Two cases of acute general psoriasis following vaccination / by George H. Rohé.

TWO CASES OF ACUTE GENERAL PSORIASIS FOLLOWING VACCINATION.[1]

BY

GEORGE H. ROHÉ, M.D.,

Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore.

THE occurrence of general eruptions after vaccination has been noted so frequently of late that the thought of impurity of the virus must have presented itself to many. Dr. Henry A. Martin has, however, recently shown[2] that such eruptions had been very often noticed shortly after the introduction of the practice of vaccination, and that, since the more frequent use of animal virus, these eruptions complicated the manifestations of the vaccine disease in a much larger proportion of cases. Dr. Martin quotes Willan, who speaks in a work on vaccine inoculation, published in 1806, "of a profuse and general miliary eruption as being noticed about once in fifty cases of vaccinia in the human subject," and from his own experience, corroborates very exactly Willan's approximative estimate of its frequency. The general roseolar eruption, whether diffused or occurring in spots or larger patches, supervenes sufficiently often that nearly every one having much to do with vaccination must have noticed examples. Behrend[3] also speaks of urticarias, exudative erythemas, and eczematous eruptions as complications of the vaccine disease. A case of the latter (acute general eczema), apparently lighted up by the vaccination, recently came under my notice. The so-called "gangrenous vaccinia" which I cannot believe to have any relation with true vaccinia at all, but which I imagine to result from the inoculation of septic or decomposing matter, and which produces an ulcer, sometimes destroying all the tissues down to the bone, has been so frequently noticed during the past winter and spring that no extended reference to it is necessary.

Opportunity has not been afforded me to make an extended search into the literature of the subject, but I have hitherto seen no cases reported that bore any resemblance to two which have been lately under my care, and which I venture to briefly put on record.

CASE I.—J. W. C., a physician, 28 years of age, consulted me in February, 1882, with the following history:

[1] Read at the sixth annual meeting of the American Dermatological Association, at Newport, R. I., August 30, 1882.

[2] N. Y. Med. Record, April 15, 1882.

[3] Archives of Dermatology, Oct., 1881.

His health had always been good, with the exception of a lymphangitis from a dissecting wound and an attack of catarrhal pneumonia during the preceding six months, from which he had entirely recovered. His nutrition was fair, but he has been somewhat troubled during the past two weeks with gastric irritability. He is also somewhat run down from over-work in the dissecting room. He has never suffered from any skin affection, or from any recognized manifestation of gout or rheumatism. According to the best of his knowledge and recollection, his parents, brothers, and sisters have also always been free from such diseases. About the middle of January, he had been vaccinated with fresh bovine virus, which failed to produce the characteristic vaccine vesicle. In eight or nine days after the inoculation, however, the spot became extremely itchy, red, and covered with white scales, which, on being rubbed or scratched off, were rapidly reproduced. A few days afterward, he noticed a number of small red papules covered with white scales, disseminated over the arms and thighs. The itching increased co-incidently with a rapid spreading of the eruption. The spots enlarged by eccentric spreading of the primary eruption, and not by the aggregation of single papules. The base of the patches was red and infiltrated, and the covering of white scales very profuse.

On the 10th of February, when I was first consulted, the eruption, consisting of the various sized lesions characterizing the typical efflorescence of psoriasis, covered almost the entire body. The extensor surfaces of the forearms, outsides of the thighs, and sides of the trunk were thickly covered with psoriatic papules, spots, and larger patches, while the eruption on the rest of the body was less profuse. The palmar and plantar surfaces were exempt from the eruption, but the face was pretty thickly covered. Here the scales were constantly removed, and the efflorescence simply consisted of reddened papules and raised spots. The itching was so severe as to interfere seriously with the patient's rest. There was anorexia, slight fever, and marked lassitude. Some quinine had been taken, but without any favorable effect on the eruption.

