

On prurigo or eczematous prurigo / by W. Marrant Baker.

Contributors

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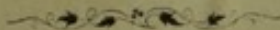
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ON

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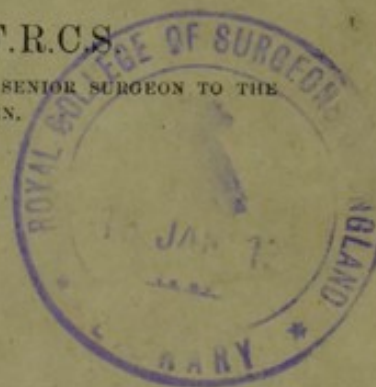
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ECZEMATOUS PRURIGO

BY

W. MORRANT BAKER, F.R.C.S.

ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL, AND SENIOR SURGEON TO THE
EVELINA HOSPITAL FOR SICK CHILDREN.



LONDON

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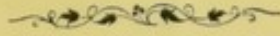
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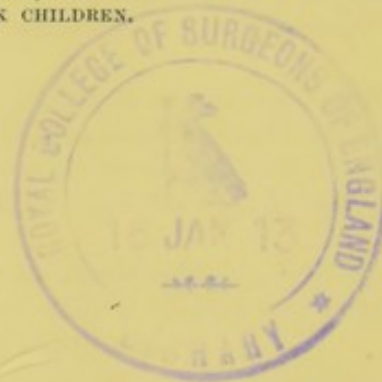
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OR

ECZEMATOUS PRURIGO

In the present brief communication I am desirous of drawing attention to a disease of which I have seen many examples during the last few years, and which, as I gather also from conversation with others, is not very rare in this country.

The leading feature of the disease, as commonly seen, is eczema, wide-spread and most intractable. The face and upper part of the neck, the arms and forearms, the thighs and legs, usually their extensor surfaces, are the parts most affected; but the trunk does not escape, and the disease may be as bad here, in patches, as elsewhere.

The eczematous patches, as usually seen, are partly scabbed, partly raw, here and there pustular, especially at the margins; while their outlines are suggestive of the scratching to which they have been subjected. But, on looking more closely, it is obvious that the term eczema does not express all that is present. Between and around the patches of eczema the skin is more or less thickened and dry and, on passing the finger over it, it feels rough and sand-paper-like, or even prickly, but often it seems as if the rough papules were seated on a glazed and almost scar-like base. In some parts the skin is merely dry and a little scaly, as if xerodermatous; and, again, a large tract of skin may be healthy, especially on the flexor aspects of limbs.

The intense itching to which the patient is subject is represented by lines of scratched skin more or less marked, and the pruriginous aspect is heightened by the tiny blood-topped hard pimples which are scattered in the neighbourhood more or less profusely. Scattered pustules are also not rare, and the disease may bear a close resemblance to scabies.

The lymphatic glands corresponding with the diseased districts are enlarged; the femoral the most notably. Pigmentation has not been a very marked feature in more than a small proportion of the cases which I have seen.

The general health is not very much affected, but sometimes the patients are anæmic.

In all the cases which I have seen the disease is said to have begun in early infancy, and to have continued with merely remissions since that time. And in no case have I seen any other than temporary benefit as the result of treatment.

I have described thus briefly the characters of the disease for identification, but

have avoided minute details, as my immediate object in bringing these cases before the Congress is that I may obtain an expression of opinion as to whether these cases are identical with those to which the late Professor Hebra more particularly applied the term Prurigo.

I had been long familiar with the disease before I had begun to associate it in my own mind with Prof. Hebra's prurigo; and I am indebted to Dr. Buchanan Baxter, with whom I saw one of the cases in consultation at the Evelina Hospital, for the information that such cases had been called prurigo by dermatologists from the Continent who had seen them in England. I have since discovered that others had come to a similar conclusion; and I may refer especially to Dr. Liveing, who, in the last edition of his work on the diseases of the skin, calls attention to the existence of cases of Hebra's prurigo in England, and to the causes which have led to its being frequently overlooked.

