

an aqueous flare and sparse keratic precipitates on the left, interpreted as early uveitis. He was afebrile, and no abnormalities were found on examination.

X-ray pictures of skull and chest were normal. Apart from a blood sedimentation rate of 35 mm. in one hour, routine haematological findings were normal. Serum proteins were 7.8 g./100 ml., with a small increase in α_2 -globulin and gammaglobulin. Wassermann and Kahn reactions were negative.

In view of the severity of his eye lesions he was treated with prednisone, starting with 60 mg./day. Over the ensuing months evidence of uveitis diminished. His genital lesions cleared completely. In March 1964 a new haemorrhage occurred in his left eye, but subsequently visual acuity returned to 6/6. Further left vitreous haemorrhages occurred in March and September 1965, when steroids were reintroduced, and in May 1966. Microaneurysms were seen in his left fundus. A 100-g. oral glucose-tolerance test was normal.

Fluorescence retinal photography was performed: 10 ml. of 5% fluorescein solution was injected intravenously into the antecubital fossa. The left fundus was obscured by vitreous haemorrhage, but the appearances of the right fundus are shown (Special Plate, Figs. 1 to 4). New vessel formation is apparent, and these vessels show increased permeability. Some of them have filled in the arterial phase. Microaneurysms are visible.

DISCUSSION

The aetiology of Behçet's disease remains unsolved. Dudgeon (1961) reviewed virological aspects; Dowling (1961) discussed possible primary vascular lesions; and Shimizu *et al.* (1965) produced evidence suggesting an autoimmune basis.

In the above case a retinal vascular abnormality was present concurrently with early uveitis only five months after the appearance of mouth ulceration, which was the earliest manifestation. The retinal lesions resembled those complicating

diabetes mellitus, but there were differences. Retinal exudates are usually present in diabetics with severe retinal vascular lesions; our patient had no such exudates. In diabetic retinopathy the microaneurysms usually occur on the venous end of capillaries, whereas in our patient some of the microaneurysms and new vessels filled early in the arterial phase, and so were presumably at the arteriolar end. Despite courses of corticosteroids, his retinal vascular lesions have not improved.

Angiopathy does occur in Behçet's disease, and the evidence from this case supports the view that a primary vascular lesion may at least be one factor in the aetiology of the disease.

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Glass-fibre Itch: A Modern Washday Hazard

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It has been known for many years that workers handling glass fibre for the first time often experience skin discomfort and irritation which is usually temporary, and which disappears when they become hardened to the action of the fibres. Investigating the cause of the irritation, Sulzberger *et al.* (1942) were unable to find any evidence of sensitization to glass fibre, and concluded that its effect was produced by mechanical irritation of the skin.

The following two case reports illustrate an unusual way in which glass-fibre contamination of clothing may occur in the home.

CASE 1

A married woman with six children was seen in the dermatological outpatient department complaining that she and her entire family had been itching for the past 10 days. Her own general practitioner had been unable to make a diagnosis and had wished to exclude scabies.

Fourteen days previously one daughter had complained of itching over her upper trunk that had lasted for two days and then cleared spontaneously. Four days later—a Monday—the patient had developed severe itching involving her arms, shoulders, and upper trunk shortly after getting up in the morning. It rapidly became apparent that her six children were similarly affected with varying

degrees of irritation. The pruritus, which had a "prickling" component, affected mainly the trunk, arms, shoulders, thighs, and legs, with occasional involvement of the neck and cheeks.

In the next 10 days the itching had persisted, with exacerbations and remissions from time to time, in the various members of the family. The patient's husband had only slight irritation. Some slight transient relief from the itching was gained by bathing, and one daughter noted exacerbations of the symptoms while wearing a particular blouse.

Examination of the patient and later of her family showed no rash apart from transient erythema produced by constant rubbing of the affected areas of skin and some linear scratch marks. The children were obviously acutely distressed by the irritation and were continually wriggling and scratching.

The sudden onset of pruritus in all the members of a family soon after rising on a Monday morning suggested that their clean clothes might be causing the irritation. On closer questioning the patient remembered that a week before the onset of symptoms she had taken three pairs of glass-fibre curtains to the launderette together with her weekly wash, which included sheets, towels, and all the children's underclothes in addition to various shirts and blouses. The clothes and curtains were distributed between two washing-machines and were washed together for several minutes. They were then rinsed in the machine, dried, and taken home. Her husband's occupation necessitated frequent changes of clothing, and for this reason his laundry was normally done by hand at home.

Machine washing is contraindicated for glass-fibre fabrics, because the fibres are easily broken by rough handling, and gentle washing by hand in warm water is recommended by the manufacturers. It seemed likely in the present case that machine washing had caused the break-up of some of the glass fibres and that the microscopic lengths of glass fibre so produced had contaminated the rest of the wash.

