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PITYRIASIS MACULATA ET CIRCINATA.

BY

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PROFESSOR OF SKIN DISEASES IN THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA;  
DERMATOLOGIST TO THE PHILADELPHIA HOSPITAL; AND CONSULTING PHYSICIAN  
TO THE DISPENSARY FOR SKIN DISEASES, PHILADELPHIA.

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IN the present communication I shall notice a disease of some importance, and also of rarity, examples of which have from time to time been seen by me. It is a disease of considerable importance, for the reason that it may occupy a large area of skin, and consequently occasion alarm to the patient; and, secondly, because it is liable to be confounded with other well-known affections to which it bears close resemblance. It is, moreover, a rare disease, only ten cases having in as many years come to my notice, and by far the greater number of these have been observed within the past two years. As I shall point out later, the disease, although unknown in Germany, England, and this country, finding no place in the literature of these countries, has nevertheless been described in France, but it is only very recently that my attention has been directed to this information. The notes of the cases which I am about to give were made, of course, independent of the articles referred to, and with the idea at the time that the affection had not as yet been described. They were, moreover, taken in each case at the time of the observation, as is my custom in all cases of unusual interest or of rarity.

The first case of which I have any record is that of a working man who was admitted to the Ward for Skin Diseases of the Philadelphia Hospital in November, 1876. The notes transcribed from my private records are as follows:—

CASE I.—Dennis T., aged 38, an iron-moulder, admitted to the Philadelphia Hospital November 16, 1876. He is a stout, healthy-looking man. Fifteen years ago he had venereal disease with buboes, but without subsequent signs of syphilis. He has always enjoyed good general health, and has never had any disease of the skin until now. It appeared about five weeks ago. At the time he was working in the country (husking corn), and was in his customary health. He struck his leg against something, which caused him to examine the limb, when, to his surprise, he found several red spots over the tibia of the left leg. They

<sup>1</sup> Read before the American Dermatological Association at its fourth annual meeting, at Newport, R. I., September, 1880.

were unaccompanied by any subjective symptoms. The next day he observed similar spots in the same region on the other leg. He describes them as being the size of small split peas, slightly raised, flat, smooth, and dark red. There were about a dozen of them in number. The rest of the skin was healthy. On the third day no new developments were noticed, but on the fourth day he experienced on the left arm slight itching, and on examination discovered on the extensor surface of the left arm, from the shoulder to the middle of the forearm, large pin-head sized, slightly elevated, dark-red spots. The following night he felt some itching on the right arm and on the back, but not enough to cause him to scratch, and in the morning noted that similar lesions to those on the legs and arm, were here present. They increased very rapidly, and in the course of two days they occupied the whole of the back, the buttocks, and the thighs. At the end of the third or the fourth day he remembers that they were less itchy, and that they then began to increase in size and to become slightly scaly, and were in about the same state as now. They remained in this condition for a fortnight, when he experienced painful swelling of the legs, from the calves to the ankles, which he had never before had. For the last three weeks there has been absolutely no itching of the eruption. It has become pale in colour, and more scaly, the scalliness becoming more marked from week to week. No new lesions have appeared since the first week of the attack. The general health remained fair during the first week, but afterwards he became subject to chilliness, and was unable to stand the cold. About the end of the first week, moreover, after the eruption had all appeared, his appetite began to fail, and it has not yet returned. He also suffered much headache, which has gradually subsided. He states that the chilliness referred to has been uninterruptedly present, accompanied with night sweats, but with no debility nor with pains. The bowels have been irregular.

*Present Condition.*—The eruption begins at the back of the neck and extends downwards over the back in the form of an almost solid sheet, and over the shoulders and extensor surfaces of the arms to the middle of the forearms. With the exception of a few faint lesions over the sternal region, the front part of neck, clavicular region, axilla, chest, and abdomen are free; and, excepting a few spots on the flexor surface of the left forearm, the flexor surfaces of the arms and forearms have also escaped. The disease comes around from the back and includes the sides of the thorax, and so finds its way downwards over the buttocks, both surfaces of the thighs and legs to ankles. The extensor surfaces are much more markedly affected than the flexor surfaces. The genitalia remain free.

The disease is characterized by pin-head, split-pea, and finger-nail sized, superficially scaled, reddish spots, having a dull or dark pinkish tint, covered with thin, scanty, whitish, flaky, papery scales, similar to those encountered in tinea circinata. They are very slightly raised above the surrounding surface; are irregular in outline, some being circular, others somewhat angular; and, where numerous, show a disposition to coalesce, with the result on the back of the formation of a large, erythematous, irregularly-shaped patch. The lesions are profuse, especially on the back and on the thighs. A placebo was ordered internally, and no external treatment. No diagnosis was made.

Jan. 10, 1877. The patient has been under constant observation, and has had no treatment. The scales were examined with much care with the microscope for fungus, but none was found. The lesions have very

gradually become paler during the month; so gradually, however, that the change has been perceptible only from week to week. The desquamation also has decreased, and now is almost unworthy of mention. There have been no subjective symptoms. Considerable pigmentation has been taking place as the lesions have faded, which is still going on, giving the spots a dusky, yellowish, tawny hue. The legs have become the seat of large, somewhat thickened, erythematous, scaly patches, closely resembling squamous eczema, formed by the coalition of numerous lesions. The general health is now good.

25th. The eruption has faded much more rapidly of late, and the scaling and pigmentation are also disappearing, leaving faint, dusky-pink, mottled spots.

*Remarks.*—The patient remained in the hospital for another week, when he was discharged with but the faintest trace of the disease in the form of dusky pigmentary stains. His recovery during the last fortnight was remarkably rapid. The case was under observation about two months, and during this period was the subject of much speculation as to its nature and its relation to other well-known forms of skin disease. At the date of his admission to the hospital the process was at its height, according to his own statement and the subsequent course. After several careful examinations, and the lapse of a few weeks, the conclusion arrived at was that the disease was entirely new to me, and that, so far as my knowledge in literature extended, it was a form of disease that had not been described.

