AN ACCOUNT
OF
A SEVERE CASE OF ERYTHEMA,
UNCONNECTED WITH
MERCURIAL ACTION.

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WITHIN these last few years a remarkable cutaneous affection has been accurately and minutely described by various writers * under the names of *Eczema Mercuriale*, *Erythema Mercuriale*† or *Hydrargyria*‡, a disease considered by these writers as necessarily connected with mercurial action. The most characteristic symptoms of this disease, are a sudden desquamation of the cuticle all over the surface of the body, with an ichorous

* Mr. John Pearson was one of the first medical observers who noticed and distinctly described the disease which is the subject of this paper, to which he gave the name of 'Eczema Mercuriale.' He had been in the habit of mentioning it in his lectures on surgery, ever since the year 1783, and he afterwards published, in 1807, a minute account of it in the second edition of his valuable "Observations on the effects of various remedies in the cure of the lues venerea." These circumstances did not come to my knowledge until after the first editions of this volume were published, and I am happy in having an opportunity of rectifying this omission in the present edition.

† See a paper by Dr. Spens in the 1st vol. of the Edinburgh Medical Journal.

‡ See Dr. Alley's Treatise on Hydrargyria.

discharge, and a general redness and tumefaction. My motive for laying before the Society an account of the following case, is, that it affords in the same individual, distinct and repeated instances of an affection, the symptoms of which closely resemble those of the abovementioned disorder, though quite independent of any mercurial action.

The subject of this singular disease is a gentleman about 30 years of age, rather of a spare habit and of a pale complexion. I attended him for the first time in March, 1808, when I noted the following particulars :

This gentleman's complaint is apt to recur at irregular periods, and he has been subject to it, more or less, ever since the age of 16. He is married and has healthy children. Neither his parents, nor any of his relatives have ever been affected in a similar manner.

The attacks of the disease are generally preceded for a few hours, by what he calls a twinging sensation at the pit of his stomach, but without nausea, fever, or even loss of appetite. He then begins to feel a sense of stiffness and heat in various parts of his body ; these parts, in a few hours, are observed to become red, and to swell rapidly to a considerable degree. The hands, the feet, the ears, and the lips, are the parts which the disease principally attacks. But it also frequently appears in the face and eyes, and sometimes even in the

hairy scalp. Indeed in the severest attacks there is no part of the body which can be said to be totally exempt from it. The extremities however, especially the hands and feet, are by far the most conspicuous seats of the complaint.

When the parts are attentively examined on the 2d or 3d day of the disease, the cuticle appears to be raised in innumerable small vesicles, some of which are distinct, so as to give a roughness to the surface, though most of them are confluent, forming an uniform swelling with a shining appearance. Soon, however, on the swelling abating, which commonly happens on the third or fourth day, the cuticle begins to crack, and to rise in patches, discovering an inflamed surface with numerous small superficial ulcerations from which there oozes a fluid having a strong disagreeable smell. On the extremities, and in the bend of the toes and finger joints, pretty deep fissures or ulcerations are formed, which however heal readily, and in a day or two the cuticle falls off in large patches, sometimes as large as the hand, presenting an appearance which may be best compared to that of the trunk of a plane-tree when casting its bark. Sometimes the nails themselves are cast off, the new nail gradually pushing up the old one, which appears dead and withered. A few days after this, however, the new cuticle, which is at first red and inflamed, gradually assumes its natural appearance, so that in the course of about a

fortnight or three weeks, from the beginning of the attack, the complaint is commonly entirely removed. But at other times, and at the moment when the patient thinks himself convalescent, the new cuticle becomes hard and dry, and cracks again as in the first instance, producing a repetition of the symptoms just described.

When I saw this patient for the first time (in March, 1808,) it was on the 4th or 5th day of the attack, which happened to be one of the most violent he had experienced for some years. The swelling was still conspicuous in many parts, and there were in both his hands, particularly in the palms, where the cuticle is the thickest, and between the fingers, deep cracks and ulcerations. He had, however, no fever, no thirst, no quickness of pulse, and he complained only of a sense of weight, heat, and stiffness in the affected parts. The corners of his mouth, the ears, and the feet were this time but slightly affected.

Although there was no distinct pyrexia attending these symptoms, yet there appeared to be a great degree of irritability, and a peculiar susceptibility or morbid sympathy of his stomach and nervous system. On looking at his hands for instance, he became extremely pale and faint, though without experiencing any actual pain; and on his stockings being taken off, he complained of a very peculiar and disagreeable tingling all over his body.

