CASE OF PITYRIASIS RUBRA? RECOVERY.

By WALTER FELL, M.A., M.B. Oxon., Wellington, New Zealand.

H. D. B., a married man, aged 36, with four children, all healthy, was first seen on July 15th, 1884.

Previous History.—He had always been healthy. There was no rheumatism or skin disease in his family. He had been very hard worked lately; was a great smoker; by profession, he was a lawyer.

Present Illness.—Fourteen days ago, he noticed a bright red patch on the inner side of the left thigh, close up to the scrotum; it was irritable and painful. A few days later, a similar patch appeared on the corresponding spot on the other thigh; thence, a few days later, it ran down both legs to the knees. When he was first seen, the rash had been out a fortnight, and his condition then was the following. Where the rash first appeared there was a deep red, almost purple, mottling of the skin, covered with fine dry scales; the part recently attacked was of a bright scarlet, and where it was just invading a new district, the surface was covered with a raised measy eruption, with no scales at all. In no part was there any trace of moisture, or exudation, or sign of pustules. His general health was good, and he continued up and about for a long time. His appetite was particularly good; the urine was cloudy, with lithates and oxalates; specific gravity 1034; there was no albumen, but an excess of urea. The bowels were open naturally; temperature 99°.

On August 3rd, five weeks after he was first attacked, his condition was as follows. The whole of the trunk, back and front, and both legs, down to the feet, the backs of the hands and the forearms, were covered with a dense raised red mottling, varying somewhat in intensity in parts, according to the age of the rash. The skin was everywhere thickened, the natural folds obliterated, so that he felt as if he were encased in leather. The legs and feet pitted deeply, and the rash faded completely on pressure. So far, the only parts not affected were the upper arms and face. The appetite and general health continued good, but he could get no sleep owing to the discomfort, and burning and tingling. There was no actual pain or real itching; he never wished to scratch himself. His tongue was clean, bowels open, temperature 99.2°. His urine contained much lithates, no albumen, and no sugar; it was diminished in quantity.

August 5th. The face, arms, and every part of him were attacked; the oedema was everywhere increasing. The face was swollen to an unrecognisable mass; the eyelids would not open. He had intense burning and throbbing in the palms of the hands. He had no sleep, in spite of sedatives. He was still able to get up, and come downstairs in a dressing-gown. He had much thirst, and drank freely of lemonade and barley-water. The quantity of urine was only 30 to 40 ounces.

August 12th. He seemed a little better. Branny scales were coming off the whole cutaneous surface in an extraordinary manner; a painful could be brushed off him in a few moments.

August 15th. A thick gummy fluid began to exude from the arms and legs, and to drip from the nose; but still the oedema did not go down. He now seemed much weaker and more despondent; his temperature began to rise; the average was over 101°.

August 17th. At the flexures of the wrists and elbows, the skin was inclined to crack, and there was a slight oozing of a gummy yellow liquid in these places. Everywhere else the skin was dry, of a deep red colour, thickened and scaly. The mucous membrane of the mouth was healthy; the nails were not raised, furrowed, or altered in any way.

He continued much the same up to August 27th, the temperature varying from 99° to 100°. Meantime, the appearance of the man gradually changed; for, probably owing to oily applications, the scaling ceased, but the deep mahogany discoloration still continued, and also the oedema. Where the oozing took place before, there was now a thick yellow incrustation; so that the appearance in parts, as on the chin and at the joints, was more that of an ordinary acute eczema. He was now very seriously ill; the necessary movements for cleaning and anointing him in bed exhausted him terribly.

August 31st. The affection seemed to have attacked the mucous membrane of his mouth; for he complained very much of it.

September 2nd. A change took place for the better. His urine at last began to increase in quantity; the amount in the twenty-four hours ran up from 24 to 60 ounces.

