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Dermatitis Artefacta 100 Years Ago, by Juan de Azúa

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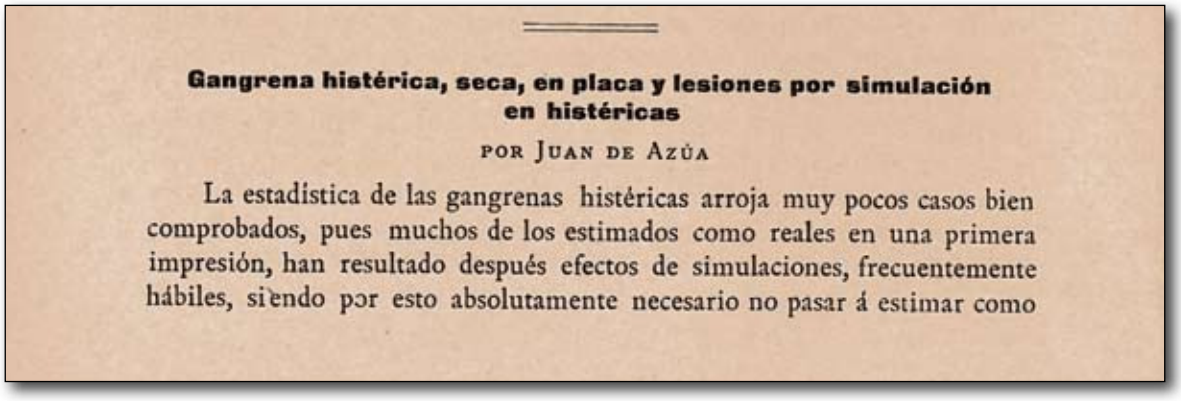
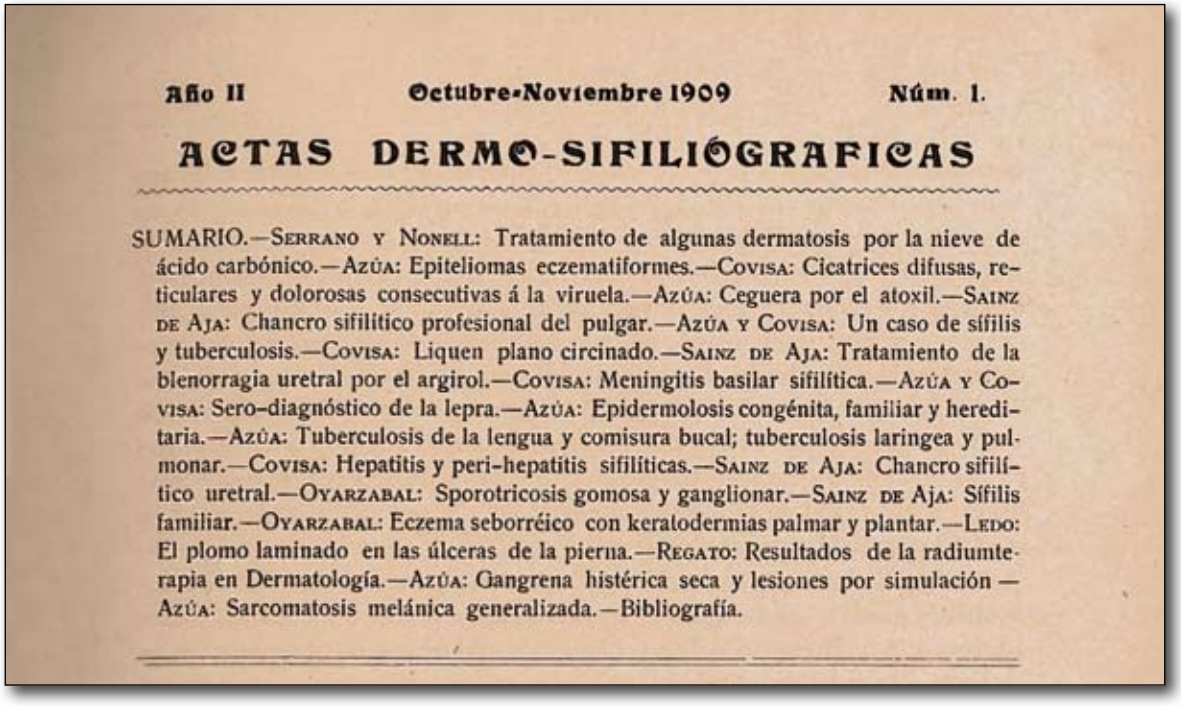


