

WHITE (D.K.)

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A CASE OF DERMATITIS EXFOLIATIVA NEONATORUM.

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THE extreme rarity and unusual fatality of the disease described and identified by Ritter von Rittershain render the report of all such cases of considerable importance, as well as any additional light which may be thrown on the ætiology of the disease.

With these objects in view, I desire to place on record the case of baby W., male, fifth child, born February 25, 1895, of healthy but somewhat nervous, excitable parents, giving no history of any hereditary taint whatever. The child was well nourished and performed all physiological functions normally. The umbilical cord sloughed off in five days, the umbilicus healing without further trouble three days later. The sanitary surroundings were not good; the child, however, received good attention, was properly washed, well dressed and cared for in every particular. Ten days after the birth of the child the draught damper in a hard-coal stove in the child's room was carelessly closed tight, causing a very noticeable amount of gas to escape in the house—sufficient, indeed, to cause the mother, who lay in an adjoining room, to have marked dizziness, followed by a violent headache lasting for almost twenty-four hours afterward. In the child were noticed drowsiness, bronchial irritation, and lividness of the skin. The house was promptly cleared of the gas, and no further immediate deleterious effects were noticed. Two days after this incident the child's forehead and face became the seat of a dark-red eruption, followed secondarily by numerous minute sudamina, and thirdly by complete exfoliation of the epidermis covering the affected areas, and within from forty-eight to sixty hours the entire body and limbs were implicated in some stage of the diseased process in the order named. Flakes of epidermis as large as a Columbian postage stamp could easily be detached, by mechanical means, from the body and limbs, while without interference it was shed in much smaller segments. Four irregularly shaped bullæ formed on the anterior aspect of the body, and appeared to be simply the result of friction between the loosened epidermis and the inflamed rete beneath. A secondary squamous exfoliation took place from the body alone, consisting of dry, bright, silvery-white scales, generally about one centimetre in diameter, their original outlines hav-



ing been marked by fissures which were obliterated in the desquamation. The disease extended much more rapidly on the face and body than on the limbs, and the main severity of the case was shown on the body. There was no perceptible amount of moisture noticed at any time in the history of the case, excepting the bullæ. Neither was the disease preceded by any unusual dryness of the skin. The mucous membranes were not affected, save a slight conjunctival injection with little exudation. The advent of the disease was unheralded by premonitory phenomena, nor did the system recognize its presence by any marked departure from the normal. The pulse and temperature were found by repeated examinations to be not far from the limits of health. The child greedily took its nourishment, slept soundly, and only evinced signs of discomfort or pain at being washed or handled, while the disease was at its height. In the earlier part of affection there was a slight ammoniacal odor from the urine. The bowels acted regularly, the fæces presenting no evidence of any disturbance of the digestive organs. The case yielded readily to treatment in fourteen days, consisting of a bath of a warm boric-acid solution, followed by a thorough application of an ointment of zinc oxide and bismuth subnitrate in lanolin, which was replaced later in the disease by one of ichthyol in lanolin.

Up to the present date there have been no signs of a relapse or evidence of untoward sequelæ.

I have little to say in regard to the ætiology of the disease. No attempt was made to discover the fungus of Riehl. Since the gas from the hard-coal stove was the only recognized source of irritation the patient was exposed to, attention is necessarily directed to that fact. Whether the inhalation of the carbon monoxide could be a factor, in part or *in toto*, in the ætiology of this disease of the skin, even in the already susceptible skin of an infant not yet fully through the physiological desquamation incident to the age, either in the production of a dermal asphyxia by intercepting the supply of oxygen, or in the production of a dermal syncope brought about through the agency of the vaso-constrictor nerve centers in the cerebral hemispheres or not, is a question. While the parasitic theory of Riehl is probably the most acceptable of the day, it must be admitted that peculiar and rare internal or external conditions are necessary for its development. If the carbon monoxide or the effects of its presence in the blood were not the direct cause of the disease, it evidently furnished conditions favorable to the growth of the fungus.