September 4th. The oedema had almost gone, and he was much more comfortable and hopeful. The temperature was still 101°, and his general appearance most extraordinary and alarming. The universal deep red colour, with large patches of dry and blackened epidermis

peeling off in great shreds; the eyelashes gone, or else matted together; the eyelids red and raw-looking; the face blackened and peeling—all combined to make him look as if his surface had been severely charred by a fierce flame.

September 8th. He had slight pneumonia and muco-purulent expectoration. There was roughness, probably pericardial, to the left of the sternum.

September 13th. There was slight increase of cardiac dulness; the apex was a little raised. Coarse crepitation was heard at the left base.

October 18th. The temperature was normal. The heart and lung-symptoms were gone. He was slowly gaining strength.

In November, he was able to leave his room; and, towards the end of December, he was able to get away for a change to the lakes, and, after a long holiday, he came back nearly well.

At the very commencement of his illness, when the rash was on his thighs only, his wife developed an identical rash on her own thigh, so that the idea that it was contagious was almost irresistible; nevertheless, I myself, and, later on, many other gentlemen, freely handled the patient—tried, in fact, to see if we could communicate it to ourselves; but we all failed. Mrs. B. suffered so much distress from the pain and tense feeling imparted to the skin, that it was necessary to keep her in bed. By the eighth day, her rash had spread to the trunk, back and front; attacked the breasts (she was then suckling an infant, four months old); and ran up the neck, and down the arms to the wrists; so that the face, hands, and feet were the only parts not attacked. Then it began to fade; only the parts most intensely affected, between the thighs, went through the stage of deep discoloration and scaling, the rest faded like an erythema. Mrs. B., without any treatment of importance, recovered in ten days. In Mr. B.'s case, the following line of treatment was adopted. The marked suppression of urine being believed to be a clear indication for treatment (arsenic, which was tried for the first few weeks, being given up as useless), hot-air and hot-water baths, with plenty of mild drinks, no alcohol, a fish and milk diet, and a mixture of nitrate of potash, scoparium, etc., were tried. The form of diuretic was repeatedly changed; iron and digitalis were tried for some time; also jaborandi, in large doses. The baths were soon given up, for they seemed to be doing no good, although he felt more comfortable after them. Locally, various soothing lotions were tried, first, the glycerole of subacetate of lead; then unguentum diachyli. At the time when he began to improve, he was taking a diuretic of nitrate of potash, squill, and scoparium, and was swathed all over in unguentum diachyli and oiled rags. Oil of cade and vaseline mixed, and tried on a small area, seemed to make him decidedly worse.

REMARKS.—The name, pityriasis rubra, is given to this case subject to correction. When the disease had lasted several months, there is no doubt that it assumed very much the appearance of an acute eczema; but I do not think any one, who had watched it from the first as I did, could deny that it followed very closely the course of the disease described as pityriasis rubra by Mr. Hutchinson, in his work on *Rare Skin Diseases*. In fact, except for the nails being unaffected, I think his description applied with wonderful accuracy to the case; the complete universality of the rash; the extreme depression, almost terminating in death; the abundant desquamation; and the absence, for the first six weeks, of anything like vesicles, moisture, or exudation, all tend to negative the idea that it was eczema.

VISCERAL LESION OR DISORDER, AND MENTAL DISEASE.

By JAMES ADAM, M.D.,

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DISEASE, or disordered function of internal organs, it is well known, go hand in hand with well pronounced mental disorder. Although it cannot be stated, with perfect certainty, that these stand to each other in the relation of cause and effect, this much may, at least, be affirmed, that bodily disease or disorder not unfrequently determines the character of delusion, or the form which mental disease assumes.

Thus, the childless wife, past her climacteric, finds, as the effect of an epitheliomatous uterus, the pains which she fondly brings herself to believe are the long-looked, and wished-for, pains of labour; whilst the maniac of persecution traces, in the agonies of pain which he actually undergoes from organic visceral disease, only the cruel influences and machinations of his enemy, or of the evil one, upon him.

