THESIS.

SPONTANEOUS GANGRENE
in
HYSTERIA

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in

H Y S T E R I A.

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The subject matter submitted in the present Thesis is of importance not only by reason of its intrinsic interest, but also as furnishing one of the nicest problems in medicine for the exercise of sceptical criticism. The attitude of the profession towards the possible existence of Spontaneous Gangrene in Hysteria is fairly well divided; one half believing strongly in the existence of such a condition, whilst the other half as certainly disbelieves. The attitude of each party is equally non-critical: the opinions being formed not on a study of the evidence, but purely on the "a priori" probability or otherwise of the statement as the case may be. To investigate, in as unprejudiced a mood as possible these phenomena, will be the aim of the present writer.

Spontaneous Gangrene in Hysteria is described by Kaposi (1) as occurring in, without exception, young females, with or without marked evidences of anaemia and hysteria. The condition is described by him in the following words:- "On a certain portion of the skin, such as the breast or arms, a sudden burning sensation is felt. The patient indicates a spot varying from a nickel to a dollar in size, in which the skin is either slightly reddened and salient or

or of alabaster whiteness and wheal like. Within a few hours the integument at this point becomes discoloured, blue black or greenish brown, sloughy and leathery as if cauterized with sulphuric acid. The eschar is gradually cast off, and healing usually leaves a hypertrophic cicatrix. In the meantime the same process is repeated on other points at intervals of days and weeks, with like symptoms of pain, redness, sharply limited gangrene, and cicatrisation. The process lasts weeks, months, even years, and then ceases permanently."

The Salpetriere School, and especially Gilles de la Tourette, accept the fact as proven, that gangrenous ulcerations of the skin may occur as a symptom of hysteria; and Gilles de la Tourette (2) has observed persistent urticaria, haemorrhages, bullae, and even gangrene. Sangster (3) describes a condition which, he says, was evidently neurotic, and he regarded it as a form of herpes stopping short of vesiculation. Renaut (4) suggests that, in hysterical cases, the vaso-motor condition may be favourable to the proliferation of the pyogenic micro-organisms of the skin. These then are some of the manifestations occurring principally in hysterical women, and which are regarded as being either due directly to vaso-motor disturbance, or more indirectly to the vaso-motor condition rendering the skin a favourable field for the proliferation of pyogenic organisms.

Instead of looking upon these manifestations as being due / / / / /

due to vaso-motor changes, I think they may be more reasonably explained as the outcome of autogenous production; and in support of which view I shall quote a case which came under my observation, and which corresponds in a marked degree with Kaposi's original description of hysterical gangrene, and yet which could not be placed in the category of a vaso-motor disease. Along with the notes of this case I have also collected some other cases which have more or less the same characteristics, and which in almost every case have been shown to be the outcome of autogenous production.

History of Case.

Miss S -----, Cleland, aged twenty-two, had the middle finger of her right hand slightly scratched when cleaning the fire-irons. The injury was so trifling that she paid little attention to it beyond applying a simple dressing. A few days afterwards, however, she consulted my partner, Dr Lithgow, about her finger, which showed on the dorsal surface a glazed and shining appearance, extending from the point as far as the middle of the second phalanx; only the superficial layer of the skin seemed involved. The finger gradually got worse, till, in three weeks, when I first saw her, the entire dorsal surface of the skin presented a dark, yellowish-green, gangrenous appearance, glazed and shining, and cracking over the joints.

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A thin pellicle could be peeled off, and one expected to find serum below; but the underlying surface was quite dry. This condition gradually extended round to the palmar aspect of the finger, and soon the entire finger looked gangrenous. The treatment at this time consisted in the application of various antiseptic lotions on lint under gutta-percha tissue. This, however, had no effect upon the spread of the disease. It was noticed at this time, both by Dr Lithgow and myself, that the dressings, on being changed, had often a carbolic smell, even although there was no carbolic acid used in the lotion. So noticeable was this on several occasions that the patient's attention was drawn to it, and she attributed the odour to carbolic soap used in the ordinary course of cleansing. There was no significance attached to this circumstance at the time: but it probably had a distinct bearing upon the problem of causation.