Its syphilitic nature was not for a moment entertained, though it possessed somewhat the colour of the fading erythematous syphiloderm, and had a singularly slow course, and was unattended by subjective symptoms. It also bore some resemblance to superficial psoriasis guttata and circinata, but far more likeness to both tinea circinata and tinea versicolor, especially the former. Its parasitic nature was immediately strongly suspected, and careful microscopic examinations were made by myself on repeated occasions, without, however, discovering any fungus.

No treatment was employed during the entire course of the process, spontaneous recovery taking place in about three months from the beginning. For some weeks the disease was at a standstill, when without apparent cause it began very gradually to become paler, and so, for a while, by slow degrees faded, and then towards the close rapidly passed away.

The second case was that of a married lady, the wife of a physician, about 30 years of age, whom I was asked to see in consultation with Dr. Charles H. Thomas, of this city, on Nov. 7, 1876.

Case II.—Mrs. —, æt. 30, a lady in the upper walks of life, of rather slight frame, though well nourished, with light hair, blue eyes, and fair complexion. She has always heretofore enjoyed excellent health, and has never had any disease of the skin. The present eruption made its appearance about a fortnight ago, without fever or other premonitory symptoms. She awoke in the morning and found the lesions upon the chest and over

the trunk generally. They neither itched nor burned. Indeed, had she not seen them, she would not have been aware of their presence. In the course of two days they were as numerous and as well developed as now, and looked about the same then as at the present time. The disease, as stated, has existed about two weeks, and is characterized by numerous, discrete, small patches or spots, which are of the nature of erythematous, slight desquamative macules. They are roundish in form, but are somewhat irregular and ill-defined in outline. These vary in size from a pin-head to a split-pea and large finger-nail. The majority are of the size of a five-cent silver piece. They are all of a reddish colour, which may be further described as being a faded rose-red or a deep dusky-pink with a tawny, yellowish cast. They have, therefore, not an acute, but a dull, dusky look. They are the seat of slight desquamation in the form of a thin, delicate adherent scale, or a layer of partially loose, shrivelled epidermis. The scalliness is so insignificant that the epithelium is neither cast off readily nor can it be scraped off without difficulty. This feature may be compared to that encountered in *tinea circinata*. The lesions have the appearance, however, that they may soon become distinctly squamous. They are on a level with the surrounding skin, and possess no border, nor, indeed, any defined outline. Passing the hand over the skin, they are noted to be dry and somewhat harsh, and the epidermis to be slightly wrinkled. In the larger lesions, owing to this shrivelled condition of the epidermis, there is a slight, scarcely perceptible depression, due to contraction and puckering of the epithelium. Upon pressure, they do not disappear completely, less so, for example, than in the case of a similar lesion of psoriasis. They are, nevertheless, remarkable for being superficially seated, involving, evidently, only the upper layers of the skin, and resemble, not only in this respect but also in general appearance, the macules of the erythematous sphylioderm. The process is evidently a hyperamia, and not a true inflammation.

The eruption is profuse, and occupies the following regions. The scalp and face are free. It begins about the upper part of the neck, and passes downwards over the back and over the chest, involving the breasts and abdomen, and so on downwards over the hips, buttocks, and thighs to the knees. The arms and legs are also affected, but not so much so as the other regions named. The forearms and the backs of the hands are only slightly invaded. The fingers, palms, and soles remain unaffected. The lesions are symmetrical and quite uniformly distributed, and show no disposition to group, nor to be more pronounced in one locality than another, though perhaps a better idea of their character can be obtained from those on the chest and breasts than elsewhere. They all appear to be in about the same stage of evolution; no new ones are observed, nor, on the other hand, do any seem to be disappearing. Their colour is paler on the extremities than on the trunk. Upon this latter region they are profuse, every square line of the surface seeming to be occupied by them. They remain, however, discrete. There is little or no itching, nor have there been at any time any subjective symptoms.

The affection bears more resemblance to an extensive case of disseminated small-spotted *tinea versicolor* than to any other disease. As has been stated, it also resembles the erythematous sphylioderm, and also r otheln. No treatment was instituted, and no diagnosis was made.

Nov. 11, 1876. A careful examination of the scales failed to discover any sign of fungus, which was suspected. Four days have elapsed, and

no change has taken place except that there has been slight itching and that the eruption is somewhat paler. No new lesions. Upon further examination of the regions invaded, the lower part of the back and buttocks show larger lesions than elsewhere, and in a more crowded state, but nowhere are they confluent. The general health is good.

*Jan. 10, 1877.* Four weeks have elapsed since I last saw the patient, during which period the eruption completely disappeared. Immediately after the last note the disease became worse, the lesions becoming more highly coloured, scaly, and irritable, and smarted, but they were not itchy. Oil of sweet almonds was now used as an external application, and at once gave ease. In a few days decided improvement was noted, and in a fortnight the lesions disappeared, leaving slight pigmentation. The patient complained that she felt perfectly well during the period that the eruption existed, but that as it began to fade she experienced decided malaise.

*Remarks.*—A peculiarity of the lesions in this case is that they manifested no disposition to coalesce, but remained discrete, though in certain regions, as the back and buttocks, they were greatly crowded. The majority, moreover, were of a uniform size, which gave the skin a distinctly spotted appearance. The desquamation was lighter than in the first case, and could scarcely be called a prominent feature. The lesions were rather ill-defined, dry, erythematous macules, evincing no inclination to undergo enlargement nor change of any kind. The sudden appearance of the lesions here is also worthy of remark, all of them having been developed to their full proportion within two or three days.

The diagnosis, as in the first case (which was under observation at the same time), was difficult. The resemblance to an old, irritated tinea versicolor was striking, though its occurrence on the thighs and legs was at variance with the course of this disease. It was not until several careful microscopic examinations had been made that I was willing to abandon the idea of its parasitic nature. The sudden invasion of the disease, and the remarkably rapid development of the lesions, were, of course, among the strongest arguments against its probable parasitic nature. The likeness, too, to the erythematous syphiloderm, and to the exanthem r otheln, was marked, more so even than in Case I., and only after attentive study were these diseases excluded by Dr. Thomas and myself. As in Case I., there was no treatment instituted, except one or two inunctions of oil of sweet almonds, which were employed towards the close of the process, and which I cannot think were of any positive value in hastening the cure. Before they were used the disease had already begun to undergo spontaneous involution. No internal treatment at any time was taken.

