A CASE OF MORPHŒA.

BY

GEORGE GASKOIN,

SURGEON TO THE BRITISH HOSPITAL FOR DISEASES OF THE SKIN.

Received March 26th—Read November 12th, 1878.

THE opinion that morphœa and leprosy are dissimilar and wholly different diseases is one that seems to be recommending itself to certain minds in the profession however much discountenanced by the teaching of earlier writers. There are cases and circumstances, indeed, which favour the idea of their distinctness, and others, again, which lead to quite an opposite conclusion. It is a question of no modern date, but descending to us from the past.

To multiply discussion on such a topic can lead to little good, the solution can only come from earnest clinical inquiry. The undetermined state of this question, it may fairly be presumed, will lend an additional interest to the details of the case that follows.

Harriet J—, æt. 24, unmarried, and of purely English nurture and extraction, presents herself with certain nodular masses which lie on the right side of the lower jaw. They are elongated, and four-sided in figure; their surface displays a bony or ivory whiteness, it is scantily marked by venules, which in vast numbers surround their margins and give colour to the parts investing them. Beyond the redness which is thence derived, there is but little attendant dark stain. They appear to be raised or lifted up by a certain amount of

subcutaneous deposit. The size of the individual masses is very much that of the terminal phalanx of the adult little finger, but varying somewhat in this respect. It may be said that they answer perfectly well to the description of *morphœa alba tuberosa* from the hand of Erasmus Wilson, the *dartre de graisse* of Retz. These eminences or nodules are five in number, and they form a double group, three of them lying near the angle and ramus of the jaw, and two others along the body of the bone at its lower edge extending to the symphysis. At the present time they are in some degree contorted or twisted on themselves. They may be said to exceed the usual dimensions of this kind of morphœa. Our attention is especially engaged by a retraction or contraction of the skin immediately adjacent to them, which in some parts takes the form of an elongated scar. This is seen in each group; in that which lies anteriorly and in a line with the jaw it would seem as if, at some previous date, a strong knife had been used to incise the bone to the extent of one inch in direction of its length, the result being left in a cicatrix. The effect of the retracted and puckered skin is such that the nodules are thrown into higher relief, and, as before said, somewhat displaced or contorted. I cannot but observe in this subcutaneous contraction a certain similarity to leprosy.

I have commenced by drawing attention to these nodules on the face because it is here that we find the disease in the greatest activity, though elsewhere it is seen in more ample proportions.

Let us now examine the flat of the temple on the same side. There is here something like *alopecia areata* when very far advanced in the stage of recovery, that is to say, some part of the hair is stunted and short, while more of it is pretty long, and, indeed, nearly as much so as the rest of the hair, with which it contrasts in colour, as displaying a yellow shade. It streaks the dark brown tresses by its threads of gold. It thus becomes an object of minute attention in arrangement of the head dress. Corresponding to this golden band of hair there is found on the skin of the

part a well-marked yellow stain, not deep in tint, but obvious enough.

In this region we have some cause to think the disease first had its commencement; in this spot, as we are informed, it first became apparent to her friends. For some two years or more the right temple was occupied by tubercles, which do not seem at any time to have been followed by a deeper stain than that which is at present discernible.

If we proceed to draw a line from the temple to the projecting part of the cheek, we shall find it crossed at right angles by a very noticeable scar, which lies directly over the malar protuberance. This resulted from a violent fall and contact with some iron substance, which happened in the patient's childhood, at a time when she had suffered long from very sickly health the consequence of scarlatina.

The tubercles appeared on the temporal region some two years after this blow. A good deal of uncertainty, however, attaches to the early history of the case; it is not easy to fix on any date for the commencement of this disease, nor indeed to decide with much positiveness in what part it first began. It commenced, no doubt, in the years of childhood, and possibly from laceration of nerve. We are also told that in an early period of youth her chest was covered with "suetty masses," and likewise with stains which in course of time became dispersed. We can, at least, not do amiss if we assign thirteen years as the minimum duration of her complaint.

On the left side of the chest at the present time, there are two large patches of morphœa with deposit (*morphœa alba tuberosa*). They are typical, being waxen on the surface, and are more level with the skin than those beneath the jaw; they are large and horizontally extended. Here also the disease is in full activity, and there is more seen of it as we approach the waist. On the greater part of the chest anteriorly the skin is normally white, and the shoulders the same. Above the clavicle on the left side we discern a bright yellow stain, it resembles that on the opposite temple except that it is deeper in hue. By the application of warm

water and sponge I am able to reproduce in its centre the contour of an almond-shaped areola, which is indisputably a stain from antecedent morphœa, not indeed limited by a very clear outline, but rather feeble and diffused.

Hitherto, we have seen, in this patient, the *morphœa alba tuberosa*; we have now to include in our description certain other manifestations which, singly considered as seen in this country, are of rarest occurrence, but which here apparently through the operation of one morbid process seem blended with the former complaint.

