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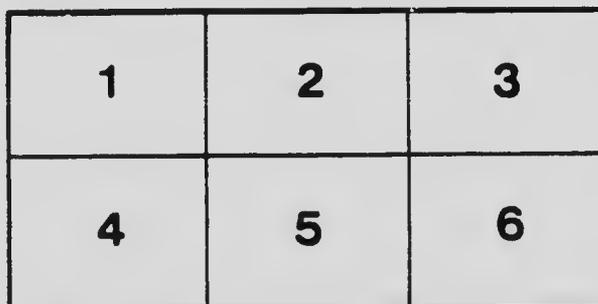
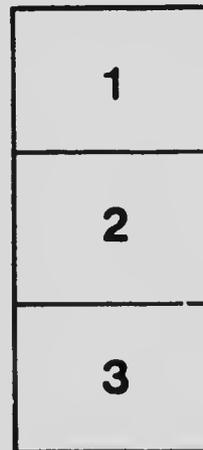
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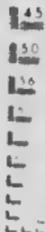
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TWO CASES OF BLASTOMYCETIC DERMATITIS, ONE OF WHICH WAS CURED BY IODID OF POTASSIUM.*

BY FRANCIS J. SHEPHERD, M.D., C.M.,
of Montreal.

I WISH to place on record before this Association notes of the two following cases of blastomycosis which have already been exhibited several times to the Montreal Medico-Chirurgical Society.

Jas. S., 36, thirty-eight, married, came to the dermatological clinic at the Montreal General Hospital in the month of March, 1900, with considerable ulceration of the face and nose. The disease began seven months before (August, 1899) as two small papules on the right ala of the nose. The papules were hard and flattened, of a pale red color, and, he says, never became pustular. Gradually these papules enlarged into tubercles, the lower one spreading downward and the upper one outward. The skin over the area which the growth invaded became raw and ulcerated, the ulceration going deeply and destroying the right ala nasi and part of the upper lip. The edge of the ulcer was red and inflamed with a gray sloughy base, and small abscesses appeared at intervals, and this ulceration caused him considerable pain. The ulceration gradually extended until it involved both cheeks, the whole nose, and part of forehead and upper lip.

When I saw him first both alæ nasi and part of the upper lip were destroyed by ulceration and on both cheeks continuous with the nose was a large, bat's-wing shaped scar with a raised ulcerating edge. At the right and lower edge of the eruption the ulceration was still extending and here there was much reddening and thickening with intervening patches of ulceration. Irregularly over the scar area were scattered small ulcerations from the size of a grain of wheat to the size of a large pea.

The patient had always been a healthy man, never had syphilis and shows no signs of it anywhere; has several children, all perfectly healthy, and wife never had a miscarriage. I saw the children and wife and they all were quite healthy; there is no history of tuberculosis. He had been treated with tuberculin on the supposition that the disease was lupus at one hospital for a month, but no reaction or bene-

* Read before the American Dermatological Association.

fit resulted. At another hospital he was etherized several times and the parts scraped with a sharp spoon and afterwards canterized, but this treatment had no effect in checking the spread of the disease.

When I saw him I suspected blastomycosis from his appearance, and had cultures taken, but unfortunately they were mislaid; I also removed some of the tissue, and Dr. Wyatt Johnston, who examined it, said he found yeast buds; his report is appended. The patient was

FIG. 1.

*Case 1.*

put on large doses of potassium iodide and rapidly improved. He previously had had merenry and small doses of iodide without effect. I did not see him for nearly a month, when he came back much improved; the nlecration had ceased spreading, and in every way he was better. When last seen, in September, 1899, he was practically well.

The second case, M. D., a French Canadian, æt. seventy-two, a laborer, came to the dermatological clinic at the Montreal General Hospital May 14, 1900. He has always lived in the Province of Quebec; married, and has had children, all healthy; no history of venereal dis-

ease of any kind: no tuberculosis in family, or any disease that he knows of. Three months before patient noticed a red blush over the right cheek, and in three or four days the whole right cheek was red and inflamed and soon afterwards a nodule the size of a pea appeared in front of the right ear. Other nodules appeared from time to time over the right cheek and right side of the nose. These nodules soon became pustular and later the surface became covered with thick crusts. The pustulation and crusting gradually extended until it involved the whole of the right cheek, right ear and right side of nose. Never has been painful or very itchy, except at first.