The following case was sent to me for an opinion by Dr. Charles Carter, at that time Physician-in-Charge of the Northern Dispensary, and is remarkable for the widespread extent of the disease.

CASE III.—J. S., a large, strong-looking man, about thirty years of age, who states that he has always heretofore enjoyed good general health, and that he has never had any skin disease before. He is a blacksmith by occupation, and is at the present time working in the gas-works, where he is exposed to a very high temperature, and is consequently in a constant state of excessive perspiration. He complains of feeling weak. The disease of the skin made its appearance gradually, having been first noticed about six weeks ago. It originally appeared in the form of "spots" upon the lateral portions of the thorax, and spread thence down the sides of the trunk. Later it invaded the arms and forearms, thighs and legs. Its chief force, however, seemed to be expended upon the trunk. No change is said to have occurred in the general features of the eruption during the last three weeks, it being, in his opinion, during this period at a stand-still.

Upon examination, I find a most extensive disease of the skin involving the neck, the whole of the trunk, buttocks, groins, genitals, thighs and legs, and the arms and forearms. The only regions which have escaped are the scalp, face, hands, and feet. From the neck downwards, over the whole of the trunk and the thighs, the eruption is profuse, and constitutes a diffuse, almost solid sheet. The axillæ, arms, and forearms as far as the wrists, are similarly invaded, though from the elbows to the wrists the uniformly diseased surface is broken up by small patches of sound skin. The legs are affected in this respect like the forearms. The eruption is of an inflammatory character, consisting over the trunk of a diffuse, uniform, continuous sheet of erythema, or of an erythematous inflammation, with but slight infiltration. The skin is smooth, moist with perspiration, and feels less supple than normal and slightly thickened. The colour is a uniform tawny, dusky, dull, faintly violaceous red, which he states is brighter or duller as he happens to be at rest or at work. No scales can be detected, though by rubbing the fingers over the surface small rolls of epidermis may be collected, as in the case of an extensive tinea versicolor when bathed in perspiration, though to a much less extent. Over the back the eruption is less distinctly marked, and is paler in colour. Upon the arms it is continuous with that of the trunk, and extends to below the elbows as a solid sheet. Over the forearms the outline is broken and marked by variously sized, mostly small, split-pea sized, circumscribed, flat papular patches, which become fewer towards the hands. The same description answers for the legs. The eruption is symmetrical. Over the entire affected skin there is a decided tendency to a brownish-yellow pigmentation, which, incorporated with the red, gives the dusky, tawny tint referred to. He complains only of slight itching, except when at work, when it is severe.

*Remarks.*—I was quite at a loss to make the diagnosis in this case, and in the mean time directed the patient to leave off his violent work for a week, and requested him to return to me at the end of that time for further examination. Microscopic examination of scraped epidermis failed to show any signs of fungus. At the end of a week he again presented himself, somewhat improved, stating that he had rested himself and had kept as free from perspiration as possible. I found that no change had occurred in the general appearance of the disease, except that the red colour was paler. On the other hand, the brownish pigmentation

was of a deeper tint, and the skin more mottled. A tonic aperient was ordered and general directions for diet and hygiene given. I saw him once again, a week or ten days later, when no marked change had taken place, after which he passed from my observation.

The disease here invaded the greater part of the cutaneous surface, and was indeed almost universal, and as I look back upon the case and its history, there seems to me to be little doubt that the wide-spread extent of the disease was largely due to the excessively high temperature that the patient was almost continuously exposed to. I have forgotten the number of the degrees, but it was so high that his co-laborers not infrequently succumbed to the heat. The perspiration which took place he stated was excessive, and large draughts of water were continually indulged in. Even when I saw him after a half day's rest he was bathed with moisture, and was still sweating freely. This circumstance, moreover, I have no doubt interfered in a measure with the natural course of the disease, and offers an explanation for the absence of desquamation. There were no circinate lesions, and the few discrete ones that existed on the extremities were small and maculo-papular in character. The lesions, therefore, were of a macular type, and over the greater portion of the surface were so confluent as to constitute a uniform, solid sheet of disease, such as is sometimes met with in lichen ruber. This disease, indeed, suggested itself to me in the matter of diagnosis, but the history as well as other points at once excluded it from the list of probable diseases. Tinea versicolor also came to my mind, although I could scarcely conceive of this disease assuming such proportions; the brief length of time of its existence, and later the microscope dispelled the idea. Other inflammatory diseases, occasionally involving large surfaces, such as erythematous eczema, pityriasis rubra, psoriasis, and dermatitis exfoliativa, did not occur to me, and need be mentioned here only to be dismissed, for the symptoms had no positive likeness to any of these diseases.

Of the next case which presented itself I shall give only a brief account, for the reason that it differs in no way from another case which has occurred more recently, and which I shall describe in detail. The patient was a young milkman, who presented himself to me on Nov. 13, 1878.

CASE IV.—Hugh S., æt. 22, a spare, consumptive-looking person, with light hair. He states that his general health is equal to the average, and that he never had any disease of the skin before. It began six weeks ago in the form of small "ringworm-like spots," occupying the abdomen, sides of the thorax, and thighs. The lesions grew rapidly, and soon attained their present proportions. He is unable to give any further account of their development, as inasmuch as they gave him but little annoyance he seldom inspected himself. He had been told they were ringworm, and that they would in time disappear, but as lately they had increased in size and were rapidly invading new regions, and had moreover resisted sulphur ointment, used as a parasiticide, he had sought further advice.