An interesting case of delusion, stated to be the result of intestinal

accumulation, was reported in the *BRITISH MEDICAL JOURNAL* of April 10th; a similar case has since come under my own care, a brief report of which may also prove of interest to some of the readers of the *JOURNAL*.

My patient, a married lady, is also about 50 years of age. She has always been healthy, has had a family, and there is no trace of hereditary tendency to mental disease. The duration of mental unsoundness, when she came under my care, was said to be about three weeks. Its cause was stated to be anxiety in family matters. The mental symptoms had been great melancholy and depression; determined opposition when asked to do any ordinary or rational thing; obstinate refusal of all food; constant restlessness; tossing her hair about and tearing it; walking about in her night-clothes; violently refusing to be dressed. She was so violent that she could not be kept in any one position for a moment. She was absolutely incoherent in conversation; had not slept for many nights; and could not be controlled.

On examination, she was found to be violent and resistive; her hair was in great disorder; she was constantly restless, moved continuously, swaying backwards and forwards from one foot on to the other. Her breath was offensive, and had the odour peculiar to abstinence from food. She was profoundly taciturn, incomprehensible, lost, and bewildered; and absolutely refused all food, nourishment, or even water. It was found necessary, in order to support her strength, at once to administer liquid nourishment by means of the stomach-pump; and this was, of necessity, afterwards repeated three times daily. At the end of a week, all medicines and enemata given having failed to act satisfactorily upon the bowels, and it having been ascertained that the same condition of things had been in existence three or four weeks previously, examination *per rectum* was made, when a dense and hardened mass of scybala was found; it was broken up, and partially removed by means of spoon-handles; and this, followed by a renewed enema of several pints, thoroughly evacuated the lower bowel.

Up to this time, the mental symptoms had continued as they have already been described, notwithstanding also a very large amount of liquid nourishment and stimulant administered mechanically; the tongue had remained dry, coated, parched, and parchment-like; the lips and teeth were similarly coated, the former becoming dry and excoriated. But, very soon after the free evacuation of the bowels, all the worst symptoms began gradually to disappear. Consciousness and comprehension returned, and attempts were made to partake of food and nourishment naturally. These favourable symptoms have steadily gone on since; and now, the third week of treatment of what promised to be a formidable and prolonged attack of melancholia, with stupor, finds the patient calm, coherent, sensible, industrious—with, in short, convalescence perfectly established, and discharge from care imminent.

A CASE OF RHINOSCLEROMA.

By SIDNEY DAVIES, M.A., M.B.(Oxon.), Cairo.

THE patient was a woman, named Sittayta Ahmed, aged 30, a native of Egypt, and living in Cairo. Her occupation is cooking and selling sheep's heads and trotters. She has been married twelve years, and had six children, four of whom have since died.

History.—She did not remember having any previous illness, with the exception of an ulcer on her left wrist. About a year before her marriage, she first noticed a small swelling in the septum nasi, which had gradually increased and extended until the time I saw her. There had never been any discharge, and she had never noticed anything wrong in her throat.

Description.—She was first seen by me in the beginning of March, 1885, and then presented the following appearance. She had a healthy complexion, was well nourished, and pregnant; she had ulcerations of the corneae. The appearance of her face was striking, and rather repulsive, owing chiefly to the great breadth of the nose. The internal canthi of the eyes were two inches apart, and the breadth between the alae nasi also two inches. The nose appeared correspondingly flattened. The nostrils were filled up by a hard resisting growth, of the same colour as the lips; this growth extended from the lower border of the nostrils half way down the lips. This part of the growth was elevated about a quarter of an inch above the skin. The nostrils were represented by two pin-holes, through which a probe could be passed to the back of the pharynx. The septum and all the nasal cartilages were much thickened. The nasal bones seemed unaffected. The soft palate and fauces were abnormal; the uvula was not visible, and the mucous membrane of the soft palate appeared pale, infiltrated, contracted, and rigid. On passing the finger into

the pharynx, a growth could be felt filling up the posterior nares, similar, but not so dense, as that in front. The postcervical glands were enlarged. There was a moderately enlarged thyroid body. The legs were normal.