His condition on entering the hospital was as follows: Fairly nourished old man of seventy-two; no evidence of syphilis, but over left sterno-mastoid were two scars as if from the suppuration of tuberculous glands. He says these scars are very old. Over right side of face the skin is red, shiny and smooth, showing existence of previous ulceration. In this shiny skin are several areas half an inch in diameter which are raised above the skin, pustular and covered with crusts. The right ear is much infiltrated and part of the lobe has disappeared; there is also considerable scarring in front of the ear and over temporal region, which has destroyed the hair. Below the ear and in the ear are a number of pustules covered with scabs from which a purulent secretion exudes. Just in front of the upper part of the ear is a more superficial area of pustulation the size of a fifty-cent piece. The nose is covered with a group of pustules and scabs and the right ala has been almost completely destroyed. There is ectropion of the right eye, due to the contraction of the scar tissue of the cheek. Over part of the upper lip the hair has been destroyed and the skin here is covered with scars and there is some ulceration. Cultures were taken and pieces of tissue removed and sent to the pathologist.

The diagnosis of blastomycosis was suspected from the first, cultures were taken and pieces of tissue excised, and the patient was put on gr. xx. Pot. Iod. t.i.d. In a week there was decided improvement, the crusts were clearing off the nose; there was less pustulation, and many ulcerated spots were healing. In a month of continued treatment by iodide of potash, much improvement resulted; the pustular nodules had almost all disappeared from the cheeks and nose, leaving a shiny scar behind. On the side of the nose and about the ear some pustules with crusts remained. Dr. W. Johnston's report on specimens removed showed the budding pustules with double contour.

For some time the patient was lost sight of, though searched for everywhere, his name being a common one and the address he gave not existing, but on October 22, 1900, he came back to the hospital for

treatment in a much worse condition than when he left, though not so bad as when he first came under observation. He said he had been in the country, but it transpired afterwards that he had been an indoor patient in another hospital during the whole summer. I could not make out in what manner he was treated. He was again put under in-

FIG. 2.

*Case II.*

creasing doses of potassium iodide and rapidly improved: at one time he took one drachm three times a day without inconvenience, given in largely diluted form. By December he was nearly well, and when discharged from hospital on January 22, 1901, he was practically well, the only trace of the former disease being the scarring and a small

opening in front of the ear, which was the remains of what had been a fairly large abscess, and a small scab under right lower eyelid.

The cultures in this case at first showed nothing but staphylococcus aureus and then, after a week, the characteristic fungus of the blastomycetes appeared.

The following are the reports of Dr. Wyatt Johnston, Pathologist to the Montreal General Hospital, on those two cases:

Case I.—Jas. S., æt. thirty-eight, Dr. Shepherd, April 23, 1900. Portions of skin excised and cut by freezing microtome after hard-

FIG. 3.



FIG. 4.



Case II.

After one month with iodid.

At time of discharge.

ening in formalin. The sections showed a heaping up of squamous epithelial cells with some cell nests; the intervening connective tissue is highly vascular and shows infiltration by numerous leucocytes but no definite miliary abscesses. Sections stained by eosin and methylene blue show budding cells without definite double contour, but it cannot be definitely determined whether these are cell inclusions or blastomycetes forms—only a few were seen.

The material was not received in suitable condition for culture. No further material was received.

Case II.—M. D., æt. seventy-two, Dr. Shepherd, May 16, 1900.

Examination of pus from a small abscess in the cheek shows some

peculiar ovoid bodies no. like ordinary leucocytes but not characteristic of blastomyces.

Sections of skin removed and imbedded in paraffin after hardening, show decided hyperplasia of the squamous epithelium with several distinct cell nests. In the deeper part of the cutis and in the subcutis are miliary abscesses which in the center show two budding objects with double contour and vacuolation. The structure (as shown in the photograph by Dr. Patrick) corresponds exactly with the bodies figured by Gilchrist; the size is 15 to 18 microns. These are not adjoining any of the larger cell forms, but are situated in the center of the abscess and surrounded by leucocytes only.

Cultures on serum showed only staphylococci at first, but on the fourth day flat white colonies appeared, which showed microscopically the characters of blastomyces with typical budding and formation of small groups. These are mingled with bacillary forms, suggesting an impure culture. They grow best on media containing sugar and on agar form a diffuse whitish growth extending between the media and the tube. The size is smaller than the common blastomyces, not exceeding 4 to 6 microns in diameter, but corresponding with the smaller form as figured by Hektoen.