The whole finger had now a dark, greenish-yellow, dead looking appearance; and at the request of the father of the girl, and with her consent, I amputated the finger. This was about eight weeks after the disease commenced. The finger, although superficially gangrenous, was quite healthy in its deeper parts; and in the light of what occurred later, might have been saved by suitable conservative treatment. Although the entire gangrenous part had been removed, yet, in a few days, the whole of the

the back of the hand presented much the same appearance as the finger - over the larger part the superficial layer of the skin was glazed and shining in appearance, and could be peeled off, whilst at three points the entire thickness of the skin was destroyed, forming a dirty yellowish leathery slough. An erythematous blush spread up the forearm on its extensor surface, and at the middle of the forearm, just over the extensor surface of the radius, appeared two brown glazed discolourations, about an inch apart, and just as if acid had been spilt on the arm and had run over. The lower mark showed three tails to the ulnar and one to the radial side, the upper showed two tails to the ulnar and one to the radial. The accompanying photograph, (Fig. I.) in some slight degree shows the markings. The ring finger of the same hand became affected in a similar manner, though never to the same extent; a deep slough of leathery dark yellowish skin extending from the root of the nail to the second joint being ultimately thrown off. These were the last of the deeper sloughs or gangrenous patches; the appearances after this being confined to erythema of arm up to the shoulder over the outer regions of the biceps, and to erythematous patches of varying size on different parts of the body. This erythema, after lasting a few days, was followed by a brown discolouration of the epidermis, which broke up and separated in brownish flakes. Up to this time the disease / / / / /

ease had been entirely confined to the one arm; it had lasted over three months; and various kinds of remedies, both local and general, had been tried. Antiseptic lotions and ointments, soothing applications, lead lotion, had been applied locally; and arsenic administered internally; but these had had no effect upon the progress of the eruption. At the end of three months there was a short period of quiescence, during which no new outbreak took place. In about a week she presented herself again with two patches on the body. These patches were circular, and were situate one over the right breast, the other over the sternum. These patches were soon followed by numerous others also circular, varying in size from a crown piece to twice this size, and situate on the anterior and exterior surfaces of both legs from the ankle up to the middle of both thighs. One or two patches also appeared on the extensor surface of the other fore-arm. The history of each of those patches was similar - the patient complained of heat and pain for several hours; this was followed by erythema, terminating in desquamation of fine flakes of brownish epidermis in a day or two. As these circular spots differed in their period of incidence, all the different stages were present at one time. The hand and arm showed the deeper lesions, the dark greenish-yellow sloughs, and when these had been thrown off, the clean ulcer. The arm showed the glazed epidermis as if acid had been poured over the parts; whilst erythematous redness with less destruction / / / / /

destruction of epidermis was shown over the other parts of the body. During the time that these various manifestations were taking place, numerous remedies had been tried; and it was noted that the patient, after taking a small dose of strychnine had an attack simulating somewhat strychnine poisoning, and this was followed in a day or two by a markedly hysterical attack. About this time she was seen in consultation by Professor M'Call Anderson, who did not commit himself to a diagnosis, but recommended investigation along the lines of it probably being the first stages of Haemidrosis syn. Ephidrosis cruenta -- Bloody sweat, (5). This will be further discussed in treating of the differential diagnosis. Kaposi's description of spontaneous gangrene corresponding so closely with the symptoms observable in this case I came to the conclusion that this was a very likely explanation of the phenomena. On finding, however, that Malcolm Morris (6) regarded the manifestations described by Kaposi as strongly suggesting imposture, I questioned her closely as to the self-production of the sores, but this she strenuously denied. However, we adopted a method which proved successful. In her hearing, though as if not wishing her to hear, we discussed the condition and mapped out where, if it was really the disease we supposed it to be, the next patch of erythema would develop. First, we selected a spot on the chest below the right breast; and

in two days she presented herself with a large circular patch of erythema in that region. Then, in the same way, it was suggested how remarkable it was that the face had never been attacked; and very shortly afterwards she returned with a large patch over the left frontal and superior maxillary region. It may be noted here that all the lesions were on the anterior surface of the body. After this she was sent into a private home in Glasgow where strict supervision could be exercised. The following note from the Doctor in attendance describes the result. He writes:- "I have observed with much interest your patient in the Nursing Home. The gangrene has been caused, I have no doubt, by the patient herself. You will be surprised to know that all the areas affected are now well. The dead skin has separated, and for the most part with little or no scar; even the finger is now right. She has simply been kept in bed and prevented from doing further injury to herself. One spot, on the inner side of her leg, occurred after she came in; it was red and angry looking, but very palpably due to acute friction. How exactly she injured her skin so as to cause its necrosis in so many places I am at a loss to determine; but that she has done so I have no doubt at all. Friction or heat are two causes which, in the meantime, seem to me the most probable. We found nothing in her blood or excreta suggesting anything abnormal; and the only defect I find in her nervous / / / / /

nervous system is the normal one of especially great untruthfulness."

