

A case of dermatitis herpetiformis (bullosa) / by Louis A. Duhring.

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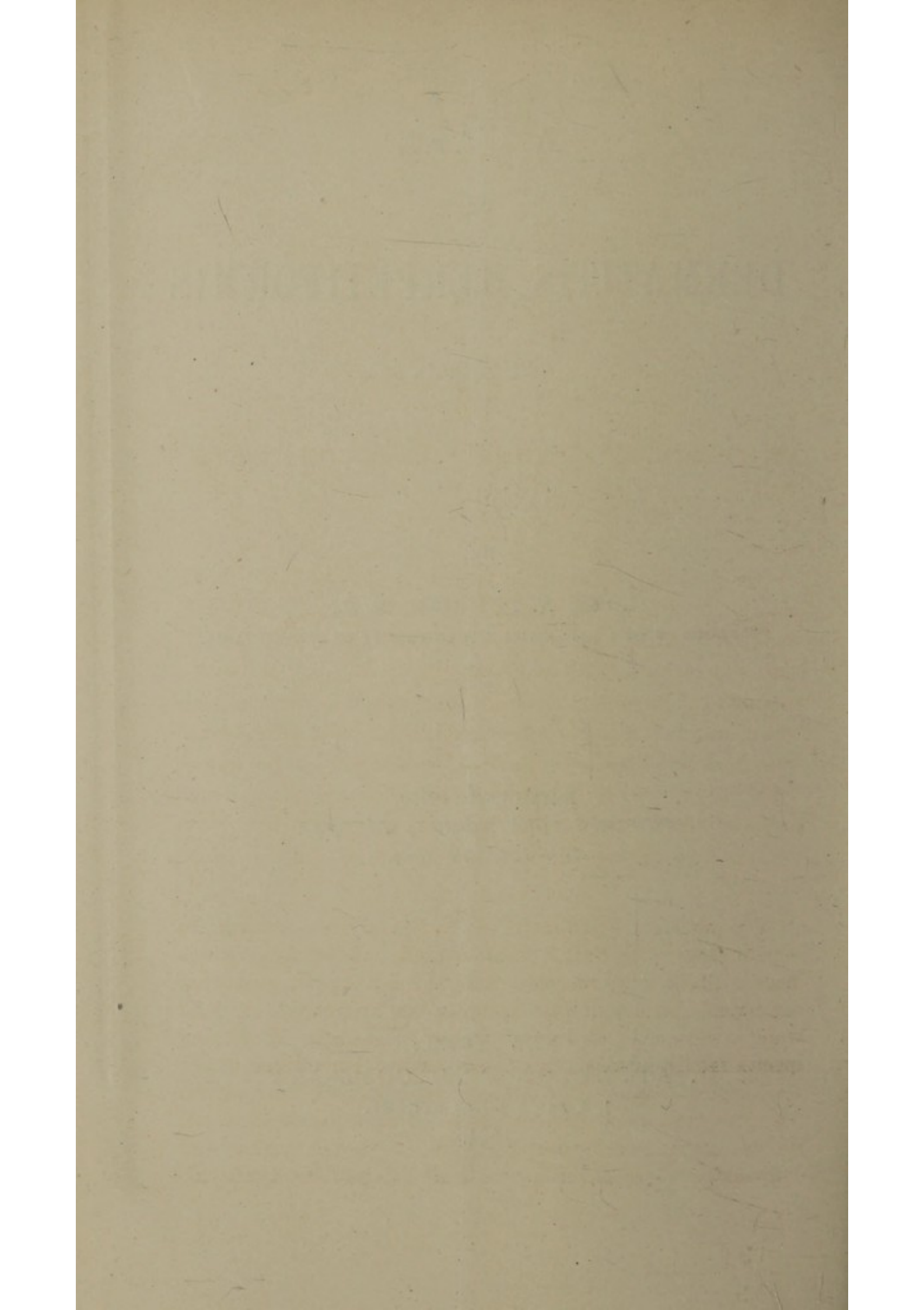
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A CASE
OF
DERMATITIS HERPETIFORMIS
(*BULLOSA*).

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A CASE OF DERMATITIS HERPETIFORMIS (BULLOSA).

ON February 3, 1879, the patient, the notes of whose case are about to be given, was sent to me by Dr. H. G. M. Kollock, of Newark, Del., who in his letter stated that the disease was regarded as pemphigus. The man had been under treatment for some months, during which period he had taken quinine, iron, and arsenic, and had used varied remedies locally, all without relief. Dr. Kollock's letter states: "He has not had a full crop of bullæ for about two weeks, prior to which they would appear in great numbers every two or three days. He has never been entirely free from them."