Dr. Liveing remarks:—"The malady has hardly received the attention and recognition that it merits from English observers. Some modern writers deny altogether its existence in England. There can be little doubt that by many the disease is not recognized from Hebra's description, and indeed this is scarcely to be wondered at. . . . There are several reasons why we often fail to find what I may call the typical eruption of prurigo. (1) The papules he describes (they have not at all the appearance of vesicles) exist as such only for a very short time, and they are quickly injured by the scratching of the patient; this fact, together with the constant presence of excoriations, eczema, and other changes in the skin, makes it difficult to find them; (2) The large papules, though pale, are not always of the same colour as the surrounding skin, but often of a distinctly redder tint; (3) Hebra has, for the purpose of diagnosis, laid too much stress on the elementary form of the eruption, and not enough, by comparison, on the history of the disease, which is, after all, a more important diagnostic feature."*

At the same time, I may quote the following remarks as a justification for my endeavour to elicit opinions on this subject:—Mr. Hutchinson, whose opinion on any matter connected with diseases of the skin is entitled, as all will acknowledge, to the profoundest attention, has devoted a chapter, in his "Lectures on Clinical Surgery," to the question, "Is Hebra's prurigo met with in English practice?" and, as all here are aware, he replies in the negative.

Dr. Duhring, in the last edition of his work on "Diseases of the Skin,"† remarks:—"Prurigo, as described by German writers, is an affection so rare in England and the United States as scarcely to exist in those countries."

Dr. Tilbury Fox, in the third edition of his work on "Diseases of the Skin" (1873), says:—"I have been on the look out for a case of the most marked form of disease, such as Hebra describes, for years past, and have only met with one case in England."

The question therefore arises, "Is the disease here referred to, and of which I exhibited cases on Saturday last to the members of the Congress, the prurigo of Professor Hebra?" If it be so, then we must give up the very generally accepted belief that prurigo is rare in this country; although, to judge from Professor Hebra's description of typical cases, the disease would appear to exist amongst us in a far milder form, in most cases, than on the Continent. If, on the other

* "A Handbook on Diseases of the Skin." By Robert Liveing, M.D. 1880. P. 141.

† "Diseases of the Skin." By Louis A. Duhring, M.D. 1881. P. 247, *note*.

hand, the disease be distinct from Hebra's prurigo, we have before us, I venture to think, a variety of prurigo to which the terms eczematous prurigo and pruriginous eczema seem about equally applicable, and which deserves a recognition which has not yet been accorded to it. The symptoms appear to me to be quite distinctive from those of any other disease. So far as I have been able to observe, it is quite a different malady from infantile prurigo, or lichen urticatus, with which one is tempted to find an alliance.

I believe it to be also distinct from the relapsing prurigo of Mr. Hutchinson; but regarding this I will not venture to speak with confidence, as I have not had an opportunity of seeing cases to which I am warranted in saying that Mr. Hutchinson would apply the term.

Instead of occupying the time of the Section by the narration of cases, I have exhibited living examples of the disease to which I venture to call attention.

DISCUSSION.

Prof. KAPOSI, Vienna, stated that the three cases shown by Mr. Baker were undoubtedly true prurigo of Hebra, and therefore the disease exists in England. The reason of its being often overlooked was that too much stress was laid on the colour of the papules, and not enough on its total characters. Prof. Hebra attached much importance to its localization on the outer surface of the extremities, to its increase in severity from above downwards, so that the legs were most affected, and to its beginning during the first year of infancy. It does not commence as a papular eruption, but by urticaria, which becomes localized in the second year in the above-mentioned positions; papules now make their appearance, and the disease is established, but we are unable to say whether the case will be prurigo agria or prurigo mitis. Hebra's statement that the disease is incurable requires modification. Prurigo mitis, when treated from its earliest onset, and for some years continuously, is undoubtedly susceptible of complete or nearly complete cure.

Dr. HEBRA, Vienna, had often wondered that prurigo was not diagnosed in England, as Willan was the first to describe the affection. He thought that was to be attributed to the fact that attention was directed only to the eczema, without taking into account its cause—excessive itching. Eczema is only *one* symptom of prurigo, and may be absent at the time of examination, especially if proper treatment has been previously carried out. Prurigo must be viewed as a sort of diathesis, which occurs chiefly in badly nourished individuals of the poorer classes, and in the children of tuberculous parents. The papules of the same colour as the skin, described by Willan and Hebra, have been lately considered to be due to scratching, and very recently Auspitz has viewed the pruritus and harshness of the skin as caused by a special congenital sensory neurosis. If we bear in mind the well-known features of prurigo, it will certainly be diagnosed as often in London as in Vienna. Dr. Hebra had already seen several undoubted cases at St. Bartholomew's Hospital. Treatment is only effectual when commenced in early infancy.

