A CASE OF GENERAL SEBORRHŒA

OR

“ HARLEQUIN ” FŒTUS.

BY

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THE condition presented by the fœtus, the subject of this paper, although a very rare one, has received a variety of names, *e. g.* :—*Congenital Ichthyosis* (Hebra), *Intra-uterine Ichthyosis*, *Congenital Hypertrophy of the Epidermis* (Sievruk), *Diffuse Keratoma* (Kyber), *Cutis formatio præternaturalis* (Vrolik). Dr. Wilks refers to it as the “ harlequin ” fœtus, a term by which it is usually recognised and one worth retaining, but as the name *General Seborrhœa* expresses the nature of the disease, it has been placed at the head of the paper.

The present specimen was sent to me by my former pupil, Mr. Gittings, who is in the habit of furnishing me with fœtuses presenting abnormal conditions. The history of the mother and the circumstances of the pregnancy have no bearing on the case, except to note that she had previously borne several healthy children.

The fœtus was born at full time, and is of the average

size, weight, and measurement. At a glance, the appropriateness of the term "harlequin" foetus strikes one (see Plate X). Dr. Wilks¹ describes it thus:—"The impression which is first conveyed to your mind by looking at them is, that the skin had ceased to grow at a certain period, while the tissues within, continuing to increase, had caused distension even to bursting, and thus the integument is cracked and fissured on the most prominent parts of the body." For the most part the fissures maintain a direction transverse to the long axis of the body, but are intersected at right angles by vertical fissures, so that an appearance is produced not unlike that presented by a brick wall. The fissures are most marked on the head, trunk, and trunk end of the limbs. The skin of the hands and feet is free from cracks, but presents a curious cere-like appearance, and the toes are tucked in and seem as though drawn together by the contraction of the skin, giving them a peculiar hide-bound look. The reddish-coloured tissue at the bottom of the fissures is true skin, and if the thickened patches be gently scraped they easily separate from the dermis beneath. The hair on the scalp is matted together by the morbid material, the eyelids are widely open, the tarsal margins are in a condition of lippitudo, and at birth presented a red line, as if of inflammation. The ears are almost obscured by being surrounded with the morbid material. The corneæ, mucous membranes, and viscera, are to all appearances normal.

Microscopical examination of the skin shows that the changes are confined almost exclusively to the epidermis, which in some places, especially on the scalp, exceeds its normal depth about ten times. The superadded tissue is for the most part homogeneous, but in the trunk a laminated arrangement is obvious. On teasing, oily material and epidermal *débris* crowd the field of the microscope.

The thick crust-like masses on the scalp are very instructive when examined in sections, for the examination

¹ 'Pathological Anatomy,' 2nd ed., p. 596.

throws important light on the nature of the disease. The "plaques" on the scalp are, as in other parts of the body, entirely in relation with the epidermis, but instead of the *lanugo* passing directly through the whole thickness of these crusts the individual hairs are coiled and strewn about them in the utmost disorder, exactly as one would expect to find them if a quantity of melted wax were suddenly poured and allowed to set on a hairy scalp.

Section from the skin of the scalp of a harlequin fœtus.

a. Thickened epidermis. *b.* Bent hairs. *c.* Sebaceous glands.
d. Thickened hair sheaths. *e.* Fat. *f.* Papilla.

From a careful consideration of the facts I am convinced that we have in these cases to deal with increased activity of the sebaceous glands, which, about the fourth and fifth months of intra-uterine life, are normally exceptionally active. The secretion of these glands mixed with desquamating epidermis constitutes the well-known "smegma embryonum" or vernix caseosa, which instead

of being shed into the amniotic fluid, cakes or solidifies on the skin and produces the remarkable condition seen in the specimen. Of course it is possible that there is a coincident dermatitis.

That the abnormal thickening of the skin is due to the vernix caseosa receives support from the circumstance that it is most abundant in those parts of the body where this secretion is most copiously formed, viz. the scalp, the ears, on the trunk, especially the flexor aspect, the axilla, flanks, and the neighbourhood of the external genitals.

If this view of the disease be correct, it would be less confusing and more scientific to retain the name "general seborrhœa" to denote the condition, whilst "harlequin foetus" may be used as an excellent clinical term to serve the purpose of ready recognition.

As the condition is so rare, and our English literature contains no original drawing of the disease, I have been induced to record and figure the present example as well as to append as far as possible a reference to all the recorded cases.

The specimen described in this paper is preserved in the museum of the Royal College of Surgeons.

References.

KYBER.—Eine Untersuchung über das universale diffuse congenitale Keratom der menschlichen Haut. ('Medizinische Jahrbücher,' Wien, 1880, p. 397.)

SIEVRUK.—De congenitâ epidermis hypertrophîâ. (See Kyber, page 408.) (The account refers to two specimens preserved in spirit in the museum of Moscow University.)

LOCHERER.—Aertzlicher Intelligenzblatt, Jahrgang xxiii. Munchen, 1876.

HOUEL et CHAMBAUD.—Bull. de la Société Anatomique, 4me sér. ; tome iii, 1878, pp. 574, 575. Microscopical and histological examination of a case of congenital ichthyosis.

VROLIK. Tabulæ ad illustrandam embryogenesin hominis et mammalium. Lipsiæ, 1849. On Tab. 92 are drawings

admirably illustrating the naked-eye appearances of a fœtus presenting "*cutis formatio præternaturalis*."

WILKS and MOXON.—*Pathological Anatomy*, 2nd edit., 1875, p. 596. Four specimens are preserved in the museum of Guy's Hospital.

There is a specimen preserved in the museum of the London Hospital.

NAYLER.—*Treatise on Diseases of the Skin*, p. 67. 1874. Refers to the specimens in Guy's Hospital.

JONATHAN HUTCHINSON.—*Lectures on Clinical Surgery*, vol. i. 1879.

THOMSON.—*Practical Treatise on Diseases affecting the Skin*, edited by Parkes, 1850. Refers on page 348 to a case observed by Simon.

BATEMAN.—*Practical Synopsis of Cutaneous Diseases*. 8th ed., 1836.

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ZIEMSEN.—*Handbook of Diseases of the Skin*. 1885.

KEILLER.—*Lond. and Ed. Monthly Med. Jnl.*, vol. iii, 1843, p. 694.

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The following cases have been observed in calves :

GURLT.—*Mag. für die gesammte Thierheilkunde*. Berlin, 1850.

LIEBREICH.—*Two Cases*, Diss. Inaug. Halle, 1853.

HARPECK.—*Arch. f. Anat. Physiol. und wissens. Med.*, 1862, p. 393.

I am much indebted to Dr. T. Colcott Fox for several of these references.

(For report of the discussion on this paper, see 'Proceedings of the Royal Medical and Chirurgical Society,' New Series, vol. ii, p. 76.)

DESCRIPTION OF PLATE X.

(“ Harlequin ” Fœtus. By J. BLAND SUTTON, F.R.C.S.