

Duhring (L. A.)

Two Cases of Typical Dermatitis Herpetiformis.

BY

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TYPICAL DERMATITIS HERPETIFORMIS.

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DERMATITIS herpetiformis is by no means so well known, even among dermatologists, but that the record of every case observed must add to our store of knowledge concerning this remarkable disease. Reports of both typical and unusual cases, as well as allied forms of disease, are of value, and serve to aid us in defining the limits of this process. The subject is new, and there is much to be done. Clinical reports are needed, for up to the present time comparatively little has been contributed. As typical of the commonest form of the disease, examples of which are not so rare as was once supposed, I beg leave to offer the following cases :

CASE I came under my observation June 6, 1880, at which date the appended notes were taken. The man had been a patient in the Pennsylvania Hospital, and was sent to me for an opinion concerning the diagnosis by Dr. Longstreth, to whom I am indebted for the opportunity of noting the case. His name was Thomas Burke, aged twenty-two, a miner, residing in Wilkesbarre, strong, robust, and otherwise healthy. The dis-



ease began two years ago, without known cause, as a general eruption, consisting of variously sized *vesicles* and *blebs*, accompanied with severe itching. Sometimes, he stated, the lesions would appear in a more or less complete annular form, at other times somewhat concentrically; sometimes in groups or "in little clusters," on other occasions disseminated. A year ago the whole general surface except the hands and feet was covered with eruption, the lesions now being *vesicles*, *blebs*, and *pustules*, the two former predominating. More or less pigmentation has always existed, and in succeeding severe attacks of eruption has been a marked symptom. Last autumn (eight months ago) the vesicles for the first time made their appearance arranged in the shape of imperfectly formed rings, and this manifestation again repeated itself three or four months ago. They crusted, and a puriform fluid formed beneath, which when removed showed an excoriated surface. Notwithstanding that he lost thirty-five pounds in weight during the first year of the disease, his general health continued fairly good. At times, however, he was debilitated, and on different occasions was confined to bed, the skin being sometimes much excoriated. Within the last three months he has gained in flesh, and, although there now exists an abundant crop of lesions, he states that his general health is better than for a long period past.

About ten days ago a large, flat pustule appeared over the knee cap, and was accompanied with a deep-seated erysipelatous inflammation, together with loss of appetite and diarrhœa.

Four or five days ago a new crop of lesions began to form over the whole general surface, and to-day they may be counted by the thousand. No region is exempt, although they occupy by preference the neck, chest, back, and abdomen. They are *vesicular*, *bullous*, and *pustular*, the vesicles prevailing. They are both disseminated and grouped into small clusters of twos, threes, and fours. They are of all sizes and shapes, and for the most part are irregular and angular in outline. The more recent vesicles are pin-head sized, indistinctly defined, flat, and difficult to discern, so that many would escape detection unless viewed in oblique light. They are pale-yellowish, tensely dis-

tended, have a glistening aspect, and are distinctly herpetic in character. Some are angular and squarish, while others are stellate. The larger and older vesicles tend to lose these characteristics, their walls, for example, being often flaccid, their contents clouded, with more or less marked inflammatory areolæ, as in the case of herpes zoster lesions. The blebs vary in size, some being as large as a hazel nut. The pustules are both yellowish and whitish in color, are pin-head and pea-sized, and have as a rule inflammatory areolæ. Bright and dusky-reddish and violaceous spots, the seat of former lesions, together with more distinctly pigmented macules of a dull-red-dish or dirty-yellowish hue, are also present. The glands of the neck, axillæ, and groins are all engorged, and the patient informs me that this condition is always present with severe outbreaks. The extensor and flexor surfaces are both similarly invaded, while such localities as the eyelids, scalp, ears, and neck, which in general eruptions are often spared, are also the seat of vesicles and small blebs.

The distribution of the eruption is irregular and without uniformity. In many places there is grouping, the clusters, however, being small, consisting of two, three, or more lesions. Patches the size of a silver dime or quarter-dollar, upon which are aggregated a number of lesions, are also numerous. The intermingling of vesicles, blebs, and pustules, irregularly distributed, is a conspicuous feature. Whitish pustules, with puckered inflammatory bases, are not infrequently noted to exist immediately alongside of vesicles and blebs with clear serous contents. The pustules, as a rule, begin as such, and are manifestly not an advanced stage of either vesicles or blebs.

The most distressing symptom is the itching; it is severe, and, though variable in degree, is constant. As stated, it has always been a prominent feature of the disease, having been especially marked with each new outbreak.

The patient was seen again two weeks later, at which date the crop of acute lesions was plainly subsiding. The vesicles and blebs now were also flatter, and in many instances were flaccid, or were wounded from scratching. There was considerable excoriation, partly from scratching and in part due to



the course of the process itself, some of the patches resembling a superficial scald. A likeness to the lesions of pemphigus foliaceus was suggested by the condition at this date, many of the blebs being ruptured, and their walls adhering to the skin beneath, or hanging in shreds. Had the case been seen for the first time at this period, the diagnosis of pemphigus foliaceus would probably have been made by some observers. There was still a marked tendency to grouping on the part of the few existing vesicles, but the disposition to concentric arrangement had disappeared. The results of treatment I am unable to give, as the patient passed from under my observation before any change had taken place.