The disease occupies the sides of the thorax, the chest, from the clavicular region down, the abdomen, groins, and the thighs as far as the knees. It is symmetrical. It consists of a large number of both discrete and confluent, circular or ovalish, more or less annular, slightly scaly, dull reddish, erythematous patches having a pale, dusky-yellowish tinge. The colour is uniform, being nowhere patchy. Over the upper part of the trunk the lesions are confluent, and form a solid sheet of eruption, completely encasing the regions, in the manner sometimes seen in extensively developed tinea versicolor. The disease on these patches is slightly scaly, the scales being small and mealy or branny in character, resembling also the desquamation of tinea versicolor. Passing the hand over the surface the skin is not noticed to be harsh, nor to be in any way markedly altered. It is but very little thickened, and is quite supple.

About the abdomen, groins, and upper third of thighs distinctly defined, more or less circular and ovalish lesions exist, some of which the patient states are recent. They resemble in general appearance the well-known lesions of tinea circinata, having a marked reddish border with a pale-red, slightly scaly, central area, the disease having the look of spreading on the periphery and of clearing in the centre. These lesions are of variable size, some being as large as a silver quarter dollar, others, ovalish in shape, of the size and shape of pecan-nuts or olives. Here and there they are confluent, though they do not coalesce unless overcrowded. The patient complains of some itching and heat of skin, owing, doubtless, to the free use of sulphur ointment which he has just applied. Before this application there was no itching. A plain starch dusting powder was ordered, and internally a magnesia aperient.

*December 9th.* The disease during the past month has decreased in extent and in severity, and has cleared away at many points, but new circinate lesions have made their appearance on the thighs, which now resemble eczema squamosum more than tinea circinata. The older ones, however, still bear a strong likeness to the last-named disease. Petroleum ointment and calomel, a half drachm to the ounce, was ordered.

*March 1, 1879.* The patient informs me that shortly after his last visit the disease began to become perceptibly paler, and more scaly, and that it then began to clear away rapidly here and there, until, at the end of a month, the skin was normal though slightly discoloured and tawny. At the present writing his skin is healthy, showing no trace of the former affection. It has been so for four or five weeks. The general health of the patient remained good throughout the entire course of the disease.

The next case presents the disease in still another form, though really differing from the others, I think, only in the degree of development. But the lesions were so different, as to size and shape, that at first I was slow in recognizing the affection. The patient was a young man who presented himself for advice at the department for skin diseases of the Hospital of the University of Pennsylvania.

CASE V.—Henry G., 27 years of age, a porter by occupation. His family history has no bearings on the disease. He has always enjoyed fair health, but has suffered for several years from dyspepsia and constipation. He has never, to the present attack, suffered from any kind of skin disease excepting an affection which was called at the time (twelve years ago), the "itch" and which was cured.

His present disease is of three weeks' duration. For some weeks previously he had been performing unusually heavy work in a warm atmosphere, and was during this time almost constantly in a state of more or less profuse perspiration. His attention was first called to it by an attack of itching, confined to the axillæ, which came on one evening as he was undressing himself. On examining the arm-pits he found a number of raised dry lesions, of a reddish colour, and which burned and itched.

Throughout the night these symptoms continued at intervals. While dressing in the morning they seemed almost intolerable, but when once dressed and at work the annoyance ceased and he quite forgot the existence of the eruption. A few days later while changing his clothing he experienced some irritation in the skin on both sides of the trunk, and thrusting his hand under the flannel shirt, which he wore next the skin, he rubbed and scratched himself vigorously. As this seemed to aggravate the symptoms, he took off his shirt, and, to his surprise, found that the eruption had extended from the axillæ down along the lateral portions of the trunk, reaching as far as the crest of the ilia, and was beginning to extend over the abdomen.

It spread slowly until the sides of the hips as low as the trochanter, together with the groins, pubes, and, to a slight extent, the perineum, became involved. Within the last few days the affection has made more rapid progress, involving the upper part of the thigh in a single isolated patch. The itching and burning have become steadily worse, until now he cannot rest at night. Such was the history given.

On examination I find the eruption to be limited almost exclusively to the lateral portions of the trunk and to the lower part of the abdomen and to the groins. Beginning in the axillæ on either side, it extends symmetrically down both sides of the trunk, becoming gradually more marked until the crests of the ilia are reached, where the eruption is at its maximum, and then turning inward to involve the inguinal regions with the upper and inner parts of the thigh and the pubic and lower abdominal regions.

Small patches of eruption exist on either arm in the flexor surface of the elbow, and a recent patch has shown itself upon the posterior aspect of the thigh. No other areas of actual disease can be observed, but the integument generally is in an irritable condition, as is shown by the occurrence of cutis anserina on the least exposure, as well as the tendency to the formation of urticaria-like elevations about the papules when these are rubbed, and ready flushing of the skin when any part is lightly chafed with the hand.

Viewed as a whole, the eruption is seen to consist of very numerous, variously sized, from pin-head to pea-sized, maculo-papules of a bright or dusky red colour, widely scattered or grouped in disorder, coalescing frequently to form patches which often present an indistinctly circinate form, the centre being occupied by a patch of dirty-yellowish, brownish pigmented, smooth or slightly scaly skin. When the hand is passed over the surface, a slight nutmeg-grater sensation is felt. The initial lesion, and the one which is by far the most numerous, is a minute pin-point to large pin-head sized, bright-red, maculo-papule, sharply defined, without areola, and losing colour under pressure. Occasionally a minute quasi-vesicular point may be noted on the apex of a discrete papule which then most closely resembles the lesion of ordinary miliaria rubra. More frequently the lesion retains the papular form and is joined by others, the patch growing larger and larger, the individual papules becoming flattened and

merging to form a patch. In the older lesions the centre of this patch becomes absorbed, sinking to a level with the surrounding integument, and forming an area of pigmented skin, around the edges of which new, often discrete, papular lesions can be seen.

The lesions appear to be unconnected with the hair follicles. Sweating increases the activity of the eruption, which then itches intensely. The single lesions and the smaller patches are not markedly scaly, but the larger patches have a few light, fine, grayish scales upon their surface.