She was discharged with all the lesions quite healed, and there has never been any recurrence since.

This, then, is the account of a case which, at different times, presented appearances bearing a resemblance near or remote to various other skin diseases; and these may now be discussed very briefly.

The first of these is Pemphigus (7) in which bullae develop; these resemble those produced by vesicants, sometimes instead of being tense they remain flaccid with very little fluid intervening between the separated epidermis and the cutis vera. In exceptional cases, as the result of neglect, etc., ulcers are left, and in very rare cases indeed the eruption tends to become gangrenous, (Pemphigus gangrenosus). Sir Erasmus Wilson records two cases where injury gave rise to this condition. The after history of my case, however, negatived the idea of Pemphigus, although at first the appearance of the finger was as if a very flaccid bulla had formed on its dorsal surface. The general manifestation on the body was also opposed to this diagnosis.

Another disease to which there was some resemblance

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by reason of the peculiar glazed and shining appearance of the epidermis was Glossy Skin, (8). (8a) This is a condition of atrophy and degeneration of the skin due to a nerve lesion. The part of the integument supplied undergoing a peculiar change and becoming smooth and glossy, or blotched as if with permanent chilblains. Here again, the after history and further development of the case rendered this diagnosis untenable.

After the various patches of erythema had developed over the body and legs, the appearance was suggestive of a central cause, a vaso-motor disturbance probably accounting for the erythema, Erythema Polymorphe, (9). This condition, however, runs a typical course in two to four weeks, at the most six weeks, (10).

Again, the symmetrical appearance of the eruption, the erythema, the brown colouration on the surface,might, along with any of the other characteristic symptoms, be readily connected with a specific infection. The protean nature of syphilitic manifestations being well known, the fact that in this case there were two main features in the eruption renders such a diagnosis a possible one, especially as a polymorphous eruption is common in connection with the earlier manifestations of syphilis. Examination, however, failed to elicit any history of contagion, sore throat, falling out of the hair, or any other characteristic manifestations of syphilis.

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In Raynaud's disease (10a) one may get disturbance of the circulation, particularly in the extremities, accompanied by gangrene of these parts. Not infrequently the parts liable to be affected in the mode above described become the seat of an eruption which looks like erythema papulatum, or urticaria perstans, and which also has a close resemblance to chilblains. This is apt to occur about the knuckles and elsewhere. Somtimes blebs containing sanguinolent fluid rise upon the affected parts, and are followed by intractable sores. Again, cases are occasionally met with when the parts affected (the fingers for example) become smooth, shiny, and pointed. In my case there is gangrene of the middle and part of the ring fingers and back of hand, with erythema of the extremities, this erythema being distributed in a symmetrical fashion, the eruption having appeared on the left arm, though never in so severe a form as on the right. There was, however, no appearance of pallor or blanching, and the spasm of the artery could not produce the gangrenous appearance found on the fore-arm. At the same time, careful analysis of the urine, conducted over a lengthened period, failed to show at any time Paroxysmal Haematuria. Again, there is the condition already referred to, and which was given as a provisional diagnosis by Professor M'Call Anderson, viz. Haemidrosis, (11). In some of these cases patches of erythema appeared, and these very soon became the seat of either / / / / /

either a serous or bloody discharge, and it was conceivable to him that the process might have stopped short at the stage of erythematous inflammation without the after transudation of serum or blood taking place. He accordingly advised that the menstrual period be closely observed, and also suggested the local application of Ung. Pinae Sedativus. No menstrual disturbance was found, however, the flow being in every way normal.

This case then, while presenting some points of resemblance to the above-mentioned diseases, corresponds accurately to Kaposi's description of spontaneous gangrene already quoted. Now when it can be shown that in this case the condition was self-induced, and furthermore, when a number of cases can be adduced, which, whilst presenting similar features, have ultimately been proved to be factitious, then I think the acceptance of Spontaneous Gangrene as a distinct entity should either be rejected, or only accepted with the greatest possible reserve.

CAUSATION.

