

## PRURIGO (HEBRA) AS OBSERVED IN THE UNITED STATES.\*

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The opinion is held by some that prurigo, as met with in Vienna, does not exist in this country. It is true that cases from time to time have been reported by Zeisler and others, who are familiar with the disease as it exists in Austria, and while there has been a *quassi* acceptance of these reports, yet they are looked on by many as unique. In England, previous to the International Dermatological Congress, which met in London in 1896, the prurigo of Hebra was unknown. At this congress cases were collected which it was thought corresponded in many ways to those observed in Vienna. These cases were examined by Kaposi and others, who confirmed the diagnosis of prurigo (Hebra), which established the fact that the disease was encountered in England, and to some of the American dermatologists present demonstrated that the prurigo as observed in the United States might likewise correspond to that observed in Vienna. The following cases may be of interest as typical examples of prurigo, as described by Hebra, which have come under my observation in Cleveland, and which correspond with cases seen in Austria, Germany and England:

**CASE 1.**—G. Z., male, 6 years of age, was first seen at the dispensary of Lakeside Hospital July 22, 1900. The mother stated that the child was born in Cleveland, although she and her husband were natives of Germany. There were four other children in the family older than the patient. The family history was good. No previous illnesses, excepting variella and pertussis when two or three years of age. The mother stated that the child was born at term, was well developed and enjoyed good health until the present disease began, which occurred during the first year of life. It was noticed that the baby was more "itchy" than had been the case with the other children, and when less than a year old was noticed to indulge in vigorous scratching. As the child developed it was noticed that the oft-repeated scratchings gave rise to a papular eruption. This continued and became gradually more marked as the child grew older.

**Examination.**—When the case came under observation the child was normally developed and intelligent. It was somewhat pale; the lungs and heart were normal, temperature was 98.5, respiration 30 and pulse 90; the urine was normal. The eruption was most marked on the extensor surfaces of the thighs, on the legs, arms and forearms, and to a less extent on the trunk. The buttocks were likewise involved, and during the cold weather the mother stated that these regions gave more annoyance than during the summer. The lesions consisted of whitish papules, some of which had excoriated apices, while others were topped with desiccated blood crusts. Other lesions, again, were pale red. On slight friction the papules became more prominent and extremely itchy. In other places excoriations, which were evidently the result of scratching, were observed. A few small pustules were present, although this was not a conspicuous feature, and was doubtless the result of inoculation of pus organisms in the process of scratching. Over the regions most involved the skin was slightly thickened and of a darker hue than was met with elsewhere, and a few small cicatrices were observed. The skin furrows over the knees were markedly thickened. This was observed to a less extent on the tips of the elbows. The skin appeared to be unusually dry, although the mother stated that she had not observed that the perspiration was greater or less than that observed in her other children. On reviewing the case, the lower extremities were more severely involved than the upper.

Further, there was a marked contrast between the parts involved and the skin of the femoral triangle and the popliteal space, as well as on the anterior surface of the elbow, which seemed to be unusually white and thin.

**Treatment.**—Tonics internally with cod-liver oil, and local applications to relieve the itching, were given. Some improvement was noticed during the summer, and the patient passed out of sight. In January, 1901, the patient returned for treatment, with a condition which might easily be mistaken for eczema, although the same regions were involved, and on close inspection the same papular characteristics were observed. Under soothing applications, which consisted of carbolized boric acid ointment, which later was replaced by an ointment containing carbolic acid and white precipitate, the case again made marked improvement, but at no time did it wholly subside. The case has been seen once or twice since; the irregular attendance is accounted for by the discouraging progress of the disease.

**CASE 2.**—R. R., female, aged 3 years, native of the United States, of English parentage, was seen for the first time Nov. 5, 1897. The patient has two brothers older and two younger than herself, in none of whom could a history of any cutaneous disease be found. Patient has always had good health, excepting that she has had variella, rubella and diphtheria. The mother stated that at the age of one and a half years the child complained of a very itchy skin, with the formation of small papules, which become excoriated with scratching and which never fully subsided. It was always better in the spring and summer months, but seemed aggravated by cold weather. The legs were the parts mainly involved. The extensor surfaces of the thighs and over the calves of the legs seemed to be especially selected, although the back and the extensor surface of the arms were likewise involved.