Mr. MALCOLM MORRIS, London, pointed out that Mr. Baker had not mentioned the age to which the disease lasted. Mr. Hutchinson had denied that Hebra's prurigo existed in this country, because no case had been reported lasting beyond the age of twenty-one years, whereas Hebra's prurigo lasted for life.

Dr. LIVEING, London, said he had met with cases lasting to thirty years of age.

Dr. CAVAFY, London, had now one case under his care aged over thirty years.

Dr. WALTER SMITH, Dublin, had seen prurigo in a gentleman who is now over twenty-five. He had seen cases of prurigo unaccompanied by eczema.

The PRESIDENT observed that his diagnosis of the cases which had been brought under the notice of the section by his colleague, Mr. Marrant Baker, was one of chronic eczema—an infantile eczema, which had continued to infest the skin from a very early period of life. Eczema, like other diseases, presented several factors, amongst which two of the most prominent were pruritus and exudation, and these two factors in some sort counterbalanced each other. Now, in the cases before us exudation had ceased, although infiltration was present, and precisely that state of the tissues remained in which pruritus was in excess. This state of the skin would warrant such an appellation as pruriginous eczema, but not that of eczematous prurigo. Prurigo was essentially a neurotic affection, perfectly distinct in its pathological nature from eczema; and it should be the effort of dermatologists to keep them as separate as possible.

Dr. SANGSTER, London, would like to allude to the condition of xeroderma noticed by Mr. Baker. He had heard it said that ichthyotic patients were liable to frequent attacks of eczema, and had verified this statement, not in ichthyosis, but in xeroderma, which is its mildest form. He now had a patient under his care whose skin was markedly xerodermic; she is now suffering from eczema, and has not been free from it for some years. Her skin is now thickened and pigmented, especially on the arms. She has a sister who is also affected with xeroderma.

Dr. L. DUNCAN BULKLEY, New York, thought that a certain confusion had been made between prurigo and pruritus. He would be sorry to have the prurigo of Hebra deprived of its characteristic features as described by Hebra himself, for he believed that the cases seen under this name in Vienna represented a peculiar and well-marked disease, quite different from those met with in other countries. The affection was certainly very rare in the United States, not more than two or three well-authenticated cases having been reported, although the disease was known to American dermatologists, who had learned to recognize it in Vienna. The speaker had not seen many cases elsewhere which he would be willing to call prurigo; many of those thus called he would denominate papular eczema, while others were but pruritus or pruritus hiemalis. He was familiar with the affection spoken of as lichen urticatus, or, more properly, urticaria papulosa, and thought that these cases should be very carefully differentiated from prurigo.

Dr. UNNA, Hamburg, said that the description of prurigo vera given by Mr. Marrant Baker and Dr. Liveing completely agreed with the disease as seen by him in Hamburg.

Prof. OSCAR SIMON, Breslau, did not agree with Dr. Bulkley that true prurigo is only to be seen in Vienna; it is very common in Breslau and Berlin. The features of the disease are those pointed out by Hebra, who, however, described not only

prurigo agria, but also prurigo mitis. He had some years' favourable experience of pilocarpine in the treatment of this disease; most of the cases either not having relapsed, or only in a slight degree.

Dr. ALLAN JAMIESON, Edinburgh, asked, since the features of Hebra's prurigo had now undergone some alteration, as described by Prof. Kaposi and Dr. Hebra, whether we might not proceed a step further, and believe that sometimes prurigo might commence late in life, and not invariably in infancy?

Prof. KAPOSI, Vienna, replied that in his experience prurigo never begins in later life. That which is seen in children before the age of two months is not true prurigo, but eczema, and is curable. It is sometimes called prurigo infantum.

Mr. MORRANT BAKER, London, replied that he was very glad there was a general agreement among the speakers that the cases which he had exhibited were really instances of Hebra's prurigo, although he regretted that the President of the Section took a somewhat different view of their nature. His reasons for believing that the disease was different from lichen urticatus of children were chiefly that he had seen complete and rapid recovery in cases of lichen urticatus, or infantile prurigo, when they were admitted into a hospital, and that the symptoms seemed essentially different when cases of true prurigo and of lichen urticatus of children were compared in patients of like age. He was not disposed to believe that the disease was due to a neurosis only, although the symptoms were doubtless much exaggerated by the secondary results of the irritation from which the patient suffered. Mr. Baker said he had seen cases of prurigo without eczema, such as those referred to by Dr. Walter Smith; and he had seen two cases of what he could term nothing else but prurigo, the first symptoms of which occurred in adult life; the patients were two sisters.

