opportunity was offered to investigate several cases of what was popularly known as the Michigan or Lumberman's Itch, then in the hospital of the University of Michigan.

Case 1.—Male, married, light hair, æt. 40, lumberman, complained of intolerable paroxysms of tingling and itching of variable duration, succeeded by intervals of quiet, which lasted sometimes weeks, sometimes months; during these intervals the subjective symptoms were entirely absent, and the lesions on the skin healed kindly.

Family History: His mother had suffered from neuralgia, and was, in the language of the patient, a nervous woman.

History of the Disease: It first appeared in the autumn of 1883. The season of the year had no appreciable effect on its course, but sudden changes of temperature, and the atmospheric conditions preceding a thunder storm were always

associated with an aggravation of the symptoms, and sometimes were sufficient to induce an attack. These attacks were ushered in by occasional shooting pains in the extremities, sometimes accompanied by a tingling sensation. Neither his wife nor children had contracted the disease.

Present Condition: The patient's general health is good; the eruption consists of irregularly shaped maculæ and vesicles of various sizes, in places grouped, but for the most part discreetly distributed. It is confined to the forearms, hands and legs. It is quite symmetrical and inclined to a linear distribution.

The case was regarded as a *neurosis cutaneæ*, having a certain resemblance—save in the exemption of the palms and soles—to the cheiropompholyx of Hutchinson, or to the dermatitis herpetiformis of Duhring.

Case 2.—Male, æt. 45, single, clerk, complained of an eruption which he had first noticed three years before. It consisted of small maculæ, having a dark punctate center, which had appeared on all parts of the body. Aside from the slight tingling and itching he felt little discomfort. Upon further investigation, the lesions were recognized as due to the *cimex lectularius*.

Case 3.—Female, single, æt. 30, teacher, of neurosthenic temperament. Complained of paroxysms of itching which appeared late in the afternoon, or upon retiring for the night. The family history is good.

History of the Disease: The itching began in the autumn of 1884, and disappeared in the following spring. At the next approach of cold weather it reappeared, and again disappeared the spring succeeding; in this way it has continued to the present. The patient sought medical aid, and was told that she had the Michigan itch. She slept with a sister without communicating it.

The present condition, both objectively and subjectively, is negative—the itching, since the moderation in atmospheric temperature having nearly subsided. The skin of the extremities is rough, with here and there a superficial cicatrix.

With this brief outline of the disease, it may be recognized as the *pruritus hiemalis* of Duhring.

Thus of the three representative cases of Michigan itch which, on account of their inveterate nature more than for any doubt as to diagnosis, were sent to the University of Michigan, not one belonged to other than well-known genera.

The two cases which follow occurred in private practice.

Case 4.—Male, married, æt. 46, clergyman, complained of an itching which gave him great annoyance. He was told by the physicians of his town that he had the new itch.

The history in brief is this: Four years ago, while engaged as a travelling preacher in Ver-

mont, he contracted an itchy disease of the skin, which, in due time, he gave to his six children—his wife escaped. The itching was most severe on the flexor surfaces, the hands were but little affected, and the face remained free. On the contrary, the children were first attacked on the hands.

At the time of examination the patient said he thought his disease had changed; he still complained of itching towards night-fall, but it appeared as distinct paroxysms aggravated by fatigue. The desire to scratch was irresistible, and unlike the condition preceding, it had once or twice suddenly disappeared for months, and as suddenly returned.

The present eruption too, unlike the permanent papillary rash of which he first complained, consists of whitish evanescent papules which tingle like the sting of nettles.

The children, he thought, had quite recovered.

This case is given because it brings out those points one is most frequently confronted with by the adherents of that unknown quantity—the new itch.

Thus the wife living in intimate family relationship did not contract the disease, because all are not equally susceptible to scabies any more than to variola, and bodily cleanliness may be effectually antagonistic. Later the primary disease became complicated with a neurosthenic element which, in turn, chanced to supplant it; but this may not prevent one from recognizing the first as most probably scabies, nor the second as lichen urticatus.

Case 5.—J. H., æt. 40, clergyman, complained of an itchy disease of the skin, for which he had been treated without avail.

Previous Condition: In 1870 he had what was probably eczema of the scalp, since which time his skin had given him no discomfort until six weeks ago, November, 1887, when he contracted an itchy disease from his children, they having taken it during the preceding summer while on a visit to Butler, Pa. The patient said, in the children the rash appeared first on the face, then on the body, and looked like measles.

Present Condition: The patient has a dry, rough skin, with a papular eruption, interspersed with a few small vesicles situated on the trunk and limbs; the hands and face are free. It is very itchy and prevents sleep. No acari could be found. The following day, at my request, the children were examined, and from the distinct burrows on the hands two acari were extracted, which confirmed the diagnosis of scabies.