The condition in my patient was evidently the result of the application of at least two forms of irritant. The erythema with the epithelial desquamation, which was found on the right arm and neck, breast, fronts of both legs and face, was in all probability caused by friction of the parts. This was actually discovered to be the cause / / / / /

cause of one patch on the inside of the ankle. The deeper gangrenous lesions were in all likelihood the result of the application of carbolic acid, the action of which may have been discovered accidentally by the patient after the application of a carbolic dressing. This will explain the persistent odour of carbolic that was felt on changing the dressings, even when these were used for the application of some other antiseptic. Similar cases have been observed even when a very dilute moist dressing of carbolic acid has been used, as we see in the following cases:-

Francis B. Harrington, M.D., (12), writing on Gangrene from the application of dilute solutions of carbolic acid says, "An unfortunate result of the popularisation of the antiseptic treatment of wounds is, that dilute solutions of carbolic acid are applied as moist dressings - a practice liable to produce gangrene. During the last five years, at the Massachusetts General Hospital, the writer has seen eighteen cases of gangrene from this cause. In a large proportion amputation was necessary. Including his cases, one hundred and thirty-two cases of gangrene from dilute solution of carbolic acid have been recorded. Doubtless many others have occurred, and either have not been recognised as due to carbolic acid, or have not been reported.

CASE. A delicate girl, aged twenty-six, cut the tip of her right / / / / /

right index finger. Her brother, a strong, healthy man, had treated his cut finger two weeks before with a solution of carbolic acid, and the wound had healed quickly. She washed her finger with the same solution, and put on, at 6 p.m., a bandage which was saturated with the same solution. On going to bed she again moistened the dressing. There was some pain in the finger during the night. In the morning, on removing the dressing, the skin was grey and the finger felt lifeless and heavy. It was somewhat swollen throughout, especially at the base. The colour changed in a few hours to a dark brown. The discoloration extended nearly to the base of the finger, to the limit of the bandage. When the finger got dry it looked quite black. At the end of four weeks, when the writer first saw the finger, it appeared to be in a state of advanced gangrene. It was, in different places, clay coloured, dark brown, and black. The nail appeared bluish black. A well-marked line of demarcation had formed near the end of the first phalanx, and the remainder of the phalanx was red and swollen. The finger was amputated at the middle of the first phalanx. A transverse section was made completely through the finger, after the removal of the bone. This was stained with polychrome, methylene blue and eosin, and examined microscopically. The vessels of the skin and subcutaneous tissue were thrombosed, and colonies of bacteria were present in the blood clot. / / / / /

clot. There was a wide zone of round cell infiltration among which were polynuclear leucocytes in large numbers. In places pus was formed. Down to the periosteum there was diffuse infiltration of round cells, many of the small vessels were thrombosed, and there were areas of haemorrhage among the tissues. The process was a total superficial necrosis with deeper purulent inflammation and haemorrhage.

The history of the reported cases varies but little. The patient suffers from a wound or pain in the finger, and by the advice sometimes of a physician, purchases a solution of carbolic acid. The member is wrapped with a dressing saturated with the solution. Usually the wrappings have been kept saturated from twelve to twenty-four hours. Probably the strength of the solution has less to do with the result than the duration of the application, and the thickness of the epidermis. Four-fifths of the cases in the Massachusetts General Hospital were in women."

In the illustration (Fig.II.) accompanying Dr Harrington's article, figs. 1 and 2 resemble closely the condition seen in my case. Peraire reports a case in a child aged 10, who lost the second and third joints of a finger after twenty-four hours exposure to a compress saturated with a one per cent solution. In 1896, Josef Levai showed by a series of careful experiments that gangrene from the use of carbolic acid is due to a direct chemical action / / / / /

action on the tissues, and other dilute chemicals have the same effect. Five per cent solutions of muriatic, nitric, sulphuric and acetic acids, also of caustic potash, produce gangrene in from twenty to twenty-four hours when applied by means of a moistened compress to an extremity. The histological examination shows that in the beginning each of the diluted chemicals produce the same effect. The epithelial layer becomes oedematous and loosened. As soon as a way has been made to the deeper layers each agent produces necrosis which takes place in layers downwards. Maceration of the skin having taken place as a result of prolonged action of the watery solution, the penetration of the chemical becomes easy and rapid. The gangrenous process may sometimes be so slight that only the skin is destroyed. On the trunk superficial gangrene occurs if the application is sufficiently prolonged, and the saturation of the dressings sufficiently great. Here the result is not so disastrous, because of the greater thickness of the tissues, and because the blood supply cannot be shut off as in an extremity.

