

CIRCUMSCRIBED PHLEGMONOUS DERMATITIS, DUE TO IODIDE OF POTASSIUM.

BY LOUIS A. DUHRING, M.D.

The patient, a woman sixty years of age, had been referred to Dr. Duhring, by Dr. T. C. Rich, on September 29th, 1879. She had been under treatment for rheumatism during some weeks previously, for which five-grain doses of iodide of potassium, with wine of colchicum, had been administered. About a fortnight before she had come under observation a singular eruption had made its appearance upon the forehead, in the form of a slightly inflammatory annular patch, half an inch in diameter, consisting of a number of pin-head-sized vesiculo-pustular lesions, and resembling an irritated example of ringworm. This had extended rapidly, so that in the course of four or five days it had attained a diameter of an inch and a quarter, and was accompanied by considerable thickening and infiltration, the pustular lesions having become more deeply seated, larger and more prominent. About this time, a similar but more deeply seated inflammatory patch appeared on the left cheek, studded with numerous pin-head-sized pustular foci of apparent suppuration. A third and fourth lesion manifested themselves on either side of the nose.

When first seen by Dr. Duhring the disease was at its height. The original lesion had reached a diameter of nearly two inches, and was a circumscribed, at points sharply defined, irregularly rounded, elevated, firm, thickened, inflammatory, reddish, violaceous patch. Its centre was a crusted, irregular depression, of a lighter colour, and covered with a brownish crust, where the process was evidently subsiding. Over the patch, especially about the periphery, were numerous deep-seated, yellowish, large pin-head-sized, apparently sebaceous, pustular lesions, which had their seat manifestly in the middle and lower strata of the skin, evincing no disposition to rupture. These lesions were conspicuous, and presented a mammillated acne-form appearance on the cheek, where the patch was nodular, of a cherry red or violaceous colour, with a slight inflammatory

areola, while on the forehead they had, in some places, coalesced, giving the patch here situated a carbuncular look. The lesion on the ala nasi was the size of a large pea, sharply circumscribed, markedly raised, mammillated, and covered with a yellowish, tenacious deposit or coating, giving it a button-like or fungoid form. The fourth lesion was insignificant. When pricked or cut into, all the yellowish pustular points bled, but did not exude their contents, thus differing from ordinary pustules. The patient stated that the process had begun with itching, but that lately this had disappeared and had been replaced by a throbbing pain.

The patient was admitted to the hospital, and the iodide of potassium and colchicum mixture suspended. No local treatment was ordered. Two days later the disease presented an aggravated appearance, but there was otherwise no change. The following day a diminution in the colour was noted, and the next day a disposition to desiccate and a decrease in size. From this date the amelioration was rapid, and the patient was discharged, quite well of the skin disease, at the end of a fortnight.

In commenting upon the case, Dr. Duhring said that when the patient first came under observation there was no history of the administration of iodide of potassium, and that the diagnosis had rested, in his mind, between two diseases, viz.: dermatitis, from the internal use of bromide of potassium, and an undescribed disease presenting very similar clinical features, of which he had recently seen a well-marked example in the ward for skin diseases of the Philadelphia Hospital, a full report of which was in preparation. Iodide of potassium had not occurred to him as a cause, having never encountered or heard of a similar eruption following the use of this drug. Some years ago (in 1869), when in London, Dr. Duhring had been taken by the late Dr. Tilbury Fox to see the case of an epileptic boy, under the care of Dr. Cholmeley, who was found to be suffering from a very extensive inflammatory eruption, in the form of palm-sized, raised, infiltrated, painful patches, involving, chiefly, the sebaceous glands. This eruption was determined to be due to the bromide of potassium, which the