I, at first, directed five-drop doses of Fowler's solution of arsenic thrice daily, with calomel ointment to the face to allay the itching. Under the arsenic, the itching and systemic irritation increased, and the disease continued to spread. After about a week the arsenic was discontinued, and the following mixture, which I have found of service in many cases of acute exudative affections of the skin, was ordered:

℞ Potassii acetat.,
Ext. taraxaci fluidi ..... āā ℥ ss.
Aquæ fœniculi ..... ad ℥ ij.
M. S. Dessertspoonful in half a pint of water four times a day.

In addition a daily hot bath, rendered alkaline with carbonate of sodium, was directed.

Under this treatment, the eruption at once began to improve, the redness, itching, and the production of scales decreased, and in three weeks the patient was entirely well. The dark pigmented patches of the skin, generally remaining after psoriasis, did not entirely disappear for nearly three months. The alkaline baths had also been taken during the arsenical course, so that the good effect of the treatment could not be ascribed to the local remedy alone.

CASE II.—M. W., white, male, nine years old, of Irish parentage,

was brought to my clinic at the City Hospital, April 17th, 1882. The boy was generally in good health, and neither he nor his parents had ever before suffered from any skin eruption. He had been vaccinated by one of the official vaccine physicians of the city a month before. The vaccination was successful. Bovine virus had been used. After the crust had fallen off, the spot became scaly and larger. Then small scaly spots appeared all over the body, and led to his being brought to the clinic.

My notes made at the time state that a psoriatic eruption in points and spots is disseminated over the entire body, being thickest on the lumbar region. The elbows are the seats of large red patches, thickly covered with white scales. There is also a patch as large as a dime upon the left cheek, and a number of smaller spots scattered over the scalp. The patient appears otherwise in good health, and does not complain of much itching.

He was placed on three drops of Fowler's solution thrice daily, and the following ointment, directed to be applied locally, after a thorough scrubbing with soap and water to remove the scales:

℞ Hydrarg. ammoniat..... ʒ i.
Bismuthi subnitr..... ʒ ss.
Ungt. petrolei..... ʒ i.
M. ft. ungt.

Two months later, the eruption had entirely disappeared, but, when I last examined the patient, about the middle of July, I found several small scaly papules, indicating a return of the affection.

The rapid development of the eruption, and the excessive itching present in the first case reported above, caused me to hesitate in my diagnosis, but, after watching the case for a few days, there remained no further room for doubting that the case was one of psoriasis. In the second case, the diagnosis was clear from the beginning.

I entirely agree with the opinion so strongly upheld by Hebra and the Vienna school, that an eruption of psoriasis may be produced by any irritant applied to a skin predisposed to take on this disease, but the absence of cases in the literature, depending upon vaccination as an exciting cause, has induced me to report the above cases.

DISCUSSION.

Dr. Heitzmann said that this paper was clear, conclusive, logical; and especially the last statement, that in a psoriatic subject any irritation may produce psoriasis. The writer did not claim that there is any direct connection between vaccination and psoriasis; and it does not need discussion.

Dr. Hardaway said that he had not seen any such occurrence of psoriasis after vaccination, although he had had considerable experience with vaccination. There are a number of eruptions which may occur—herpes, erythema multiforme, and eczema are often met with. There are three stages of development at which a vaccination eruption may appear: The first is during the period of irritation from the wound made by the lancet, which may cause acute local inflammatory trouble, or erysipelas;

the second stage is that in which the vaccine poison is working in the blood, when we may have an eruption, just as we may have a medicinal rash from introduction of certain remedies into the blood; in the third stage, during the period of pus formation, there may be an eruption due to something like septic poisoning. With the latter he had seen cases of purulent otitis media, thus proving a septic influence at work.

DR. JAS. C. WHITE asked if the first case was followed by prolonged pigmentation of the skin.

DR. ROHÉ replied that it probably lasted for three months before it entirely faded. The primary eruption did not last more than six weeks, the largest not being over the size of a silver dollar. There were larger areas of aggregation of the primary eruption, but the single lesions did not exceed this size.

DR. WHITE asked if this amount of pigmentation is common in psoriasis?

DR. ROHÉ believed that a dark slaty pigmention always had appeared and remained for some time in the cases he had treated, but it remained in this case for two or three months, the skin finally resuming its normal appearance.