Sheldon (13), Fischer (14), and Bosanquet report cases where the gangrene spread from the seat of application. As I have already stated, the appearance of the finger and back of the hand in my case exactly corresponds with the appearance in figs. 1 and 2 in the plate accompanying Harrington's article. This also explains the odour / / / / /

odour of carbolic acid which I have also already mentioned. Harrington says the gangrene is limited to the parts that are covered by the dressing; but Fischer and Bosanquet both have had cases where, after the initial application, the gangrene has spread to the dorsum of the foot or hand. This, then, I take it. will explain the gangrene of the fingers and dorsum of the hand, and also the gangrenous ulcers with the run like appearance on the fore-arm, though these may have been due to some other corrosive.

I shall now briefly describe some cases of a similar character which, though ultimately proving to be factitious, yet for a considerable period baffled the closest observation.

CASE. A. S., (15), aged sixteen years, a furtive looking general servant, presented herself at the Skin Department of the North West London Hospital on 28th November. She applied on account of three excoriated patches which appeared on 21st November close together on the front of her leg, and had given her great pain. They were simple, uniform, weeping excoriations, with hardly any attendant inflammation. On December 5th she returned with a transverse oval sore just above each Mamma, (a very characteristic site in feigned cases), but not quite symmetrically situated. A considerable number of other patches appeared after her admission to the wards, and these patches / / / / /

es were remarkably uniform in size and appearance throughout. The girl, from time to time for twenty-four hours after admission, had prolonged fits of hysterical weeping. On the 16th no more excoriations having appeared, the girl was taxed with producing them artificially, and after prolonged denials, she confessed she had done so partly by her nails, but mostly by continued rubbing with the tips of her fingers. Probably the malingering was not altogether motiveless, as she desired a rest from her household labours. She proved very troublesome in the wards; and it was learned from her father that she was an incorrigibly bad girl, and a constant source of worry. Dr Fox adds that the case is of interest as establishing an agency which has hitherto only been suspected as possible.

CASE Mr W. Dale James presented an unmarried woman, aged thirty years, at the Dermatological Society of London, 1899. She was of highly neurotic disposition, and of a neurotic strain. There was no history of rheumatism: menstruation commenced at fifteen, and was irregular until she was twenty-two years of age. At about the age of twenty-two she suffered long from pronounced hysteria, and for a time had almost universal eczema. At the age of twenty-four she suffered from what appears to have been a variety of erythema on the legs, but it had been called ringworm. At the age of twenty-five she had scarlet / / / / /

-let fever. During convalescence erythema nodosum seems to have appeared on the legs and arms; and eighteen months afterwards on the chest. The eruption at present consists of rounded erythematous areas arranged in a peculiarly regular manner on the chest, and a similar condition of more recent origin exists on the right arm. Each spot begins as an indefinite rose-coloured blush, which extends for a week or ten days, then fades at the centre, and becomes a ring. In the central area, small herpetic vesicles appear, collapse. and dry up, and the epidermis exfoliates as dirty brown scales. The ring increases in size, becomes very sore, but not raw, and in some instances lasts for some months. The pigmentation varies greatly, having relapses from the brownish tint of low re-action to the pink of acute congestion. There is hyperaesthesia in all the spots, and sometimes it is very marked. The front of the right fore-arm has recently become affected, and it is a singular thing that the lady is left-handed. In reference to the diagnosis, Dr Dale James said that first he came to the conclusion that this eruption must be factitious, the regularity of the rings of erythema suggested that they could not have been more perfectly produced by being burnt with the edge of an egg-cup; but prolonged observation had made him hesitate in this opinion, and he now brought the patient for diagnosis. As to treatment, many attempts at some kind of specific treatment / / / / /

treatment had been made:- iron and arsenic, bone marrow, thyroid gland, ichthyol had in turn been used internally. Externally most good had been obtained from zinc oxide, boracic and carbolic acids. The members present all agreed that the eruption was factitious, and was produced by the patient herself by some mode of irritating the skin.

CASE. At a meeting of the Derm. Society of Great Britain, April 27th, 1899, Dr Radcliffe Crocker showed an unmarried woman, aged forty-eight. Ten years ago she was a servant. The present condition started six years ago, and about three years after diphtheria. Three years ago she was free from any lesion for a period of three months. The lesions were of an erythematous and bullous character, and some of them had left scars. They came out one at a time; and were situated, to a large extent, over the abdomen and left limbs; and she had a constant succession of them which could be seen in various stages. The conclusion Crocker came to was that the eruption was self-induced. It would be noticed that all the lesions were on the front of the body. Most were on the left side, there was none on the right arm. In some cases their outline was very angular; and the lesions did not correspond with any known natural eruption. There were grounds for suspecting that the lesions were produced by mustard, but that was not definitely proved.