Gangrena histérica, seca, en placa y lesiones por simulación en histéricas

POR JUAN DE AZÚA

La estadística de las gangrenas histéricas arroja muy pocos casos bien comprobados, pues muchos de los estimados como reales en una primera impresión, han resultado después efectos de simulaciones, frecuentemente hábiles, siendo por esto absolutamente necesario no pasar á estimar como



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Abstract. In 1909, the Spanish dermatologist Juan de Azúa published a study of the main features of skin lesions in dermatitis artefacta. In the article, he paid particular attention to the psychological state of these patients, their family situation, and what they were hoping to gain with pathomimicry. Azúa directly confronted the patients with the diagnosis, which he demonstrated by applying an occlusive dressing. Written in a literary style typical of the times, the article includes the subjective impressions of Azúa, through which he manages to transmit a much more realistic image of these patients than that portrayed with the sterile language we tend to use in current medical literature.

Key words: dermatitis artefacta, mimicry, hysteria, hysterics, Dermatology and Psychiatry, Olavide Museum.

DERMATITIS ARTEFACTAS CIEN AÑOS ATRÁS, POR JUAN DE AZÚA

Resumen. En 1909, el dermatólogo español Juan de Azúa publica un trabajo donde recoge las principales características de las lesiones cutáneas de la dermatitis artefacta. En él, también presta una especial atención ala psicología de estos pacientes, al entorno familiar que los rodea y a la compensación que pretende conseguir el enfermo con la patomimia. Azúa confrontaba directamente al paciente con el diagnóstico, que demostraba mediante una cura oclusiva. Redactado en un estilo literario, al modo de la época, el artículo incluye las apreciaciones subjetivas de Azúa, que consiguen transmitir una imagen de estos enfermos mucho más cercana a la realidad que el lenguaje aséptico que tendemos a emplear hoy en día en la literatura médica.

Palabras clave: dermatitis artefacta, simulación, histeria, histerismo, dermatología y psiquiatría, Museo Olavide.

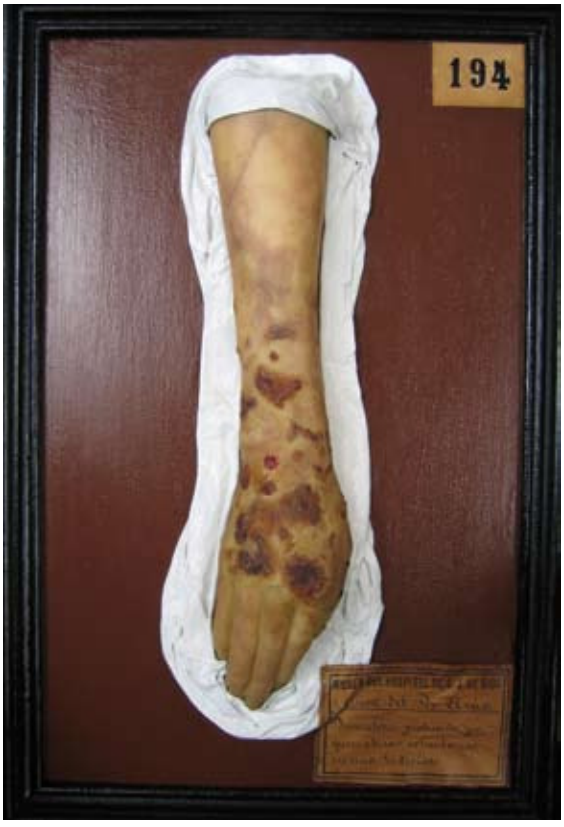

Figure. *"Dermatosis in a hysterical patient, caused by self-inflicted burns"* is the label given this model belonging to the Olavide Museum. The model shows the arm of the second patient Azúa describes.