If we look at the inside of the left arm about the middle of its length, we find there a large round macula. It is black in colour, orbicular in shape, and defined by a very clear boundary. In diameter it is about three inches and a half, and its situation on the limb is very slightly diagonal. It is soft, pliable and uniform. A number of equi-distant points of white colour are perceptible on its surface, as minute dots upon a black ground. These are the white summits of elevated and erect papillæ which, without break or interruption of any kind, and with a perfectly even distribution pervade its surface. We may moreover remark, that in the neighbourhood of the patch, for some two inches more or less from its margin, the papillæ are in like measure elevated, but are neither black in colour nor with white tips. Of such dark patches as this on the arm, there are others on the lower limbs and trunk. The macula before us is smallest in size and, as compared with the rest, of a somewhat feebler negro tint. There is but this one on the upper limbs.

Corresponding with this upon the arm and perfectly comparable to it, is a larger patch on the opposite thigh. It is seated rather diagonally on the limb, being slightly oval in form and it lies anteriorly, but on the inner side. Beginning just above the right knee it is divided from a yet larger macula, which is seated higher up, by a ribbon of skin with perfectly normal tint, which traverses the thigh anteriorly after the manner of the sartorius muscle, but not in the same direction, and thus appears as a not inelegant white band. The more highly seated of these two maculæ ascends

to the region of the pelvis, where it coalesces with other huge stains of the same dark negro shade. On the left thigh much the same occurs, with the difference that the maculæ only begin high up. These patches whether single or blended, have a clear defining outline, and we may pursue it to a considerable extent in their coalescence posteriorly, as they blend in the pelvic region. Such parts we find invested with a dark black stain, which contrasts with the little that remains in their neighbourhood of normal pigmentation; there is here found no half shade. It is otherwise in the bend of the waist, which is indeed pigmented to excess but without any boundary line; in receding from this part the blackness gradually fades and subsides into the normal tint, quite otherwise than with the maculæ.

Posteriorly a limit is found to the maculation at the upper border of the pelvis, above this point generally a normal colour obtains. An exception to this is found in a lozenge-shaped macula which is placed centrally lengthwise and across. It extends from the cervical to the lumbar regions, being narrow in proportion to its length, and being the only one of these maculæ that is symmetrical. It would appear to be now far advanced in the course of obliteration. In this process it does not exchange the black for any intermediate shade, but it is broken up by a coarse white mottling, which in time will supersede the black.

On this posterior aspect of the body one must also observe some notable spots of leucoderma, one of them as large as a florin, while of two others each has the size of a shilling piece, the latter are united and conjointly take the form of a fig. These are situated near the crest of the ilium on the right side. The leucoderma is somewhat dull and faded, and there is a slight unevenness of the surface.

We have thus seen a considerable part of the body invested with a black colour, while the greater part of the limbs and the left side of the face and head are wholly free from disease. There yet remains something of interest to be said about the hypogastric region, all in this neighbourhood is deeply, but diversely, pigmented. We here observe on a

black ground a multitude of light coloured areolæ. These are of the shape and size of an almond, horizontally extended, perfectly supple and level with the surface without unevenness of any kind. The areolæ vary in colour being more or less of a dirty brown, yellow, or white, they also vary somewhat in size. As we ascend to the region of the waist we come upon the *morphœa alba tuberosa* in greater or less activity, though very sparsely scattered. It can scarce be otherwise than that these almond-shaped areolæ which pervade the lower part of the abdomen are extinct or fading foci of the *morphœa tuberosa*.

There are no minor manifestations like dark spots or puncta; no ulcerations or pemphigus. Pain, anæsthesia, pruritus, in this patient are scarcely or not at all observed; there is only a trifling degree of local heat at times and twitchings. The patient's health is ever languid and disturbed, but with no especial ailment. Her frame is large and full proportioned, her functions regular. The complexion tends to blonde, the colour of her hair being dark brown, and her eyes of blueish grey. Nails, brows, and hair are strong, the latter even luxuriant. The history of the patient's family reveals very much delicacy and frailty of constitution, which might with some reserve be spoken of as scrophula, but in which abscesses are the most prominent feature, and general debility; but no skin disease has been known among them with the exception of eczema. Her circumstances are moderately advantageous. The treatment throughout has been alterative and sustaining; the prognosis is deemed to be uncertain.

This case might be called *morphœa alba et nigra*. Such would have been its designation in an earlier period of medical science. Both one and the other were *species famosa*, and reckoned as of a "bad sort," that is to say, dangerous, of an uncertain event and also akin to leprosy. The dark is sometimes mentioned as the worst; but enlarged dimensions even in the middle ages were also an argument of much force toward such conclusion. In its original signification it is not improbable that *morphœa* signified a

dark-coloured stain ;¹ but of late there has been a disposition to confine the term to such of its manifestations as are white. My own experience of *morphœa alba* whether in the tuberoso or atrophic variety, instructs me that it is often accompanied by additions of pigment and especially by mulberry stains as well as by leucoderma. I have seen nothing, however, comparable to the darker maculæ which are described in the preceding pages, except as a symptom of leprosy, and then according to my individual experience not so dark as these, though otherwise similar. They are perfectly described, however, in works which treat of leprosy, especially in the West Indies and western hemisphere, and as not being altogether absent, though rare in that of northern Europe.² I would, however, refrain from expressing an opinion as to the identity of morphœa and leprosy.

¹ See Hensler, 'Vom abendländischen Auss tze,' . 42, A.D. 1790.

² See Hensler, op. cit., pp. 251, 254