No glass fibre was revealed on macroscopic examination of skin and clothing, but Sellotape samples taken from the itching areas of skin and from clothing in the batch of laundry showed microscopic lengths of glass fibre in all specimens.

Bathing with plenty of soap and water, together with a change of clothing, bed-linen, and towels, was advised, and the symptoms cleared rapidly from all members of the family. Elimination of glass-fibre particles from the affected clothing was found to be difficult. Traces of glass fibre were still present in some garments after they had twice been laundered, and members of the family later wearing these garments had a recrudescence of skin irritation.

CASE 2

Three members of the same household began to itch within a few days of one another. The itching had a marked "prickling" quality. Questioning elicited that glass-fibre curtains had been

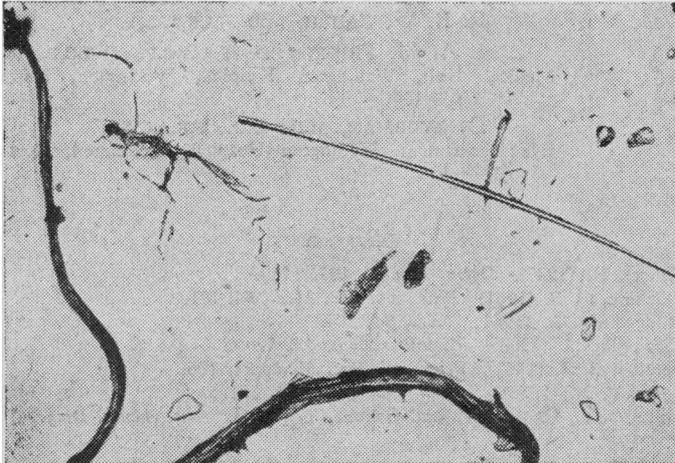


FIG. 1.—Sellotape sample taken from laundered clothing showing glass fibre. ($\times 120$.)

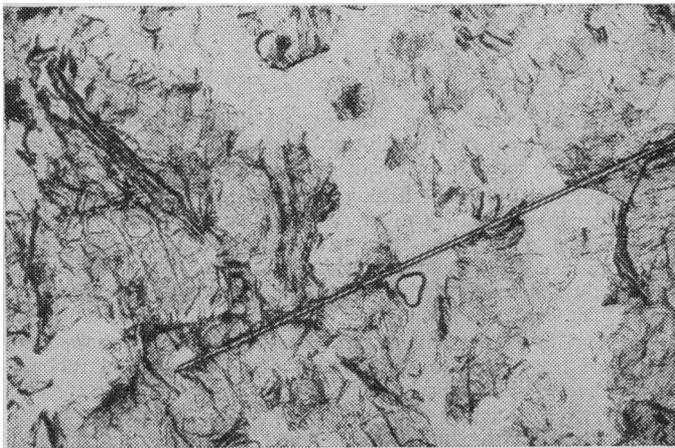


FIG. 2.—Sellotape sample from pruritic area of skin showing glass fibre. ($\times 120$.)

machine-washed in the same load as the previous week's laundry. Sellotape sampling showed glass-fibre particles to be present on both articles of clothing and on pruritic areas of skin.

DISCUSSION

Only two previous reports of itching produced in this way have appeared in the medical literature (Madoff, 1962; Abel, 1966), and in both cases glass-fibre was incriminated on purely circumstantial evidence. In Madoff's case macroscopic examination revealed no glass-fibre and microscopical examination was not performed. In the case reported briefly by Abel the diagnosis was suggested in retrospect by the patient and no examination for glass-fibre was made.

In the two present cases minute lengths of glass-fibre were easily found by Sellotape sampling on the laundered clothing (Fig. 1) and also on pruritic areas of skin (Fig. 2). Glass-fibres are easily distinguished from cotton fibres by their lack of internal structure, their constant calibre, and their tendency to be in short straight lengths with sharply broken-off ends.

Madoff mentions one load of washing which was apparently contaminated while in the machine with glass fibre from curtains that had been washed the previous day. It seems unlikely that this would happen if the machine was thoroughly cleaned between loads. If, however, this chain of events did occur in a launderette washing-machine it could conceivably lead to contamination of washing where there was no apparent contact with glass-fibre fabrics.

Clothing contaminated with glass-fibre particles produces severe itching with a marked prickling sensation within a few minutes of coming in contact with the skin. Erythema and scratch marks may be present in affected areas. The condition clears rapidly with thorough bathing and the replacement of all affected clothing, towels, and bed-linen.

Glass-fibre fabrics are currently becoming popular as curtain material, and it is probably not uncommon for the special washing instructions to be disregarded or forgotten and for these fabrics to be put into the washing-machine with the weekly wash.

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