**Examination.**—When first seen the lesions consisted of pin-head-sized papules, some excoriated puncta, together with denuded areas, evidently the result of scratching, situated on a moderately thickened and slightly pigmented skin. In the popliteal space and the region of the groin the skin remained normal. On scratching, whitish papules which resembled urticaria appeared. These, the mother stated, had always been present to a greater or a less degree. This case was seen at very irregular intervals.

**Treatment.**—Local applications containing carbolic acid, salicylic acid and tar gave temporary relief, but at no time has the disease wholly disappeared. The opportunity of studying this case has been ample, and in my opinion the diagnosis of prurigo (Hebra) is warranted. The patient has appeared several times a year since, and no great change can be noticed excepting that the skin is somewhat thickened over the parts affected and is of a darker color. Year by year new cicatrices are added. Several methods of treatment have from time to time been resorted to. Internally, cod-liver oil, arsenic and iron, with the hope of increasing the general nutrition, has been followed, but without much apparent benefit. Local applications seem to give temporary relief, although at the same time the skin seems to become habituated to any local application if continued for a few months. On the whole, fatty substances have given more relief than aqueous solutions. As the normal secretions of the parts affected seemed to be diminished, liquid vaselin and carbolic acid ointment were selected and have given marked relief. Tar, resorcin and mercury have likewise been efficacious, although none of these measures seem to possess more than a temporary palliative effect. The disease is much worse in winter, although it does not wholly subside during the summer months.

**CASE 3.**—W. F. W., male, aged 9 years, was seen for the first time Oct. 8, 1902. The disease came at the age of 5 years, and has always been worse in the spring and winter. It was situated more or less over the whole body, although the extensor surfaces of the thighs and legs and the skin of the buttocks were more markedly affected.

**Examination.**—The lesions consist of whitish or pinkish papules, which become more prominent when scratched, together with small excoriated areas. The arms, and to a less

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extent the forearms, were from time to time affected in the same way. The skin in the areas involved has become slightly pigmented and perceptibly thickened. There seems to be a lessened activity of both the oil and sweat glands in the parts affected. While the skin appeared to the writer to be unusually harsh and dry, the patient stated that he sweats excessively in the axillæ and about the neck and face.

*Treatment.*—Tonics were given, together with cod-liver oil, internally, and carbolic acid, resorcin and vaselin were applied locally.

In conclusion, I believe the disease is more common than is generally believed. The disease is often masked by excoriations from scratching, which, together with the pustules, give rise to a dermatitis readily mistaken for eczema. The disease should not be confounded with the prurigo hiemalis of Duhring, which is a very common affection in the Great Lake region in winter. In both diseases, however, there seems to be a diminution in the sebaceous and sudoriferous secretions. Both conditions are of uncertain duration, and may last a lifetime. In both, internal medication seems to have no effect, while in my experience liquid vaselin, to which may be added carbolic acid, is the most universally beneficial application used in the treatment of both forms of the disease.

#### DISCUSSION.

DR. EDMUND L. COCKS, New York City—I remember a case shown in London in 1896, and I was very much chagrined that our eastern colleagues had something we could not produce in America. I have a patient whom from the early age of one month had urticaria. The lesions were characteristic, would come and go in spite of any treatment. The child, now 9 years of age, is still under my observation and the urticarial lesions have developed into the characteristic lesions of prurigo. He was presented two years ago to the Manhattan Dermatological Society and two of the members who had studied in Vienna agreed in the diagnosis. It is a typical case, I am sure. The flexors of the arms and the popliteal spaces have been free from the first. He has never been nearer Austria than New York; his parents are of Irish descent. During the winter the pruriginous lesions are fully developed, admitting of no mistake as to their character, but in summer the lesions do not come out to the same extent unless he scratches; then, of course, we have the papules covered with small blood clots. Constitutional treatment has benefited him considerably and the pruritis has been relieved by a naphthol liniment.