Letters received from some of the medical gentlemen of Butler, informed me that the disease from which these children suffered was, at the time, epidemic in Butler County; that it was thought to be a new one; that its etiology and pathology were shrouded in mystery; but it was looked

upon as constitutional, and most probably contagious. It was said to yield to hydrargyri bichloridum, potassii iodidum, and solutio arsenicalis, Fowleri given internally variously combined; while acidum sulphuricum, zinci oxidum, and pix liquida, comprised the most reputed substances for external use. Woe betide the disease be it due to an inflammation, animal parasite or vegetable growth, that escapes this armamentarium.

Such a chain of evidence brought to light by this correspondence could not be withstood, accordingly the writer determined "to beard the lion in his den," and investigate the itch question of Western Pennsylvania.

Traces of the malady were heard of even before the confines of Ohio were passed, but not until Greenville was reached was a genuine case cited.

Case 6.—Was a lad who represented a household with scabies.

Case 7.—Eczema manuum.

Case 8.—Xeroderma.

Case 9.—Scabies.

At Meadville, of the several cases seen, but one will be given.

Case 10.—R. H., æt. 21, railroad employé, has had an itchy disease for a year, which prevented sleep. It has never invaded the face or hands; it was brought as one typical of prairie itch. Upon examination, he presented a papular eruption over the entire body with the exceptions cited; it was best marked on the flexor surfaces.

The patient said his hands were covered with oil while working, and he cleansed them with water and strong soap several times a day. Repeated efforts to find the *acarus scabiei* failed, but the papular lesions together with the history were sufficient, in the absence of more positive evidence, to warrant the diagnosis of scabies. The attending physician has since confirmed the diagnosis by letter, in which he says, the measures suggested at the time were effectual.

Oil City, Union City, and West Monterey, failed to satisfy the writer's desire for conquest or discovery.

Of the many cases that were collected at these places, suffice it to say, that they ranged from scabies to phtheiriasis, from erythema simplex to eczema pustulosum, from pruritus to herpes, and from pityriasis to xeroderma.

It is not that scabies has disappeared with increasing civilization as one has said, neither is it that the classical description of Cazenave does not apply to the scabies of to-day, but rather it is that we lose sight of the clinical fact that the *acarus scabiei* is only a local irritant, inducing in one a papillary eruption, which in another is vesicular, while again in others, it may become pustular.

Frequent bathing, too, and other extraneous conditions, will place a limit to its local invasion; thus it is seldom seen on the hands of people who

frequently bathe, as in the last case cited, and among refiners of petroleum the hands and fore arms remain free.

In northern climates pruritus hiemalis often adds to the complication in diagnosis, which, in many cases, can be eliminated only by the clinical history.

Again, the senso-neuroses, which are becoming more and more apparent, often baffle the most skilled. But from the mass of cases which have been examined in these investigations it is apparent, that there exists no material to form a new disease, but an appalling need of a more thorough knowledge of those we already have.

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MONSTROSITIES AND MATERNAL IMPRESSIONS.

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Whether maternal impressions do or do not influence foetal development, is a question still before the profession. It is not my purpose to discuss this question, but simply to place on record two exceedingly interesting cases. Though we may not offer an explanation of maternal impressions, yet that is no argument against the existence of such influences. There is such a thing as establishing a fact by accumulated evidence; and should this contribution be the means of starting a series of well-authenticated reports, we might, ere long, point to the convincing evidence of maternal impressions.

The first case occurred in the practice of Dr. Ritter, of West Baden, Orange Co., Ind. The history is, briefly, as follows: The doctor was called, August 24, 1885, to a young woman, 22 years of age, a primipara, who had completed her seventh month of pregnancy. She was in heavy labor, which was terminated soon after his arrival. The child gave no sign of life at birth, but movements had been felt by the mother a few hours before labor began. The labor was perfectly normal, and the doctor, after much persuasion, secured the specimen. When seen by me it was splendidly preserved in a solution of alcohol, and is a perfect specimen of "frog-child," or anencephaloid monster. The doctor would not part with his specimen, but kindly allowed me to have it photographed, the views, in two positions, being shown.

The body is perfectly developed, and the limbs, in their minutest detail, are without defect. The eyes are prominent, as shown in the side view; the nasal bones, imperfectly developed, give a flattened appearance to the face. There is no evidence of cervical vertebræ; neither cerebellum nor cerebrum can be traced, but a flattened, hardened sac of what may have been serous fluid, fills the space from above the eye-brows to the shoulders. The skin is not developed beyond the su-