One hundred years ago *Actas Dermo-Sifiliográficas* published the very interesting article by Juan de Azúa that we focus on today to commemorate the journal's centennial year. Azúa's contribution—short and apparently quite straightforward—is rich in information that reveals the author's perspective on dermatitis artefacta, a disease that presents genuine diagnostic and therapeutic challenges.[1]

Four patients described as "hysterical" are presented in order to distinguish the spontaneous ulcerative sores that appeared in one from the self-inflicted lesions of the other three. The description of the patients' psychological state and of their environment is singular, as is the author's approach to their cases. Azúa also mentions that wax models of 3 patients' lesions were made for display in the Olavide Museum. One of the figures has been recovered and restored by the Spanish Academy of Dermatology and Venereology, so that 100 years later we can still observe these lesions in 3 dimensions and full color (Figure).

The concept of hysteria requires clarification. This diagnosis is no longer found in today's psychiatric classifications, as the preferred current diagnosis (conversion disorder) is less burdened by pejorative connotations. The clinical picture of hysteria encompasses a wide range of psychosomatic manifestations, including abnormal states of consciousness and motor and sensory disorders. Such conversion disorders are seen mainly in individuals who are self-centered, histrionic, and suggestive—persons who seek to draw attention to

themselves on all occasions. Hysteria as a qualifying label must be interpreted in the social context of the turn of the 20th century, when conversion disorders were thought to occur only in women. At that time, physicians saw psychosomatically induced convulsions, paralysis, and numbness fairly often and all these phenomena could reach spectacular proportions.[3] For cultural and social reasons, many of these women developed highly exaggerated conversion disorder symptoms that are quite rare today. Needless to say, men were also affected but because the manifestations were milder and the social repercussions of a diagnosis of hysteria would be greater for them, physicians did not describe them as such.[2]

In the article we feature here, Azúa presents 4 patients as hysterics, basing his diagnosis on a series of signs—which the author calls stigmas—such as a history of convulsive episodes that fail to conform to the clinical picture of epileptic attacks caused by organic disease. During physical examination, a physician would discover areas of numbness and note reduced field of vision, also unexplained by evident neurologic lesions. These and other observations, such as a patient's "tendency to tell lies" or "severe headache" would support the diagnosis of hysteria as a personality disorder characterized by a predisposition to theatricality.

Azúa painstakingly describes the self-inflicted lesions of patients who are feigning illness, emphasizing their great variety. Scarring is sometimes linear in form but irregularly shaped blisters and scabs are also noted. He reports an absence of inflammatory reaction around ulcers. Based on the shape and structure of the lesions, the author even ventures to suggest what substances each patient used to provoke them.

However, Azúa looks beyond physical injuries and scars to reach the decision that the condition is feigned, concluding that the diagnosis is dermatitis artefacta. He concedes a prominent role for the psychological state of these patients and bluntly describes the way they comport themselves, expressing his personal impressions of them in a style that is very different from the sterile and politically correct language of today's medical literature.

Let us consider an example, the second case Azúa presents. The patient, from Ciudad Real, had ulcerous, oddly shaped blistering sores on her right forearm and hand (Figure) This 39-year-old woman "drove her whole family and all the local physicians to distraction," Azúa tells us. "Her doctors, ingenuous and taken in, diagnosed a herpetic disease." Fearful that amputation might be necessary, the patient's family insisted she travel to Madrid to see Dr. Azúa. His description of this patient is revealing:

"Her countenance held a sanctimonious expression, with eyes cast downward, and she answered direct questions with evasion. Apparently entirely occupied with taking care of herself in illness, she allowed no one to touch her and only showed her lesions if her family insisted and cajoled, even as she gave pathetic cries of pain, all false [...]."