The patient's general condition shows signs of disturbance of the bodily functions generally and particularly of the digestion. He sweats freely, and has suffered a good deal with headache until the last few days, and now experiences frequent sensations of chilliness. His appetite is poor and is capricious; he craves various articles of diet. He suffers occasional nausea but has never vomited. His bowels are constipated. He is low-spirited, pale, and rather haggard, and feels weak. A fortnight later all trace of the disease had disappeared, leaving the skin in a natural state. Microscopic examination failed to reveal any vegetable parasite.

*Remarks.*—The peculiarity of this case is the fact that many of the lesions assumed a distinctly maculo-papular form, the greater number retaining this form throughout their evolution. Only here and there did they coalesce, and in no instance to the extent of constituting large patches as in the other cases reported. It is true they were only slightly elevated, but they were nevertheless fully entitled to be designated maculo-papules, being pin-head to split-pea sized, sharply circumscribed, moderately firm, and inflammatory.

I can describe their appearance no better perhaps than by stating that they resembled certain forms of papular eczema where the lesions are flat rather than acuminated. They also resembled somewhat the first stage of lichen ruber planus. On account of the papular form, the resemblance to tinea circinata was not striking, though the few circinate lesions were so suggestive as to cause a careful microscopic examination to be made. Nor, for the same reason, was there any ground for thinking the disease to be a form of tinea versicolor. As stated in the notes, the patient was in excessive perspiration from over-exertion and debility on both occasions when I examined him, especially so in the first instance, which would, of course, account for the absence of desquamation. On the second occasion his skin was also somewhat moist, though, as stated, furfuraceous scaling was then observed. The lesions, moreover, being mostly discrete and small, marked desquamation would scarcely have taken place under any circumstances. The next point of interest is the rapid course of the disease, entirely uninfluenced by treatment, whether internal or local. The lesions were of three weeks' standing when I first saw them, and were then already undergoing involution. A fortnight later the process had terminated in recovery, the improvement during the last week having taken place rapidly.

The following case was sent to me for an opinion by my friend, Dr. Elliott Richardson, of this city, who subsequently kindly gave me the

opportunity of seeing the patient from time to time until complete recovery took place. The date at which this case came under observation was Feb. 10, 1879:—

CASE VI.—Mrs. Catherine E., æt. 48, married, a large, fleshy woman, accustomed to washing and to heavy work in general. She relates that though stout and apparently in good health at the present time, she is in reality weakly and unwell. Her appetite is capricious, being ravenous at times and on other days without any desire for food. She has for years been subject to prickly heat during the summer, but has never had it in winter, though she ordinarily perspires freely throughout the entire year.

The present skin disease is the first affection of the skin she has ever experienced. It is of four weeks' duration, and manifested itself on the breasts in the form of a distinct ring about the size of a five-cent silver coin; at the same time she remembers that there were three or four small papules in the flexure of the left arm. A few days later, both rings and papules appeared over the sides of the trunk and elsewhere, accompanied by decided itching from the beginning. The eruption spread with rapidity, only two weeks elapsing before it was at its height and had invaded all the regions now involved. For the past fortnight it has been at a standstill. It has at no time been more inflammatory than now, nor, indeed, in any way different.

It consists of a profuse eruption made up of solid erythematous patches, and rings with clear centres, and of numerous, crowded and confluent, variously sized, flat, slightly raised maculo-papules. The patches consist of variously sized, mostly large, hand-sized and larger, areas of erythema, of a mottled red colour, the seat of furfuraceous desquamation. The annular lesions, or rings referred to, are also numerous and conspicuous. They vary in size from a silver five-cent piece to a quarter dollar, some being even larger, the majority, however, being of the size of five and ten-cent silver coins. They are circular or ovalish in outline, but where two or more have run together, irregular forms result, which in some cases have a diameter of several inches. They possess a slightly raised, defined, reddish border, with a paler, discoloured, or mottled, decidedly scaly centre, the scales being fine and mealy or branny, as in *tinea versicolor*; in some cases they are coarser and then resemble the scales of *tinea circinata*. The maculo-papular lesions spoken of are of various size and shape, some being pin-head sized, others as large as split peas, while in shape they are roundish or more or less irregular or even angular. The smaller ones resemble the papules of prickly heat, and it is this affection that the patient thinks she is suffering from. They are flat or rounded, and are slightly raised, but are not so firm as in papular eczema. On the contrary, they can barely be detected in passing the hand over the surface; still, they have the appearance of being plastic. They are bright red in colour, are smooth, and are without scale.

The following regions are invaded. The disease begins at the nape of the neck, and extends down over the whole of the back, over the buttocks, hips, and thighs to the knees. In front it begins about the clavicles and spreads over the shoulders and arms, and invades the axillæ, sides of the thorax, mammae, and abdomen and groins; the regions of the umbilicus and pubes alone escaping. The whole trunk may therefore be said to be involved, and over most reigns in the form of a solid sheet of eruption. It is symmetrical, neither side being favoured. The rest of the general surface is free.

Over the upper part of the back, the disease is in the form of large solid patches, terminating above the shoulders with a sharp somewhat angular line of demarcation, but below, the border is ill defined with out-lying smaller patches and discrete papules; about the region of the spinal column and over the lumbar region, the lesions are mostly small and papular in character. Upon the sides of the thorax and over the chest solid patches are encountered. Over the breast they are maculo-papular, and in small areas the size of a split pea and finger nail, some of which are discrete, others confluent. The abdomen is the seat of large hand-sized, more or less broken-up patches, irregular in outline, and altogether ill defined.

In the groins and on the thighs distinct, circular or ovalish, annular lesions are met with, resembling precisely in appearance tinea circinata occupying these regions. The larger rings are plainly formed by the coalition of two or more smaller ones. In the groins, in the axillæ, and beneath the mammæ, which are pendulous, the skin is red and slightly macerated, constituting slight erythema-intertrigo, but nowhere are there signs of eczema.

The various lesions appear to be in different stages of development. Old and new spots are seen side by side, and solid patches, rings, and papules occur likewise in close proximity to one another. It is evident that these various forms, namely, macules, papules, rings and extensive patches, are, in many instances, but stages of one another, the maculo-papules being the first stage; the circinate, more or less annular lesions, the second stage; and the larger solid patches the last stage. As stated, the smallest lesions are smooth and free of scale, but the rings, even the smaller ones, show generally decided dryness and desquamation, and a tawny, dusky, yellowish hue, which reminds one of the colour of tinea versicolor. They are, moreover, more scaly on the periphery than in the centre. The patient complains of considerable itching and of pricking sensations, reminding her of her experience in former attacks of prickly heat.