Treatment.—The patient was treated for three weeks with iodide of potassium in large doses, and liquor hydrargyri perchloridi. No improvement took place, and she was anxious for an operation. Accordingly, on April 3rd, in the presence, and with the assistance of Drs. Veroni, Sandwith, and Richer, I cut away the chief part of the growth in the left nostril, and then applied the benzine canter, burning a passage through to the pharynx. The wound healed in a few days, and the patient found relief and comfort from the enlarged meatus. At her request, I operated in a similar way on the right nostril on April 14th, making a passage rather larger than on the first occasion. I saw her again in the middle of October. Her appearance was somewhat improved, owing to the partial destruction of the growth on her upper lip; but what she considered of higher importance, her facility of respiration and speech continued very greatly enhanced. The nasal meatus on each side had partially filled up, but to a smaller extent than I expected. They would admit a fair sized quill.

Microscopic Examination.—Part of the growth removed in the operation was kindly examined for me by Dr. Brugich, at the Khedivial Laboratory, by sections, staining, and cultivations; no bacteria were found. Sections showed a small celled infiltration of the papillae and chorion of the skin, similar to the appearances described by Kaposi.

REMARKS.—Rhinoscleroma was first described, in 1870, by Hebra and Kaposi, and is still so rare a disease, that no excuse is needed for reporting a new case. When I first saw this case, I regarded it as an unusual manifestation of syphilis, the woman having a doubtful syphilitic history. While the patient was under treatment, I noticed the account in the *BRITISH MEDICAL JOURNAL* for March 7th, 1885, of the case described by Drs. Payne and Semon, by means of which I at once identified the present case as rhinoscleroma.

As far as I am aware, this is the first case observed in Egypt. It was shown by me to many of the leading members of the profession in Cairo, including Dr. Sonsino. None had seen a similar case before, excepting Dr. Uridt, who had seen one in Germany, and recognised the similarity of my case to the one he had seen. My case agrees in nearly all particulars with that of Drs. Payne and Semon. Notes of epidermic cells were not observed, however.

Dr. Morell Mackenzie has given a short summary of all that is known respecting this disease in his *Diseases of the Throat and Nose*. He remarks: "Of a total of about forty cases hitherto observed, all but three were met with in Vienna or its neighbourhood. Two of these occurred in Italy and one in France, but I am not aware of a single instance in which the disease has been noticed in any other country."

A CASE OF THYROIDECTOMY.

By J. P. BRAMWELL, M.D., L.R.C.S.,

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TWELVE months ago, a young farmer, in the neighbourhood of Perth, consulted me regarding a swelling in his neck, which I found to be a goitre. It was not of large proportions, but was situated directly over the trachea. There were no urgent symptoms, but, as I had shortly before seen a goiterous patient die of sudden asphyxia, in whom the growth was very large, I deemed it safest to ask my patient to have his thyroid gland removed before it became larger. To this proposal he consented, and was placed under my care in the Perth Infirmary. A free incision was made in the mesial line, and the whole gland dissected out. The hæmorrhage was very profuse and alarming, but was at last effectually arrested.

We had not, however, done with our troubles. High fever ensued, followed by an attack of erysipelas all over the anterior aspect of the neck, and then a free suppuration of the wound. All this, however, subsided shortly, and the wound closed apace. In two or three weeks afterwards, he returned home in good health.

REMARKS.—I have watched this case, from time to time, during all this period, by inquiring of his relatives, and by personal interviews with the patient himself; but there never has been any appreciable degeneration, either mental or physical—in fine, no cachexia strumipriva. With such a fact before us, it is tolerably clear that we have not as yet discovered the true function of the thyroid, and that the whole question is, as yet, *sub judice*. The thyroid has been credited with too many functions to be all correct; for example, a destroyer of ptomaines, a metaboliser of mucine, a regulator of the cerebral circulation; and a medical friend informs me that, after an operation