Continuing the description of the woman's behavior, which focused her family's attention firmly on her, Azúa says,

"Psychologically, she was a prodigious liar, inventing elaborate falsehoods during the examination itself, greatly impressing her family, who months since had become susceptible to her complaints and demands."

Contrary to current recommendations,[4] the author confronted the patient directly with his diagnosis of dermatitis artefacta. He even seems to have been fairly aggressive in his manner:

"Convinced she was dissembling, I told her my opinion immediately, saying that her family would take no further heed of her condition and that all those spectacular sores and scabs would be cured in 8 to 10 days. I then treated them with boric vaseline. That was how the case developed, as I obliged her to come to my office for treatment of the sores and application of an occlusive dressing. Once her family was convinced and the mechanisms by which the patient had exploited them at an end, the lesions did not reappear, as we learned several months later."

Another of these patients had blisters and sores on the front of her left thigh. Azúa suspected the burns were self-inflicted based on their physical features and shape, on their location within reach of the patient's own hands, and on the fact that, inexplicably, she did not complain of pain. Once again, Azúa voices his suspicion directly to the patient and observes her immediate reaction:

"During my questioning, she denied having caused the burns, but worked herself into such a state that, disconcerted and confused, she made quite clear what she had done."

It seems that Azúa's abrupt pronouncement of his diagnostic suspicions to these patients did not lead to confrontations with them or their families, or at least not in the cases reported in this article.

The same author takes up the topic of dermatitis artefacta again in an article published 3 years later in the same journal.[5] In that article, Azúa describes a 23-year-old woman from a town in Jaén who had strange sores located mainly on her hands and face. To the physician, the patient's attitude and evasive answers were noteworthy:

"After a long conversation, I concluded that family life was hardly harmonious and that the patient delighted in playing the victim while keeping everyone running about. Her insincerity was plain and absolute. To the simplest questions she gave evasive or absurd replies, playing for time as she prepared a definitive answer that would fit her main purpose of disguising how the lesions came about."

Once again, Azúa confronts the patient with his diagnosis, speaking plainly and directly. The tension this engendered seems palpable:

"Speaking suddenly, I told the patient that she herself had burned her skin to cause the sores. No firm and immediate denial came, and at first she was dumbfounded. Then she limited herself to stating that she had no idea where these things had come from."

The patient tried to ignore Azúa, but her stepmother, who was also present in the room, did take an interest in the doctor's suspicions. She remembered her stepdaughter's strange interest in knowing where the bleach was kept.

This patient returned home and her family was advised to be watchful so as to prevent further injury. Months later, Azúa wrote to the town's doctor to ask about the case. The reply, transcribed in the article, provides new information about the psychological background that may have led to this patient's feigned illness:

"The patient in question has developed no new lesions since you saw her [...]. It was possible to determine, to a fair degree of certainty, that she obtained bleach for the purpose of inflicting injury on herself. I suspect, but am not certain, that there is conflict within the family because the stepmother prefers her own children to this one."

Azúa's presentation of his views on dermatitis artefacta is a valuable legacy from our history, now 100 years old. The author demonstrates breadth of knowledge of both the features of lesions in this condition as well as an understanding of the psychological and family influences that play a part in its development. Azúa's accomplishment is even more impressive if we remember that he was writing at a time when psychiatry as a medical specialty was still nascent and knowledge of psychology was less widespread than it is today.

The language employed to describe how these patients looked, filled as it is with the author's subjective impressions, is striking today. Medical writing style has become more neutral with time and authors now avoid, at all cost, expressing their views unless they back them up with irrefutable technical details. Although this style prevails in our era of evidence-based medicine, a description tinged with literary flourishes, incorporating the physician's raw impressions, certainly does create a more vivid, intimate image of patients and their circumstances.

One hundred years ago, Azúa concluded his article with a summary of the features and locations of self-inflicted lesions, the tendency to tell "lies" these patients displayed, and the fact that the lesions and symptoms resolved when the patients were watched. In his closing statement, Azúa wrote:

"Any innusual skin lesion in a hysterical patient should not be supposed to be spontaneous until after it has been subjected to meticulous and skeptical investigation."

Acknowledgments

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