*March 2.* During the past fortnight the disease has been gradually becoming paler, and in some localities has shown signs of clearing away. Upon the breasts, the regions where it first appeared, it is much mottled and broken up, and is pale, tawny, and decidedly scaly. It is everywhere less itchy. No new lesions have appeared.

*10th.* The process of involution has been going on rapidly. The eruption has faded perceptibly within the week, and is now of a pale dusky pink or violaceous colour, with a distinctly marked brownish-yellow tinge pervading the whole, giving the skin a dingy, soiled look. It is, moreover, the seat of a marked furfuraceous desquamation. The itching has entirely ceased.

*April 1.* The redness has disappeared, but there still remains a general, mottled, pale brownish-yellow, tawny pigmentation, which, however, is gradually fading. The desquamation ceased a week or longer ago.

*23d.* The skin has regained its natural appearance, and the patient is discharged from further observation.

I have thus in the six cases presented described a disease which has caused me much embarrassment, especially in the earlier cases which came under observation. It is, moreover, an affection which I have no hesitation in stating merits careful study and further investigation. Notes of the six examples reported seem to me quite sufficient for the purpose of

portraying the chief characters of the disease and enabling one to recognize the lesions. I may, however, add that four additional cases of the disease have, within the year or past eighteen months, come to my notice, in all of which the main symptoms were well displayed. From these observations, I think it may be stated that the process is a clearly defined one as regards its clinical features, which are very similar in all cases. Not only are the lesions alike, as concerns colour, form, size, and general characteristics, but the regions involved, and the course and evolution of the disease are also almost the same in each instance. The disease appears to me to be a well-marked process, and to be as distinct from other diseases as it is possible to imagine. I cannot believe that it is a form or an undescribed variety of any of the well-known dermatoses.

The disease has, as far as my knowledge extends, never been described in this country, nor have I ever encountered in our literature reports of peculiar cases of skin disease which it occurs to me could be considered as the same affection. No more do we find any description or mention of such a disease in any of the English works on dermatology, whether of old or of recent publication, nor in any of the many treatises on the subject which have been issued from the German press. It is, indeed, singular that such a well-defined disease should have escaped the notice of both English and German observers. From my knowledge of the process, I do not think it possible that it could be regarded as other than a distinctive affection by such acute observers as now occupy the dermatological field in England and in Germany. To the French, however, belongs the honour of having first described the disease, though, as it appears to me, rather imperfectly, and it is on this account, I think, that their writings on this disease have not attracted much attention even in their own country. It is only quite recently—since, indeed, I began to prepare this communication—that I became aware that the disease had been described in France. While, therefore, the question of priority in the description does not concern the writer, I may be permitted to state that the disease has been familiar to me for some years, and that the notes here given were recorded at the date of each observation, and therefore prior to my acquaintance with French writings on the subject.

Bazin, in his work on "*Les Affections Génériques de la Peau*,"<sup>1</sup> considers the subject of pityriasis at length, defining it to mean "a disease of the skin in process of evolution, characterized during its period of existence by fine, dry, furfuraceous or foliaceous scales seated upon the tegumentary surface without appreciable elevation above the surrounding parts, covering a more or less considerable area, with or without change in the colour of the skin." He divides pityriasis into two forms, one due to external causes, as from the razor and from the parasite *microsporon furfur*,

<sup>1</sup> Paris, 1862, p. 331.

and the other to internal causes, of which he makes two varieties, namely, "pityriasis arthritique" and "pityriasis herpetique." Under the head of the former we find "pityriasis rubra aigu" with the two varieties "maculata et circinata." There are other points of refinement in classification given, which, however, need not be mentioned here, for my chief object in quoting the views of this eminent French author is to show that he was entirely familiar with the clinical features of the disease in question, as will be readily admitted from the following description. Pityriasis rubra aigu, he proceeds to say, is an affection characterized by red macules, disseminated and small, forming sometimes by their coalition large patches, covered with grayish or whitish furfureous scales, and terminating by resolution in the course of from two to four weeks. The prodromata consist of malaise, anorexia, and a more or less marked febrile state. In addition the eruption is accompanied by tolerably severe itching.

According to the aspect of the eruption, Bazin makes two varieties, pityriasis maculata and pityriasis circinata. The first of these (which, according to this writer, is the same disease as the pityriasis rosea of Gibert) is characterized by

"pale red macules, small and disseminated, non-elevated, and more or less rounded, with sinuous outlines. In the second variety, pityriasis circinata, the eruption manifests itself in the form of small, disseminated, red macules, resembling those of psoriasis guttata. They soon unite and constitute circles more or less complete, which resemble those of tinea circinata (l'herpes circiné); or they form linear bands and semicircles, which call to mind psoriasis (lèpre vulgaire).

"Nevertheless, pityriasis rubra circinata differs in the absence of elevation from that which pertains to both psoriasis and tinea circinata. In the beginning, the macules are the seat of a slightly lamellar exfoliation, which later becomes furfureous. In both varieties the general symptoms cease with the development of the eruption, but the itching persists throughout the entire course of the disease. Often it is so intense as to cause scratching, under the influence of which a transitory eczematous desquamation takes place. The disease ordinarily develops upon the face, scalp, and, above all, on the trunk; sometimes also it is encountered on the limbs, notably on the forearms and on the lower part of the legs. The affection varies in its course and duration. It disappears sometimes in from ten to fifteen days; in other cases it continues for a month or five weeks by successive outbreaks. But it ends always by resolution, never passing into a chronic state. It is observed principally in youth. Cold, irregularities of diet, and the suppression of the perspiration occasion more particularly the disease. The influence of spring also contributes to its production. The primary lesion is a congestive macule accompanied with lamellar and furfureous desquamation."

