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A CASE OF MILIAN'S 9TH DAY ERYTHEMA

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THE Jarisch-Herxheimer reaction is not infrequently seen in Venereal Diseases Clinics in the course of anti-syphilitic treatment, but the reaction known as Milian's 9th Day Erythema is a matter of rare occurrence.

The following case was an especially severe one and presents all the typical features of this latter reaction.

H. L. Keim in *Arch. of Dermat. & Syph.*, Chicago, Vol. 31, No. 3, March, 1935, writes :

"This is a morbilliform or scarlatiniform erythema which appears from 8-10 days after the first injection of Arsphenamine. It is a mild self-limited cutaneous lesion and not the serious vesiculo-erythro-dermia which eventuates in the crustaceous dermatitis, and which is probably due to a true intoxication with the arsenical radical. The characteristic features are sufficiently clear cut to distinguish the symptom-complex from other mild reactions to Arsphenamine."

Ten cases were described, which, in his opinion, corroborated Milian's theory.

Stokes in "Modern Clinical Syphilology," 2nd Edition, states :

"These reactions are usually associated with a prodromal chill and fever which usually appears on the 7-12th day after the institution of Arsphenamine treatment, thus presenting something apparently suggestive of an incubation period.

"The prodrome . . . consists of headache, backache, stiffness and malaise, sometimes with obstinate vomiting or diarrhoea.

"The differentiation from a cutaneous Herxheimer effect in early syphilis must be recalled. If fever lasts longer than 12 hours the Herxheimer effect is practically excluded."

Finally he remarks : "Some residual pigmentation or a slight furfuraceous desquamation may follow. There is sometimes œdema and the eyes may be swollen shut."

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The patient who is the subject of the present report was W.M., aged twenty, a machine staker.

Coitus about the middle of May, 1935. A penile sore appeared three weeks later for which he was treated by a doctor with some antiseptic lotion.

- 24.7.35. First attendance at V.D. Clinic.
Healed indurated sore in coronal sulcus ;
shotty glands in groin and axillæ :
post mastoid glands enlarged : maculo-
papular rash arms, legs, thighs and
trunk : inflamed and boggy throat.
W.R.++
Bismostab .25 gm.
No Arsenic given as he had had a heavy
tea.
- 29.7.35. Stabilarsan .45 gm., Bismostab .25 gm.
2.8.35. Stabilarsan .45 gm., Bismostab .25 gm.
7.8.35. Bright erythematous rash over trunk and
arms.
Sickness, vomiting and headache.
Temp. 100·6° F.
Ametox .60 gm.
- 8.8.35. Malaise still present. Temp. 99·6° F.
Rash still bright. Ametox .60 gm.
- 9.8.35. Rash fading. Temp. 99° F. Slight
malaise.
- 14.8.35. Rash still fading : feels fairly well.
Stabilarsan .45 gm., Bismostab .25 gm.
- 15.8.35. Sick headache. Temp. 99·6° F.
Face puffy. Urine—albumen +++.
Refused in-patient treatment.
- 16.8.35. Œdema—face and both ankles. Temp.
99° F.
Urine—albumen +++ . Refused in-
patient treatment.
- 21.8.35. Very extensive œdema both ankles and
legs : face puffy : eyelid swollen.
No sample of urine available.
Admitted to Municipal Hospital.
- 23.8.35. Municipal Hospital—œdema much
diminished.
Urine—albumen—a trace.
Blood urea—34 mg.

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- Non-protein nitrogen—35 mg.
W.B.C. 15,000, mainly polymorphs.
- 25.8.35. No œdema.
Urine—no albumen.
Urea concentration test normal.
- 26.8.35. Stabilarisan .45 gm.
- 31.8.35. Stabilarisan .60 gm.
Urine clear.
Discharged from hospital.
- 4.9.35–23.9.35. Attended Venereal Diseases Clinic twice weekly.
Course of Stabilarisan and Bismostab completed.
Faint blush still remains on trunk.
- 23.10.35. W.R.—
Faint rash on trunk and elbows. Urine clear.

It is interesting to note that despite the fact that the urine was loaded with albumen and that there was extensive œdema of the face, legs and ankles, the condition cleared up after two days' rest in hospital without any special treatment beyond fluid diet. Further, the fact that the urea concentration and non-protein nitrogen tests were normal throughout proved that the condition was not due to a toxic nephritis.

The character of the rash, its first appearance on the ninth day after the first injection and the fact that continued arsenical treatment did not cause exfoliative dermatitis suggests a strong resemblance to Milian's 9th Day Erythema.

Its disappearance under further specific treatment seems to exonerate the drugs.

Colonel L. W. Harrison, to whose suggestions and help in the preparation of this article I am greatly indebted, agrees that the condition was probably a Milian's 9th Day Erythema, but points out that a Jarisch-Herxheimer reaction, whilst commonest after the first, is by no means unknown after the second or third injection.

On the other hand, Stokes's dictum that if fever lasts longer than 12 hours the Herxheimer effect is practically excluded—and in this case it lasted for over a week—excludes the probability of the reaction in this case being other than a Milian's 9th Day Erythema.