OHMANN-DUMESNIL, (A. H.)

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A Case of Symmetrical Vitiligo.

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A Case of Symmetrical Vitiligo.* By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis, Mo.

This atrophic disease of the skin, although neither rare nor remarkable, except for the great ignorance entertained as to its etiology and treatment, offers, from time to time, cases which may prove of interest. All the standard works of dermatology dismiss the subject in a few words, with the concluding remarks that no treatment has been found efficacious, that the prognosis is bad and that it is an incurable disease.

The following case presented itself for treatment some time in 1881 and proved interesting in several particulars. The patient, A. F. G., became the subject of the disease some time before seeking advice. About thirty-five years of age, he stated himself to be in excellent health, apparently. The white spots, two in number, one on each side of the chin, as shown in figure 1,

Fig. 1.

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Symmetrical Vitiligo.

Note.—The shading in the lower part of the face has been made more pronounced for the sake of showing the spots with greater clearness.

were equidistant from the mesial line. Each spot was round and about the size of a silver dime, or a little larger. The skin had the peculiar white hue characteristic of the disease, with the

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dark margin, indicative of an excess of pigment cells peripherally. The beard growing in the area of these spots was "as white as cotton," as the patient expressed it. They were spreading pretty rapidly and began to present a rather unsightly appearance, or one likely to attract the attention of individuals in the patient's near vicinity.

Although the immediate cause of the affection is known to be an absence of pigment cells in the skin, it was supposed that a nervous influence might possibly have a part to play in this particular case. Among the reasons which might render such a supposition probable, was the fact that the two spots were symmetrical. As a rule, vitiligo is bilateral, but it is not usually symmetrical. This symmetry is not only in respect to the situation, but also to the size and extent of the spots and even to the area encroached upon by their growth. Another reason which might be adduced as corroborative, was the shape of the spots.

All of these reasons seemed to warrant, at least, a supposition that the cause might be due to a trophic nerve disturbance, translating itself into this affection of the skin; and the fact that in these cases there is sometimes spontaneous recovery or arrest, would seem to give some color of probability to such a supposition. Duhring inclines to this opinion, or at least that it is due to some defect of innervation. This, however, will not be more definitely settled until the true anatomy and distribution of the nerves of the skin shall have been demonstrated in an unequivocal manner.

The treatment suggested consisted of three general methods, preference being given to them in the order named. The first method was based upon the supposed etiology of the disease and from it the best results were to expected. In any case it could produce no harm to the skin and consisted in the application of the galvanic current, an ascending one being preferred. This would stimulate the nerves in a manner not to be equalled by any other means and would be unaccompanied by any deleterious results.

The second method proposed was a purely local stimulant to act upon the blood-vessels, induce a greater flow of blood and by that means endeavor to bring about a deposit of pigment-cells; the flow, at the same time, decreasing the number existing at the periphery. For this purpose the acetum cantharidis was given the first place as a remedy.

The third and last method was recommended as a *dernier resort* and purely as a cosmetic agent. This consisted in using a burning glass and endeavoring to tan the spots so as to acquire the same color as the normal skin possessed. A simple manner of accomplishing the same result is to dye the spot with an infusion of the "shuck" of the walnut, butternut or hickory nut.

The patient lived at a distance and full opportunities of watching the case closely and of observing changes, were wanting. However, he promised to carry out one of the first two methods faithfully and report what progress was made, if any; and being a medical gentleman, his statements could be relied upon. He chose the application of acetum cantharidis as being the easiest of application and the more accessible method.

He was told to hope but little, as the disease is considered ordinarily incurable, and that the spontaneous cures are very rare. Also that although the spots might not entirely disappear, an arrest of the process could take place.

The last letter he wrote was in Nov., 1883, and in it he stated that he was greatly improved. The spot on the right side is scarcely noticeable and the one on the left has oases of *colored* hairs which greatly obscure it. He adds by way of apology: "I have been negligent in treatment for some time, which you know is the lamentable obstacle in the treatment of chronic diseases."

The questions which naturally arise, are whether this amelioration is spontaneous or not; and, if due to the agent employed, would a persistence in its use eventually lead to a cure, or complete arrest in the process? They can hardly be answered at present and indefinitely until investigations in the etiology of this disease and in the innervation of the skin, have arrived to such a state of perfection as to be demonstrable facts. The case was deemed worthy of presentation on account of its seeming not quite so obscure as the generality observed in respect to its etiology, and the partially successful result in its treatment.

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