The patient, Newton B. E. by name, was admitted to the University Hospital, at which date the following record was made: He is sixty years of age, tall and slender, somewhat emaciated, debilitated, and nervous; he is a native of Delaware, a shoemaker by occupation, and is married. There is no special family history. He never suffered any disease of the skin, except occasional attacks of inflammation from poison-ivy, until eight months ago, when the present disease appeared. He was at the time in average health, and could attribute the outbreak to no cause. It began about the ankles and feet with

swelling, heat, and violent itching; the following day eruption manifested itself on the arms and around the neck, and later on the trunk. Several household remedies were applied, but the disease spread until at the end of a week he was well covered with a mixed eruption consisting of papules, vesicles, and blebs, the latter predominating, and some being as large as a walnut. Upon bursting or being ruptured, the walls adhered to the skin and formed crusts. Successive crops of blebs continued to appear until a fortnight ago—in all, during a period of eight months. He has lost flesh, as much, he thinks, as fifty pounds. A new outbreak of eruption is now manifesting itself.

Present Condition.—The disease of the skin is almost universal, involving the greater part of the general surface from the scalp to the soles of the feet. It is made up of variously sized and shaped *vesicles*, *blebs*, and *pustules*, in all stages of evolution.

The vesicles predominate and vary in size from a pin-head to a pea, the majority being as large as small peas. They are notable for their irregularity of shape, being for the most part very irregular, and in many instances angular in outline. Some are raised to the height of a line, others are flat. They are distended and have a glistening, glazed look, and, as a rule, are not surrounded by any areola, rising abruptly from the surrounding healthy skin. They are yellowish and contain serous contents, as in the case of the early stage of herpes zoster.

The blebs, some raised, others inclining to flatten, are met with here and there on the neck, arms, thorax, abdomen, thighs, legs, feet, and hands. Some are as large as a pigeon's egg. They are manifestly advanced stages of the vesicles, or at least often grow from these lesions. They are as a rule tensely distended and have clear contents; some show cloudy contents and are flaccid. They do not rupture spontaneously. Their contents are alkaline.

The pustules are present in like manner here and there, distributed over the same regions. They are distinctly pustular, having *whitish* contents and more or less inflammatory areolæ; are small, raised, irregular in outline, though less so than in the case of the vesicles, and have a "puckered" or "drawn up"

appearance. Excoriations and blood-crusts are conspicuous, and are plainly the result of prolonged scratching. Yellowish, brownish, "dirty-looking" patches of pigmentation, giving the skin the appearance of chronic pediculosis corporis, are also prominent symptoms. *The itching and burning are most distressing.* They interfere with sleep at night. New lesions in great numbers are beginning to form. Some of the earliest are flat *papulo-vesicles*. They can be felt with the finger as small circumscribed infiltrations even before they become visible. In some localities there is a marked tendency for all the lesions to group, two, three, or four being crowded together into a cluster; in other places they are disseminated. Here and there *blebs* are surrounded concentrically by a variable number of small, flat, whitish pustules of the size of pin-heads, making a striking combination.

February 7th.—During the last three days lesions of all kinds have appeared, accompanied by intense itching and burning. Some of the blebs have attained the size of walnuts. On the forehead an abundant crop of variously sized and shaped herpetic vesicles are present.

28th.—A fortnight ago the attack was at its height, vesicles, blebs, and pustules, as well as intermediate forms, existing in profusion. Almost the whole integument was invaded, scarcely a square inch being exempt. The blebs frequently reached the size of a hen's egg; the pustules flattened, seldom exceeding the size of a dime or a quarter-dollar. They spread peripherally, inclining to dry and crust in the center. The course of both these lesions was rapid, disappearing in four or eight days, followed by crusting and pigmentation.

The general condition remained fair, there being no marked febrile disturbance, although the appetite was impaired, and the patient was weak, nervous, and much distressed in mind and body. With the cessation of new lesions the itching and burning declined, but did not leave entirely. The treatment consisted of a generous diet, with saline laxatives and small doses of arsenic and strychnia, together with anti-pruritic lotions of carbolic acid and tar. The man remained in the hospital several weeks longer, during which time he improved with remarkable

rapidity. I can not, however, attribute the recovery altogether to the remedies used, knowing well as we do the singularly arbitrary course the disease usually pursues.

About three years afterward (December 20, 1882) I received a letter from Dr. Kollock (under whose care the patient had since been), stating that he had not seen the man for a year, but that, "according to last accounts, he had improved markedly in general health as well as locally under a tonic treatment. The eruption has appeared at longer intervals, and is confined to smaller areas. He seemed to derive great relief from the application of a lotion containing corrosive sublimate and alcohol." Since this date I have heard nothing.

The case represents more particularly the bullous variety of the disease, although its multiformity, as in almost all instances, was repeatedly shown. As I have so recently described this remarkable disease in a paper* read before the American Medical Association, comment here is scarcely necessary. It may be stated, however, that the case illustrates the vesicular and bullous lesions as they usually occur in the course of the disease, the latter predominating. The resemblance to pemphigus is obvious, but I think it will be seen that the process is different, and that it can not be viewed as a variety of this disease.

* Abstracts may be found in the "N. Y. Med. Jour.," May 17, 1884, p. 562, and in the "Phila. Med. Times," May 17, 1884, p. 603.