Finding that amongst a variety of remedies and applications which he had tried at various periods, with a view to relieve the immediate symptoms, he had never made use of poultices, I recommended a linseed-meal cataplasm, with 20 drops of the extractum litharg. acetat. to be applied to the hands. This produced a sensible diminution of the tension and swelling, and upon the whole great relief was obtained by this application. But soon after the removal of the poultices, the heat and stiffness gradually returned, so as to require a repetition, and an almost uninterrupted use of the same application; and even during his convalescence, (which took place in three or four days) and when the parts were fast returning to a natural state, he still found it expedient to have, occasionally, recourse to a poultice, in order to remove uneasy sensations.

With regard to internal medicines, having no distinct precedent to assist me in the choice of any particular treatment, and seeing evidently, from my first visit, that the patient was gradually recovering, I contented myself with regulating the state of the stomach and bowels. But with a view to prevent the recurrence of similar paroxysms, I suggested that he should try a course of sarsaparilla, that he should make frequent use of neutral salts, and above all, that he should give a full trial to the warm bath, a remedy which, to my great surprise, had never been recommended to him before.

Upon inquiring into the general history of this uncommon disorder, I was informed that the attacks had of late years recurred two or three times in each year, and appeared to have no connexion with particular seasons. Some of these attacks have been very slight, and they have sometimes been so partial as to be confined to one hand, or even to one finger. In these instances the patient thinks that the progress of the disease has been prevented by the use of nitre and aperient medicines.

This gentleman's general constitution appears to be delicate, though excepting the complaint above described, he is not subject to any habitual ailment. In general he sweats easily and profusely upon the slightest exertion when in health; but at the time of the attacks, he complains rather of a deficiency in that secretion. His diet is moderate, and he has in vain tried to trace his complaint to peculiarities of regimen. Once, upon a physician having advanced a suspicion that this cutaneous affection might have arisen from eating particular kinds of fish, he abstained from fish altogether for several months, and yet, whilst he was still under this plan of abstinence, he had a violent paroxysm of the complaint. When he was attacked for the first time, he was just recovering from a gonorrhœa, for which he had used some internal remedies, none of which had affected his mouth, or pro-

duced any salivation. He never was the subject of Syphilis.

I had so far endeavoured to sketch out the history of this disease, and upwards of two years had elapsed without my attention having again been directed to the subject, when, about the middle of last May, the same gentleman desired that I should see him again. I found him in a state perfectly analogous to that which I have just described, but with symptoms more severe than in the former instance, though still unattended with fever or other obvious constitutional affection. The desquamation of the cuticle all over his body was such, that on raising his bedclothes, the spot where he lay was found literally strewed with scales, and I do not overrate the fact in saying that a handful of these might easily have been collected. The hands, feet, lips, face, and even the eyes, especially the outer corners of the eyelids, were the parts most severely affected. The cuticle of the heels in particular, and that of the soles of the feet, came off in patches as large as the palm of the hand. This attack had begun about twelve days before I saw him, with a sense of oppression in the præcordia, and it was immediately preceded by, and (he thinks) obviously connected with, his having been exposed to a severe shower of rain. After raging for a few days, the

complaint had in a great degree subsided, but had broken out again, just before I saw him, with redoubled violence.

I had the satisfaction of finding upon inquiry, that, with the exception of some slight threatenings, this was the only attack which he had experienced for the last two years, and he ascribed his having been so much more free from his complaint, during that period, to the frequent use he had made of the warm bath, and to the great attention he had paid to the state of his bowels. He had occasionally used cold sea-bathing with apparent benefit.

The same local treatment was adopted as in the former instance, namely, the application of poultices to the hands and feet; and with regard to internal medicines, I ordered a saline antimonial mixture, which by exciting a moisture on the surface, appeared to allay the tension and uneasiness. In the course of a week he was in a state of full convalescence.

It will give additional interest to the history of this case, to state, that Dr. Willan saw the gentleman in question once, when he had but a very slight attack of the disease. He thinks this disorder referrible to the genus of *Impetigo*, and it appears to him to answer nearly to the *Impetigo*

rubra of Celsus. But the disease presents itself in many different forms, none of which, amongst those that he has met with, has equalled in extent and severity that which has just been described.