CASE /////

CASE. Rasch (16), in an article on hysterical skin affections, gives a detailed account of factitious dermatitis, vesiculosa, bullosa, et gangraenosa multiplex, with keloid scars in a servant girl, aged eighteen, with hysterical stigmata. There was mental disease on both father's and mother's sides. There were no signs of congenital syphilis about the patient. She first came under observation at the Copenhagen Communal Hospital in October, 1895. She attended for the various lesions from that date till October, 1898. The factitious origin could not be proved, although she was an in-patient from January 18th to May 23rd, 1896. In March, 1898, she admitted that the original bullae (October, 1895) were self-induced by means of cantharides plaster. The author rightly points out that many observers are too much inclined to look upon the lesions as purely vaso-motor and tropho-neurotic in origin, and in many of the published cases the artificial origin is either not mentioned at all, or is at once excluded as "a priori" impossible. Rasch refers to Strumpel's case, (17), in which the patient had suffered for nine years. The condition was eventually traced to caustic soda. As to Ehrl's case, (18), of two sisters whose condition was described as gangrena cutis hysterica, the condition was subsequently exposed in Gussenbauer's clinic, and traced to caustic potash. These two women were so expert that they produced at will, by means of the caustic agent / / / / /

agent, various kinds of lesions such as erythema, vesicles, bullae, and gangrene.

CASE. Dr Sangster's case, which is referred to by Rasch, was first shown to the Clinical Society of London on June 8th, 1878, (19). He showed a girl with a curious skin eruption, which commenced six months before as a circumscribed erythematous patch on the back of the hand, with rapid exfoliation of the epidermis, and subsequent exudation and incrustation. The child had been under observation during the whole of the period; new patches coming out in fresh spots as the old ones faded. The areas involved followed distinctly the course of nerve trunks, and whereas the right half of the body was most affected, it is now the left extremities that are the seat of the creeping eruption. The duration of each patch was about ten days. Dr Sangster said that the eruption was evidently neurotic; and he had regarded it as a form of herpes stopping short of vesiculation. Dr Irvine saw the case in the Charing Cross Hospital: he said the resemblance to the effects of superficial burns or scalds had suggested that it was possibly artificially produced; but observation showed this could not be the case. At the Medical Congress in 1881, Dr A. Sangster recorded the sequel of a case he had read at the Clinical Society meeting in 1878, as one of abortive herpes. Its subsequent history had thrown doubt upon the genuineness of the eruption as due / / / / /

due to disease. The author adduced facts to show that the onus of proof rested with those who believed in the artificial production of the eruption. He thought the case (if genuine) bore more resemblance to cases described by Mr Erasmus Wilson as "neurotic excoriations". This case was looked upon as artificial by Unna. This was also the opinion of Billroth with regard to a case shown by Newmann in Vienna in 1882.

CASE. Dr Kopp, of Munich, (20), at the Congress of Munich, (Sect. for Dermatology) on the 19th September, showed a girl with spontaneous gangrene of the skin of one hand. The patient, a young and evidently a very hysterical girl, had suffered for a long time from a non-healing wound on the back of the left hand. This wound, on which a gangrenous scruff formed, was five centimetres in diameter. The gangrenous scruff, when knocked off, formed again freshly. Unna of Hamburg declared the affection artificial, and recommended suggestive treatment. Two interesting cases are reported by F. J. Shepherd and Corbett (21

CASE Shepherd, writing on some cases of feigned eruptions, describes the case of a servant girl aged thirty, with a number of circular patches on the back of both hands and fore-arms; these patches were about the size of a ten-cent piece. Some were dry, hard, gangrenous, and almost black; others were shiny, or of a dark yellowish colour, and quite insensitive; while some again were merely red and inflamed. / / / / /

inflamed. There was an inflammatory areola around each patch. The arms were sealed up and bandaged, and no other patches appeared. Shepherd believes that they were produced by a heated metal disc, as concentric rings could be made out in some of the patches.