DR. A. RAVOGLI, Cincinnati—I was surprised to hear the statement made in London in 1896 that in the United States prurigo was not known at all or was exceedingly rare, when every year, between my private practice, hospital practice and clinical practice, I was seeing 10 to 15 cases of prurigo of different degrees of severity. I have cases of prurigo which were called by Hebra prurigo mitis as well as prurigo ferox. I find that pruriginous eczema, which is so difficult to cure, is maintained in children between 2 and 3 years of age, by the presence of prurigo, and the eczema is nothing else than the aggravation of the prurigo on account of the continuous scratching and the condition of the skin.

DR. H. W. STELWAGON, Philadelphia—Philadelphia does not seem to furnish any cases of prurigo. I think a large number of us have been students in Vienna, and if there was one disease about which, on my return, I thought I knew something and was able to make a diagnosis, it was prurigo. I have been looking, however, for the last twenty years for an American case of this disease, and I can truly say I have failed to find one in my native city. There are cases of chronic eczema which may have a resemblance to extremely mild cases of prurigo, but certainly not the ones shown daily in Vienna, where the clinical picture is unique, something that can not be readily confounded with other diseases.

DR. LUDWIG WEISS, New York City—In my service at the German Polyclinic in New York we usually have several cases

of prurigo; they are not extremely rare. They are better in summer, when the skin is soft and moist, than in winter, when the skin is dry; the itching is always more pronounced in winter. In making a diagnosis I always try to conform with the diagnostic symptoms which Hebra pronounced papules under the skin, slightly protruding, perceptible more by touch than sight, itching, scratching off the summits, followed by a slight bleeding from the papules, and some coagulated blood as scab adherent to the top of the lesions. We have seen this in every case where we have diagnosed prurigo, and have been extremely careful to exclude papular eczema. There may be some similarity to eczema, but we have never seen such pronounced inguinal dermatitis attending it as in prurigo. In the Manhattan Dermatological Society we have seen such cases repeatedly. In old cases of prurigo we can, as Hebra used to say, in consequence of the resulting induration and pigmentation, almost read the history of the patients by their skins. As to treatment: Being a disease which itches a great deal, we have seen iodine produce good results, but I like the old treatment, the so-called tar baths, better. Brush oil of cade on the skin, then put the patient in the bath for one hour. He then washes himself off with green soap, and after drying talcum powder is applied. The next day Vlemineckx' solution is applied, after which the patient bathes. The lime contained in the lotion will precipitate out and be visible on the top of each scratched lesion as a white powder. This treatment is used for a few days, until the skin peels, then talcum powder with menthol is dusted on. Under such treatment the symptoms are mostly arrested.

DR. L. DUNCAN BULKLEY, New York City—I recognize the prurigo of Hebra, having known it very well in Vienna, as Dr. Stelwagon said; but in this country we find relatively few of these cases. I think there is a medium line, perhaps, between what Dr. Stelwagon and Dr. Weiss have said as to its frequency. It certainly does occur in New York. We are seeing cases at the New York Dermatological Society every winter, where a dozen of us agree as to the diagnosis. Within two or three months a boy of 11 or 12 years was exhibited who has had it since infancy. He presented as perfect a picture of the disease as I used to see under the elder Hebra in Vienna, and every one of us absolutely agreed as to its being a case of prurigo Hebrae. He had enormous glands in his groin, and the flexors were entirely spared, behind the knees and at the elbows. On the other hand, I have had many cases shown me in the New York Skin and Cancer Hospital which some of my assistants have insisted were prurigo, but which were papular urticaria or other conditions. That prurigo of Hebra exists as an entity in New York I think every one of the dermatologic society members will verify. Although it is relatively rare, I may see in New York several cases each year.

DR. WILLIAM T. CORLETT—The lymphatic glands, in my experience, are not particularly involved. I do sometimes find secondary infection with a general adenopathy. More commonly there is a slight enlargement of the lymphatic glands in the regions thus involved.

#### A FALSE OR CICATRICIAL KELOID.\*

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The name of keloid was given by Alibert<sup>1</sup> to neoplasms made up of connective tissue in the form of patches, strips or tuberosities, having identity with cicatricial tissue. One kind of keloids is developed spontaneously in the derma, with which the keloids are intrinsically connected, while others take their seat on the cicatricial tissue. After they have attained certain proportions they may remain without change indefinitely,

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1. Alibert. *Maladies de la Peau*, Paris, 1810.