DR. WHITE regarded this amount of pigmentation as more suggestive of lichen ruber than psoriasis, which is rather an uncommon condition of the skin. With regard to the question of arsenic, he inquired how long was it used, and why was it discontinued?

DR. ROHÉ said that it was given only for one week. The reason it was stopped was because it made the patient worse. He was an intelligent person and a physician, and he said that he must have something else, as the arsenic disagreed with him; he could not sleep at night, etc. He was then put on the other treatment.

DR. TAYLOR considered the observation with regard to the lighting up of psoriasis by other skin diseases as in a measure correct; he had seen it in case of scarlet fever, also in measles; he had seen a child fall out of a canal boat into the dock, and a slight fever with psoriasis follow. He thought that a mere congestion of the skin may be sufficient to start the disease, or any ephemeral disturbance of the circulation might cause it.

DR. PIFFARD said that with regard to the use of arsenic in psoriasis he had seen remarkable results; he had seen the skin almost entirely clear off and the redness disappear before the patient took the second dose. But the patient took a large dose—a teaspoonful of Fowler's solution—by mistake. The patient was bloated up, and had a bad time, but the eruption disappeared. He believed such an effect could be often produced, if patients could stand the large doses of arsenic.

DR. WHITE said that he had seen psoriasis change very rapidly in the course of a week, but not in the first week.

DR. PIFFARD said that experiments made in England by Ringer and Murrell show that the giving of large doses of arsenic to frogs would cause them to shed the entire epidermis.[1]

DR. HYDE said that at the conclusion of the small-pox epidemic last season, he was visited by the Health Officer of Chicago, who brought with him a young lady, showing a typical psoriatic eruption covering the arms, elbows, and upper portion of the body. She gave a history of no disease

[1] Article published in the Journal of Physiology.

prior to vaccination, and the appearance of this disease soon after. The health officer said that out of fifty or sixty thousand cases of vaccination, this was the only case he had seen of psoriasis. The speaker was only surprised that there had not been more. If we take the statistics of psoriasis, and compare them with the enormous number of people who have been vaccinated, it will be remarkable that there have not been more cases of this kind falling under our notice. In this connection he recalled the case of a lady who made an appointment with a dentist to take chloroform and have some teeth extracted. She came at the appointed time, and asked to have the operation postponed, as she did not feel well. She left the room, and fell dead on the steps. If she had taken the anæsthetic, there might have been another death from chloroform reported.

DR. ROHÉ said that no doubt more cases of psoriasis following vaccination have occurred that have never been reported, and he had been surprised that he could find no record of such cases. With regard to the remark of Dr. Taylor, referring to the appearance of psoriasis after scarlatina and measles, he said that they were not analogous, because in such cases there was present a general hyperæmia of the skin; he would merely say that in the first case there had not been a general hyperæmia, because the vaccination had not been successful.

SYPHILODERMA PAPULOSUM CIRCINATUM.[1]

BY

I. EDMONDSON ATKINSON, M.D.,

Professor of Pathology and Clinical Professor of Dermatology, University of Maryland.

THERE is a form of papular syphilitic secondary eruption, which, while it has received passing notice at the hands of numerous syphilographers, has not had given it the attention its peculiar characters deserve. I refer to the eruption that has, as its starting point, the large, flat papular syphiloderm, and to which the name heading this paper has been given by Dr. George H. Fox (Photographic Illustrations of Cutaneous Syphilis, p. 63, pl. ix.). Its peculiar feature is its centrifugal extension by a narrow border of elevation; while its central portions nearly or quite return to their normal limits as the process extends, very much as occurs in tinea circinata. The lesions differ essentially from the well-known annular or circinate eruption of papulo-tubercle so constantly present as cutaneous manifestations of late secondary and tertiary syphilis; for while these are nearly always expressions of the disposition of late syphilis to group its lesions in a circular arrangement, even at the moment of their development and at distinct intervals of space, so that

[1] Read at the meeting of the American Dermatological Association, September 1, 1882.