CASE. Corbett, in the same journal, reports the case of a girl, aged fifteen, who developed three blisters on the cheek, and which left scars. They were attributed to the cpntact of a leaf applied by a young man. Similar lesions on the dorsal surface of the left middle finger appeared; and finally a sloughing lesion on the little toe, this lesion extended over the dorsum of the foot and ankle. There was some suspicion of hysteria at one time. He refers to cases of gangrenous dermatitis, and to the occurrence of local erythema, and blistering of the skin by suggestion. He evidently does not entertain the idea that the girl produced the lesions artificially.

CASE. F. Balzer and Michaud, (22), describes multiple cutaneous gangrene in a hysterical girl. The case was that of a domestic servant, aged twenty-one, who was the subject of periodical outbreaks of multiple lesions situated on the backs of the feet, back of the left hand, breast, and groins. In the earlier attacks, the lesions had been erythematous, urticarial, bullous; while in the more recent gangrenous and ulcerative. The patient had shown manifestations of hysteria since a severe fright three years / / / /

years before, and the lesions had first appeared after the fright. The girl had been carefully watched, and there was no suspicion of imposture. M. Balzer regarded the case as analagous to those described by Kaposi, Carrel, and others; but the general opinion of the Society favoured the view that the lesions were self-inflicted.

CASE. Dr James Galloway. (23). presented a young woman, aged nineteen, at the Dermat. Society, London, 1899. She had suffered from a recurrent grouped scar-like eruption for the past three years. At present the scars only could be seen. These were small. rounded, superficial, and situated in two groups, each about the size of a crown piece, on the right cheek, and on the skin of the upper part of the left mamma. The lesions producing the scars were said to be like small white blisters. The patient presented herself for the first time on Monday, January 9th, so that she had not been long under observation. Though no history pointing to such a possibility could be obtained, it was thought that the eruption was probably of artificial production.

CASE. To the Dermatological Society of the Netherlands, Mr Mendes da Costa showed a case of neurotic gangrene in a girl fifteen years of age. The eruption consisted of patches of superficial necrosis of the skin passing on to the production of excoriations arranged frequently in a linear direction. Occasionally the eruption simulated zoster. / / / / /

zoster. Mr Mendes da Costa did not regard these as self-induced.

CASE. Mr J. Hutchison Junr. (24), reports a case of factitious ulceration of one arm. His case was that of a woman, aged twenty-five, of good health, and with no history of hysterical symptoms. Her left arm, from shoulder to wrist, was covered with ulcers, and the scars of healing ulcers. The peculiar feature was their distribution - entirely confined to the front and outer aspects of the arm and fore-arm - the parts most accessible to irritation with the right hand. They began as small pustules, which rapidly broke down and formed ulcers. There was no difficulty in getting them healed; but there was a constant succession of them. The diagnosis was founded on first, the age and sex of the patient, second, the character of the ulcers. These ulcers were unlike those of any known disease, especially the grouping on the arm only, and along the surface of it most accessible to artificial irritation with the other hand. Another point to be noted was the fact that the ulceration had commenced soon after vaccination, which had attracted the patient's attention to her skin.

These manifestations are not entirely confined to females, for, though much more numerous in that sex, yet cases have been observed amongst males; and Dr Fox showed

CASE. one to the Derm. Society of London, May 10th, 1899. His patient / / / / /

patient was a man, aged thirty-five, who had been under his care for several weeks with a peculiar eruption on the back of the right arm. The man was a railway clerk, who, eighteen months previously, had had a piece of splinter removed from the ball of the right thumb. A few weeks ago an eruption appeared on the back of the right wrist, and had gradually spread nearly to the elbow. The eruption consisted of superficial patches of gangrene. On the wrist they were the size of split peas, and had left keloidal cicatrices. Higher up they were the size of a shilling, and corresponded to the description "Erythema gangrenosum". They were irregular rounded inflammatory macules, which rapidly became superficially white and gangrenous. There was no peripheral extension. Dr Fox suggested the diagnosis "Dermatitis Factita", founded on the character of the lesions, their peculiar mode of evolution, and the neurotic temperament of the patient. Simple occlusive dressing rapidly healed the lesions, but fresh ones appeared either just beyond the dressing, or after the application had been displaced. The lesions appeared most irregularly, and varied much in shape. Lastly, the patient gave, what appeared to be a most exaggerated account of his sufferings, and described other anomalous symptoms, such as passing of blood, which were open to suspicion.