The chief points in the case may be summarized as follows: The eruption began as a vesicular and bullous manifestation two years ago, and has persisted, with frequent exacerbations, rebellious to all remedies employed. The lesions have at all times, in a more or less marked degree, been herpetic—that is, have had certain characters in common with typical herpes. Together with the vesicles and blebs, distinct pustules have also on several occasions been present. The eruption, viewing its course as a whole, has been multiform, consisting of variously sized and shaped, disseminated, and grouped vesicles, blebs, and pustules, appearing in more or less well-defined crops at irregular intervals. Itching and burning have been distressing symptoms—far more so than in cases of subacute vesicular eczema of like grade. The disease is to be distinguished in the present instance from eczema and from pemphigus. Considering the variety of the elementary lesions displayed, the case may be classified as an example of the multiform variety of dermatitis herpetiformis.

CASE II.—Another similar case may be referred to. The patient was a single lady, about thirty-five years of age, a teacher of music, who was kindly recommended to me by Dr. Bulkley, of New York. She was a brunette, of a neurotic tem-

perament, and was suffering from shock to the nervous system, due to overwork. The cutaneous disease had existed four or five months, and she had for two months past experienced such severe and extensive outbreaks as to confine her to the house and at times to bed. The eruption had been, and was, characterized by considerable erythematous inflammation in the form of ill-defined patches, together with vesiculation and the formation of blebs. The disease was regarded by the several physicians who had seen her as a form of "vesicating erythema," or as "pemphigus pruriginosus." It had been very distressing on account of the itching, and had proved rebellious to all treatment. The general surface was the seat here and there, in large and small areas, of a subacute inflammation, consisting of acute and chronic, indistinctly defined, reddish, pigmented, erythematous, for the most part confluent, patches, with here and there developed or incipient vesiculation. There were elsewhere, moreover, discrete and confluent vesicles, and also blebs. The vesiculation referred to was flat, often ill-defined or abortive, and tended to spread out as a stratum, the process in this respect resembling erythema multiforme. In other localities, as about the neck, face, and extremities, minute, small and large, discrete and confluent, disseminated and grouped, herpetic vesicles abounded, some being flat and on a level with the surrounding skin, while others were more or less raised. Here and there blebs—some flat, others elevated, tense, or flaccid, variable as to size—existed, as a rule, unaccompanied with inflammatory areolæ. The vesicles generally were likewise "cold"—*i. e.*, without surrounding redness. In some localities (as the neck and back) the vesicles were present in large numbers, and, when this obtained, they were usually small, often not larger than pin-points and pin-heads, tensely distended, glistening, pale-yellowish, irregular or angular in outline, and flat. When they were grouped into clusters of two, three, or more, surrounding inflammation was usually present, the picture suggesting simple herpes. The herpetic nature of the process as a whole was manifest, this characteristic differentiating it from eczema. It could scarcely be mistaken for erythema multiforme, because, among other reasons, most of the vesicles were unat-



tended by inflammatory areolæ. There was violent burning and itching, symptoms which had existed, with distinct exacerbations, from the beginning of the disease. The eruption had, moreover, always shown disposition to appear in crops, coming out at variable intervals, usually every few weeks, and in this way the process was kept up, the general surface being thus in a constant state of acute and subacute efflorescence. Finally, there existed pigmentation, of a dirty-yellowish hue, where previous patches had existed, and also excoriations, but crusts were not conspicuous.

The eruption had previously improved under the free use of arsenic in large doses, as much as "nearly a drachm of Fowler's solution" *per diem* having on several occasions been administered. This large amount "seemed to control the blebs," but did not cure the disease. Strychnine and quinine had also been employed, while, locally, alkaline, tarry, and carbolic-acid lotions afforded the most relief.

I saw the case a number of times during the month that the patient remained in Philadelphia. The eruption followed its natural course, new lesions forming from day to day, the older ones disappearing, followed by slight crusts and variable pigmentation. On several occasions there were marked exacerbations, great numbers of minute and small vesicles appearing in crops, accompanied with intense itching. The vesicles either arose from normal-looking skin, or from erythematous patches, in which latter case they inclined to flatten and spread out. There was no order in the development of the lesions; they constituted a mixed eruption, and this was at all times a striking feature in the natural history of the disease. Concerning the treatment, it may be said that everything was advised which would in any degree improve the condition of the nervous and digestive systems. Tonic saline laxatives and alkalies, together with quinine and other general tonics, were from time to time prescribed, while locally such remedies were employed as



would be likely to prove serviceable in subacute vesicular eczema. The "liquor picis alkalinus," diluted, seemed to afford more relief than any other remedy. The patient gained in general health, and the cutaneous symptoms became less severe during the period she was under my observation. I am not able to give the final result.





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