

## VITILIGO: WITH NOTES OF FOUR CASES.

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VITILIGO is by no means uncommon in this country, and, according to Hyde and Montgomery, is more common than dermatological statistics show. It is said to occur more frequently in the darker races, and the fact that four cases were seen in seventeen months' service in Macedonia would seem to prove this. Three cases occurred in Serbian soldiers, and the fourth in a Bulgarian prisoner. Their histories are shortly as follows:—

CASE I.—A Serbian soldier, aged 38 years, was admitted to hospital suffering from dysentery. Five years previously he had a severe illness, diagnosed as "inflammation of the lungs," during which he was unconscious. The skin changes began after this, and were first noted in the skin of the abdomen in the region where he wore his belt. Then patches gradually appeared on the chest, axillæ, spine, trunk, limbs, and neck. These patches began as small white spots which gradually increased in size. Very large areas of skin on the chest, back, fore-arms, and thighs were affected. Smaller patches were present on the arms, legs, hands, and feet. The affected areas were strikingly demarcated from the sound skin. The hairs were scanty, but pigmented.

CASE II.—A Serbian soldier, aged 25 years, was admitted suffering from malaria, and stated that the white areas on his skin were of only ten months' duration. He came through the Albanian retreat, and suffered from either very severe malaria or typhus—probably the latter—at Corfu. Soon after this, changes in the skin were noted. White spots, gradually increasing in size, appeared first on the hands and arms, then on



the trunk, and later on the legs. The patches of vitiligo were very striking on the neck, shoulders, chest, and abdomen. There they formed large irregular areas, some well demarcated by hyperpigmentation at the edges. The arms and legs were



less affected, but the skin of the back, particularly in the lower dorsal and lumbar region, was much involved. The hairs were less abundant than normal, but were pigmented.

CASE III.—An intelligent Bulgarian prisoner, aged 21 years, was admitted suffering from frost-bite of the fingers. The skin



changes, which were of gradual onset, had been present for ten years. He knew of no other case, and stated that his doctor in Sofia had been much interested in him, and had taken his photograph. He also stated that similar patches appeared on his face in spring-time, to disappear later on in the year. This is, however, very doubtful. His vitiligo was most marked on the trunk, and very large and irregular patches were present on the back, chest, and abdomen. Numerous smaller patches were present on the shoulders, arms, forearms, fingers, thighs, and legs. They were very well demarcated from the unaffected skin.

CASE IV.—A Serbian soldier, aged 52 years, was admitted to hospital suffering from benign tertian malaria. He had “inflammation of the lungs” in December, 1912, and typhoid fever in 1914. One month after the latter illness white patches began to appear, first on the skin of the fingers, and then on the trunk round the waist. The areas of vitiligo were very abundant on the chest and in the umbilical region, where they more or less coalesced to form a broad band. The skin of the dorsal surfaces of the phalanges of the fingers was much affected, and many small patches were present on the neck, shoulders, arms, fore-arms, thighs, legs, and feet. The hairs showed no loss of pigment.

Vitiligo is “an acquired cutaneous achromia, exhibited in single or multiple, variously shaped and sized patches, unaccompanied by textural changes in the skin, and usually bordered by tissues exhibiting pigmentary excess” (Hyde and Montgomery). In my cases the pigmentary excess was not marked in all, but the patients were naturally dark-skinned, and excess of pigment was not so easily seen. Vitiligo gives rise to no symptoms, and, except for the disfigurement it may cause, is of no importance. Its etiology is obscure, but the question of a nervous origin has been raised. It has occurred as early as the age of 4, and is said rarely to attack those over 30 years. One of my cases was aged 33 years, and another 49, when the vitiligo first began, but in the remaining two it appeared at the

ages of 11 and 24 years respectively. In three of the cases, it is interesting to note, the disease made its first appearance soon after a severe illness. In all, the course was the same. The disease began as small round or oval white spots, gradually increasing in size, and coalescing with other patches till large areas were affected. In none was there any notable loss of pigment in the hairs.

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## REFERENCE.

*Diseases of Skin*, Hyde and Montgomery, seventh edition, London.

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