Mr. Astley Cooper saw this patient once with me, whilst labouring under the attack last described. The case was also in a great measure new to him. At first sight the appearances suggested to him the idea of Erythema mercuriale; but, upon inquiring into the particulars, he soon perceived that the disease, in this instance, could not be referred to the effects of mercury.

P.S. Some months after this account had been laid before the Society, and ordered for the press, I accidentally met with a paper of Dr. Rutter's, in the fifth volume of the Edinburgh Medical Journal, where a case is related which appears perfectly similar, in its general outline, to that just described. On perusing this paper, which had before entirely escaped my attention, I was struck, not only with the coincidence of the symptoms, but also with that of the opinion expressed by the author respecting the occurrence of this erythematous affection, independently of mercurial action.

This circumstance made me at first question whether I should not withdraw this paper, as a

redundance ; but when I reflected that a nosological point could not be established upon the evidence of any insulated example, and that the greater the similarity of the two cases, the greater would be their weight in deciding the point at issue, I thought the importance of my communication rather increased than diminished.

It struck me also, as a very remarkable circumstance, that in Dr. Rutter's case, (as I stated to have likewise happened in this) the disease had occurred repeatedly in the same individual, and that in both instances the first attack had been immediately preceded by a gonorrhœa ; and, as in Dr. Rutter's case, mercury had been used in the treatment of the gonorrhœa, one is naturally led to the singular conclusion, that although mercury is not essential to the production of every attack of the disease, yet this agent may, in most instances, and perhaps in all, lay the foundation of it ; or in other words, it may impart to the system a susceptibility of being affected in this way, even at distant periods, by the agency of cold or other exciting causes.

Upon the whole I cannot help thinking that the names of *Erythema mercuriale*, or *Hydrargyria*, which have been applied to this disease, are to be considered as expressing a variety rather than a species of disease. In medicine, as in other branches of natural science, we should carefully avoid the introduction of terms founded upon hasty

generalizations. Had nosologists, for instance, instead of the familiar name of *Colic*, given that of *Plumbalgia* to the spasmodic affection of the bowels to which painters are more particularly liable, or any such name, expressive of its supposed origin, the practitioner, when meeting with the same disease, without being able to trace it to that supposed necessary cause, might be led to doubt its identity, or to question the propriety of adopting the treatment which is peculiar to that disorder*.

In giving a name to a disease, there can never be any objection to our availing ourselves of some of its most constant symptoms. Thus, as the ichorous discharge is a constant and prominent feature of this affection, I should think the term *Erythema ichorosum* well adapted to distinguish this disease (to whatever cause it may be ascribed) from other cutaneous affections, and the words *ab Hydrargyro*, or *a frigore*, or any other appropriate epithet might be added, to express whatever varieties of the disease our past experience or future observation may present†.

* A disease perfectly similar, in every respect, to the painter's colic, frequently occurs in the West Indies, under circumstances in which the agency of lead cannot be suspected; and I have seen it occur in this country amongst farming people, when the intervention of this metal could no ways be discovered.

† Since writing the above, I accidentally met a few days ago (June 1811) the gentleman whose case I have related: he informed me that he had within these few weeks experienced ano-

ther attack of the disease, perfectly similar to those I have described, though in a slighter degree.

N.B. *March 1st, 1813. In revising this paper, for the second edition of this volume, I thought it right to inquire into the state of my patient, of whom I had lost sight for the last 21 months. I found him just recovering of a severe attack of his complaint, with his cuticle partly renewed, partly falling off in large patches, of which he shewed me a handful which he had just collected. He informed me that he had had eleven attacks of his disorder since we had met last, that is about one every two months, some of which however had been very slight. The only additional particulars I obtained from him were, that he had found a brisk purgative more useful in mitigating the symptoms on their first appearance, than any other kind of remedy; and that, during the severe attacks, he had noticed a sensation of heat and irritation in his urethra, with some difficulty in passing his urine. His looks and general health are not materially impaired.*

April 20th, 1817. Having occasion to revise this paper for a third edition, I repeated my inquiry, and found the gentleman in question much in the state above described, that is, continuing to experience five or six attacks of his disorder in the course of every twelve months, but in general of a milder character than they formerly were; and, he observes, that the face has, of late, occasionally been the seat of the eruption. He complains more, however, of the irritation in the urethra, and occasional dysuria, which are apt to occur during the attacks, or even sometimes in the intervals between them. His general health continues good, and he is always benefitted by mild laxatives. He still thinks that exposure to wet or cold air is the most frequent exciting cause of his complaint.