Finally, in a diagnostic point of view, it must be distinguished from certain diseases which it resembles, such as urticaria, "simple roseola," and the other varieties of pityriasis, especially from "pityriasis rubra chronique ou inflammatoire" (which is the pityriasis rubra of Hardy, Devergie, and other writers). The disease we have been considering, according to Bazin, always terminates by resolution, having a natural tendency to recover. The cure may, however, be hastened by the use of alkaline or starch baths, cooling beverages, and laxatives.

From this description, which I have quoted at length to prove that the disease is the same we have been investigating, it is manifest that it

was well known to this dermatologist. As intimated, he moreover states that it was even familiar to Gibert, his predecessor at the "St. Louis," who termed it "pityriasis rosea," but in the edition of Gibert's work<sup>1</sup> at command I am unable to find any account of the affection. To Bazin, I think, undoubtedly belongs the honour of having first described it. Shortly after, it was also recognized by Hardy and briefly described by him in the second edition of his *Leçons sur les Affections Cutanées Dartreuses* under the name "pityriasis circiné." In the third edition of this work<sup>2</sup> he makes four varieties of pityriasis, namely, pityriasis rubra, pityriasis pilaris, pityriasis circiné, and pityriasis alba. Concerning pityriasis rubra (which, it may be remarked, is not very clearly portrayed), pilaris, and alba it is not necessary here to speak.

"In pityriasis circiné," he says, "the epidermis, as in eczema and psoriasis, affects a circular disposition and a regularity which is very clearly and well defined. Apart from this particular the objective symptoms are those which belong to pityriasis in general. Thus, we see disseminated upon different parts of the body a variable number of disks or of segments of circles from two to three centimetres in diameter, of a rosy colour in the beginning and covered with fine epidermic scales, more abundant and denser on the periphery than in the centre, and giving sometimes a slight grayish tint to the skin, especially when the patches are numerous and close to one another. Within six weeks or some months the patches run their course. The redness vanishes, and the scales disappear, leaving sometimes in their place only a mealy dust. The itching and the smarting, while never obtaining a great degree of intensity, are nevertheless sometimes very disagreeable. The chief point of this affection is its similitude with tinea circinata (Pherpès circiné), and the real difficulty of distinguishing them at first."

In speaking of the diagnosis between these diseases, he says:—

"It is very important in a practical point of view to distinguish them, for while they resemble each other in their exterior aspect they are far removed in their nature and origin, the one being a parasitic affection, the other a darts disease.

"In the first place each of the diseases has its special territory, and they rarely manifest themselves in the same regions; but this point is only of moderate importance and is altogether secondary; in an attentive comparison of the diseases we find other differential characters of value. Thus, in pityriasis the patches are numerous, less extensive, and remain fixed in their dimensions during the entire course of the disease. The disks of tinea circinata, on the contrary, are as a rule less numerous; they are, in the beginning, also confined, as in the case of pityriasis, but soon they extend themselves centrifugally very rapidly and pronouncedly, and at the same time that the periphery invades the neighbouring parts the centre recovers in a manner, so as to form a ring of which the circumference, scarcely raised, presents vesicles or small pustules, which never exist in pityriasis. Finally, the microscopical examination will dissipate all doubt, if any such still exists. There only remains to be mentioned the likeness which stands between pityriasis circinata and psoriasis circinata. The more marked disposition of the patches, their thickness, and the manner of imbrication and the tenacity of the scales in psoriasis, together with the tumefaction and the special redness of the skin, render an error almost impossible."

From this description it will be seen that the author is evidently treating of the same disease as that being considered, but the account is too brief to be of much value, as from it one could scarcely recognize some of the cases that I have here reported.

<sup>1</sup> *Traité Pratique des Maladies de la Peau.* Paris, 1840.

<sup>2</sup> Paris, 1868.

More recent French writers, on the other hand, as Gailleton<sup>1</sup> and Guibout,<sup>2</sup> do not seem to be familiar with the disease, as no mention is made of it in their respective works. This occurs to me as being all the more singular, when we reflect that the former author is "ex-chirurgien en chef de l'Antiquaille," at Lyons, the hospital where the observations of Horand (about to be referred to) were noted, and that Guibout, one of the staff of the St. Louis, has long been identified with this hospital, the scene of the studies of Bazin and of Hardy referred to. Moreover, I have looked in vain, with one exception, for any reference to or mention of the affection we are considering throughout the numbers of the journal which is the exposition of French dermatology—the *Annales de Dermatologie et Syphiligraphie*. The exception is an article by M. Horand, surgeon to the "Antiquaille," entitled "Notes pour servir à l'histoire du pityriasis circiné," which appeared in the periodical cited in 1875–1876.<sup>3</sup>

In this communication Horand premises his observations by stating that there exists a disease of the skin, that he has encountered in children, of which the diagnosis was embarrassing, and of which moreover almost no information was to be derived from dermatological works. The writer continues that Hardy alone mentions the affection, but in a manner so insufficient that its characters would scarcely be recognized. He then proceeds to give the notes of seven cases, all occurring in children, the descriptions being sufficiently detailed and so accurate that upon a careful perusal of the article I had no hesitation in concluding that the disease was the same that I had from time to time encountered, but chiefly in adults, and which had to me also proved a source of embarrassment in diagnosis. I shall not weary you, gentlemen, by quoting the particulars of these cases, but in justice to M. Horand I shall present his description of the disease together with such other information as may seem of value. This is the more important, as his observations, as you will note, differ in several points from the account of the disease presented by me.

"This affection," says M. Horand, "has its seat upon the neck, trunk, and limbs, but manifests itself especially on a level with the scapular, deltoid, and sub-clavicular regions. It is made up of discrete or confluent patches, of which the dimensions vary ordinarily between those of a lentil and those of a two-franc piece. It is only in rare instances that they exceed these dimensions. The patches are scarcely raised above the level of the skin, rounded, and the smaller ones plentiful; the others are depressed in their centre, that is to say, their border alone is prominent, which gives them a clearly defined circinate form. Their colour varies from a pale-rose to a whitish-yellow, approaching so much the tint of the neighbouring skin that it is sometimes with difficulty that they can be distinguished from the rest of the integument, if the precaution be not taken of placing the patient in an oblique light for examination. Frequently the border alone is colored.

