A CASE
OF
URTICARIA TUBEROSA,
WITH UNUSUAL SYMPTOMS.

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THE patient who forms the subject of the present communication is a man, Henry E—, æt. 33, who, for nearly two years, has suffered from a rare disease of the skin. For nearly a year he has been under my care at St. Bartholomew's Hospital, in the department for Diseases of the Skin, as an outpatient; and, on two occasions, during this period, I have admitted him into the hospital.

The general symptoms from which the patient suffers are those of persistent urticaria and so-called factitious urticaria; that is to say, very marked wheals can be produced at any time by scratching the skin; while there are frequently developed, without obvious cause, large tuberculous swellings of the skin of various size, attended by much tingling and itching, which, after a variable number of

hours, for the most part disappear, leaving no trace behind.

The symptoms are most marked on the face, neck, ears, chest, knuckles, elbows, and knees; but the legs have been also affected, especially on their flexor aspect. In the last-named situations the wheals have usually made their appearance at intervals of about two days, but daily when the weather is cold. In cold weather, indeed, the affection is generally much worse, the eruptions more frequent, and the itching more severe.

In addition to these evanescent symptoms of chronic urticaria, however, the patient is troubled, and to a much greater degree, by well-defined hard tubercles, which, in certain parts of the body, notably the knuckles, elbows, and ears, persist for weeks or many months, although, at their first appearance, they cannot be distinguished, it is said, from those which depart within a few hours. As they appeared at the time at which the patient came first under my care, these persistent tubercles had but little resemblance to the papules or wheals of urticaria. They were firm to the touch, of a yellowish-red colour, and excessively tender; while in some parts, and more particularly the knuckles, the tubercles had become ulcerated, and exuded a sero-purulent fluid. (See Plate VI.)

The ears, which have been as much affected as any part, presented a very peculiar appearance. They seemed knotted, from the small hard tubercles which were scattered about in their substance—some singly, some in groups of two or three or more, while they were also much discoloured and of a purplish-red tint, as if from venous congestion. One could not help being struck by the likeness which they presented to the condition characteristic of Elephantiasis Græcorum. Occasionally, it is said, the ears, like the elbows and knuckles, have been the seat of ulceration.

The mucous membrane of the mouth, throat, and tongue has remained unaffected.

The general health of the patient is good. He has

suffered from gonorrhœa, but never from venereal sores. Five years ago he had rheumatism, but not severely enough to make him lie up, and he cannot remember any other illness.

In July of last year (1880) I admitted him into the hospital. At this time the symptoms were all well-marked.

During his stay in the hospital and a further period of five weeks at the Convalescent Hospital at Highgate he improved very much. All ulceration disappeared, and the tubercles in the ears, elbows, and knuckles became much less prominent. Indeed they nearly disappeared. The irritable condition of the skin was also less marked at the end of this period. Wheals could be produced by scratching the skin, but they were much smaller than before.

The treatment had consisted of the internal administration of arsenic in small doses, and the application to the sores of a soothing ointment of oxide of zinc.

The patient was again admitted into the hospital in February last, and, as before, rapidly improved; the uniform temperature and good diet having, I am inclined to believe, more to do with this than either the internal remedies or the ointments which were prescribed for him.

I confess to being in considerable doubt regarding the name which should be applied to the disease with which this patient is afflicted. The case does not appear to me to fall satisfactorily into any group with which I am familiar. So far as the symptoms of factitious urticaria are concerned, there is no difficulty. Such cases, although comparatively rare, are not infrequently seen. I have met with cases, also comparatively rare, of that aberrant form of urticaria (*urticaria tuberosa*) in which large patches of skin, sometimes two or three inches in diameter or more, become raised in various parts of the body, and persist for several hours, as in the present case, to the great discomfort and irritation of the patient; an affection

which, with intervals of relief, may last for many years, and which may or may not be accompanied by that peculiar sensitiveness of the skin, with respect to mechanical irritation, which is the leading feature of the factitious variety.

But I cannot recall a case, or find a record of one, in which symptoms of factitious urticaria and urticaria tuberosa have been combined with persistent nodular thickening of the skin in certain definite parts, which proceeds to ulceration.

It has been suggested, and the idea had previously struck me, that the case is allied to or identical with those cases which were first¹ described (in papers read before the Clinical Society) by Dr. Tilbury Fox and myself, and which seemed to deserve the epithet *urticaria persistens*² or *urticaria pigmentosa*. But the following differences prevent the present case from being at once grouped with those referred to :

1. All the cases hitherto recorded of *urticaria persistens* (vel *pigmentosa*) have begun in infancy.

2. In none of them, with a doubtful exception, has there occurred any ulceration. The doubtful case is Dr. Barlow's, but in this it is noted expressly that the child "has had scrofulous ulceration of the skin, but none of these pigmented areas have shown any tendency to ulcerate."³

If compelled to place the present case in any recognised group of diseases of the skin, I am disposed to class it with the cases of *urticaria tuberosa*; and to suppose, in the absence of further information, that the unfavourable circumstances in which the patient has been placed by losing his occupation (as a domestic servant) in consequence of his skin disease, has led to the inflammatory and ulcerative condition of some of the skin lesions.

¹ Unless the case recorded by Mr. Nettleship be one of the kind referred to (see 'Brit. Med. Journal,' September 18th, 1869).

² 'Trans. Clinical Soc. of London,' vol. viii, p. 51.

³ 'Trans. Clinical Soc. of London,' vol. x, p. 196.

[For the details from which the notes of this case have been abstracted I am indebted to my friend Dr. Herbert Stowers.]

DESCRIPTION OF PLATE VI.

Case of Urticaria tuberosa (Wm. Marrant Baker, F.R.C.S.).

Fig. 1.

Fig. 2