CASE. Dr Joseph, (25), under the designation "Gangrene Hysterique-zona gangrenique", reports the case of a man, aged / / / / /

aged twenty-seven, who had previously had his left hand burnt with sulphuric acid, and this had been followed by the formation of false keloid. During the night of 30th January last the patient was awakened suddenly by a sensation of coldness of the right arm, which he could not warm, and he noticed on the right hand a white anaesthetic spot surrounded by a red ring. Some days afterwards the spot turned yellowish-green in colour, the superficial layers of the skin came off and were replaced by a cicatrix resembling false keloid. The patient was otherwise quite healthy, and did not appear to be of a nervous temperament. Dr Joseph does not consider the case to be one of hysterical simulation, as the patient was thrown out of employment in consequence, and was anxious to recover quickly. There was no evidence of Syringomyelia. He adds this is the first case which has been observed of the so-called hysterical gangrene occurring in a male.

In all the cases above quoted we have had various substances and methods used to bring about an eruption varying from erythema, through vesicles and bullae, to gangrene itself. Friction in some form, or the application of some caustic substance to the skin, has been the method mostly adopted; the varying strength of the application has been responsible for the varying nature of the eruption. So cleverly has this been done in many of the cases that, while suspicion might be very strong, definite proof has been awanting, and the patient has defied the / / / / /

the most careful observation, sometimes over a period of years. This is well shown in Strumpel's and Ehrl's cases. It may also be noted, from the reports of the cases collected, that frequently the medical man in attendance, even although having the factitious nature always in his mind, has been the one who was most willing to believe that he had a real vaso-motor disturbance to deal with.

Could all the conditions already described in the preceding cases be shown to arise from a vaso-motor disturbance they might be placed in a like category with the Anaesthesias, Amnesias, and Motor Disturbances described by Pierre Janet, (26), and their origin be traced to the mental state of hysteria described by Gilles de la Tourette in the one word, "Suggestibility", (27). But as I have shown, these conditions are autogenous in their origin, and are not necessarily confined to hystericals.

The desire to excite sympathy, as in Radcliffe Crocker's case, or to escape disagreeable duties as in the case mentioned by Colcott Fox, may form the chief reason for the outbreak; whilst in other cases, although one cannot perhaps lay their finger on any definite reason, the desire for notoriety seems to play some part.

As to the prognosis, the condition is usually a temporary one, though Rasch adds, "In some cases the chronicity is such, and the mental condition so serious, (suicidal attempts, as in Doutrelepont's case), that hospital treatment / / / / /

treatment is indicated." Apart from the seriousness of the mental condition altogether, hospital treatment is very beneficial, as by it the patient can be kept under close observation; and whilst no new lesions are thus permitted to form, those already developed can be healed by any simple dressing.

Complete similarity has been shown between the cases quoted and the case which came under my own observation, and which forms the basis of this thesis; the only difference being in the methods used to bring about the various eruptions. There is also, I think, as complete similarity between those cases and the abstract disease described by Kaposi. Sangster writes that the onus of proof rests with those who believe in the artificial production of the eruption. After a survey of these cases I have quoted, however, and keeping in mind the fact that in some of the cases recorded we get confession after long delay, I think that, where we find in a hysterical person an eruption erythematous, bullous, or gangrenous in character, confined to parts of the body most easily accessible to the hand, and following no definite anatomical distribution, the only conclusion we can come to is that we have to deal with a factitious eruption, and there is no true vaso-motor element in its causation.

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Fig. I.

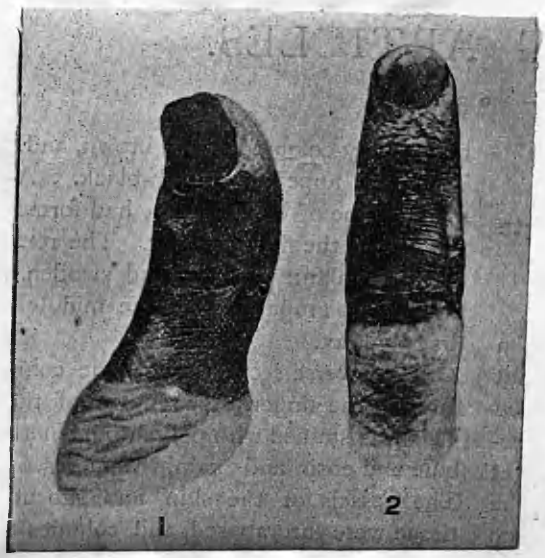

Fig. II.