"The patches are always dry, the surface being more or less furfuraceous, and the tissues beneath supple, and neither thickened nor inflamed. The skin, sepa-

<sup>1</sup> *Traité Élémentaire des Maladies de la Peau*. Paris, 1874.

<sup>2</sup> *Leçons Cliniques sur les Maladies de la Peau*. Paris, 1876.

<sup>3</sup> Tome vii. No. 5.

rating one lesion from another, remains healthy. Finally, they are accompanied sometimes with a slight itching, of the kind that under the influence of the irritation produced by the scratching causes them to redden. Nevertheless, they do not occasion any inflammatory phenomena during the course of their evolution, of which the duration cannot be determined in a precise manner. The eruption may persist several months, if the patient fails to employ treatment; but notwithstanding its long duration the characters do not change, and the patches appear to retain throughout the period of their existence their original dimensions. Finally, after the disappearance of the disease no trace of its transition remains."

M. Horand continues: "It is with design that in each of the cases reported I have passed over in silence the result of the microscopical examination, reserving it for mention here. In no case has this examination been neglected; in each instance I can say that it was made with the greatest care, for the purpose of ascertaining whether or not the affection was due to a parasite. I took care to macerate the epidermic dust, obtained from scraping the patches, for twenty-four hours in ether; of washing it with alcohol after the evaporation of the ether, and of preserving the preparations in glycerine and in acetic acid. But never having found the elements which characterize the vegetable parasites, I believe that I am authorized in maintaining that this cutaneous affection is not of a parasitic nature. It does not appear, moreover, to be contagious, notwithstanding that I have been called to treat two brothers suffering with the disease, for both had been exposed to the same causes for contracting it, that is to say, both had been in bad hygienic surroundings. As to the general health of patients, it is ordinarily very good."

M. Horand proceeds to say, that "in seeking for a place in which to classify the affection, we observe that it is a dry disease, consisting essentially of a very fine furfuraceous desquamation, and that it therefore belongs to the group 'pityriasisique.' Moreover, the circinate form and the definite dimensions which the patches assume constitute important characters of the eruption—in fact, a particular variety. The name which appears the most suitable for designating the disease is that of *pityriasis circiné*."

The writer next gives his reasons for considering it the same affection as the *pityriasis circiné* of Hardy, and as a different disease from the *pityriasis circinata* of Bazin. Upon the latter point I must, however, differ with M. Horand, for it seems plain to me that Bazin's description, as I have given it, portrays the disease so accurately that one could scarcely mistake it. While the account of the disease as narrated by Hardy is perhaps more graphic and certainly more concise, yet I think no one can question that Bazin was equally familiar with the process, and that he doubtless included other forms in his description. Horand next points out the differential diagnosis from the "*erythème centrifuge de Bielt*," from *tinea versicolor* (*pityriasis versicolor*), and from *tinea circinata* (*herpes circiné*); and finally mentions the treatment that he has found most efficacious, which consists of baths, either with sulphide of potassium or sub-carbonate of sodium, and of frictions with black soap, or of alkaline or mercurial ointments. He adds that the eruption presents no gravity, and that its treatment is of the simplest kind. This concise and admirable article does not seem to have attracted the attention of which it was deserving. A brief abstract appeared in the *Vierteljahresschrift für Dermatologie und Syphilis*, with a short criticism by the editor, who, from his remarks, evidently fails to recognize in the description a distinctive

disease, or even any value in the communication, for he concludes the abstract by saying that

“inasmuch as the author acknowledges that in several cases he has found the disease associated with eczema and impetigo, the interpretation of the disease as pityriasis rubra, *i. e.*, the squamous stage of eczema, will doubtless prove that which will for the most part stand the test.”

A similar abstract of the paper, by Dr. James C. White, also occurs in the *Boston Medical and Surgical Journal*, Dec. 7, 1876.

Concerning the name pityriasis maculata et circinata, I have at present but little to say, for my object in this communication is to bring forward the clinical features of the disease, and not to enter into a discussion upon nomenclature. I would only add that at present I see no reason for suggesting a new name for the disease, especially as the term has long been employed by both Bazin and Hardy. Moreover, the name expresses the chief features of the disease sufficiently clearly for practical purposes. While it is not my intention now to consider the subjects of the etiology, pathology or diagnosis of the affection, I cannot refrain from briefly remarking upon the matter of diagnosis that the disease, in my opinion, is distinctly defined from eczema squamosum, psoriasis, seborrhœa, lichen ruber, and from pityriasis rubra, as described in my “*Treatise on Diseases of the Skin.*” The relation which it may have to the pityriasis rubra of other writers is a question too extensive to be engaged upon here. I myself cannot view the process as in any way related to this disease. The likelihood of its being a vegetable parasitic affection must also, I think, be definitely excluded.

In reviewing the chief characters of the disease, as depicted by Hardy, Bazin, and Horand, I note certain points of difference between these observers, especially the two latter, and myself, some of which are of such importance as to call for remark. In the first place the natural history of the affection is not clearly brought out by either observer, but little information being given concerning the primary lesions and their subsequent evolution and involution. Thus, neither speak of the rapid, and in some cases insidious, development of the lesions; nor of the great extent of surface which may be involved; points, I think, of importance. Neither observer, moreover, refers to a prominent symptom, namely, pigmentation, which in all of my cases was a conspicuous feature. The spontaneous involution of the process, although variable as to time, is also worthy of special remark. Horand observed the disease in children only, the ages of his cases varying between seven and thirteen. Mine were all in adults. I mention this particularly because the circumstance aids in explaining certain points of difference between this writer and myself, such, for example, as colour and elevation of the lesions, pigmentation, thickening of the skin, extent of disease, and the history. The cases reported by me

manifestly portray a much more extensive and formidable disease than do those of Horand, and the two series are therefore both valuable in that they supplement each other, and taken together afford considerable information concerning the process.





