Clinical and other Notes

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PITYRIASIS RUBRA ASSOCIATED WITH ULCER OR SLOUGHS IN THE CAECUM.

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The patient was a European, aged 25. He first came under notice on February 6th, 1910, suffering from a scarlatiniform rash over the chest and a petechial rash above the pubis extending as far up as the umbilicus. He stated that he thought the eruption was due to his having used some native ointment for pediculi pubis.

The rash rapidly spread over his body and was accompanied by "burning" and itching. Twelve days later the skin was cracking and peeling all over the body, and was coming away in flakes, leaving a raw, red, and very tender surface underneath. The scalp, face, eyelids, ears, the trunk, and limbs were all affected, the flakes being especially large on the hands, legs, and feet.

The mucous membrane of the mouth was also slightly affected, and there were fissures and cracks at the angles of the mouth. About the same time his temperature, which hitherto had remained slightly subnormal, began to rise, and he continued to have an irregular pyrexia until the day before his death, when it again fell to subnormal.

On February 22nd albumen was found in his urine, and on February 26th he began to have slight diarrhoea. He ultimately shed the whole of his epidermis and died on March 1st from pneumonia and exhaustion twenty-five days after the eruption was first noticed.

The chief interest of this case lies in the post-mortem appearances, which were as follows:—

**Lungs.**—Right lung: Weight, 31 oz.; congested throughout; the upper lobe was the seat of a purulent pneumonia. Left lung: Weight, 16 oz., lower lobe congested. **Spleen.**—Weight, 7 oz.; congested. **Heart.**—Weight, 10 oz.; no valvular disease. **Liver.**—Weight, 4 lb. 12 oz., somewhat fatty. **Kidneys.**—Each kidney weighed 7 oz., and was enlarged and congested. In both kidneys the capsule was slightly adherent. **Intestines.**—Scattered throughout the caecum and extending for about 15 inches up the colon were some twenty ulcers or necrosed patches.

These ulcers were about 1 by ½ inch to 1 inch in size, and were stained and encrusted with feces. The long axis of the ulcers was transverse to the long axis of the bowel. Loss of substance did not extend deeper than the submucous coat of the bowel. The surface of the ulcers imparted a grating, fibrous sensation under the knife. The edges of the ulcers were slightly raised, but were not undermined and there was slight congestion round about them. The rest of the lower intestine, and the whole of the upper intestine, were quite normal in appearance.

The significance of these necrosed patches is unknown. Are they usually found in dermatitis exfoliation? Were they primary or secondary
lesions, or entirely unconnected with the skin affection? At the first glance they were taken for healing typhoid ulcers, but the fact that they were practically confined to the caecum, and that the remainder of the intestine appeared to be healthy, would seem to be against this.

I have not been able to find any mention of a similar condition in any book on the subject that I have had the opportunity of consulting. I am indebted to Major F. Smith, D.S.O., for very considerable assistance with the case.

GONORRHEAL KERATOSIS.

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PRIVATE X. was admitted to the Royal Herbert Hospital on January 12th, 1910, suffering from gonorrhcea and a swollen, painful, and tender right elbow joint.

Previous History.—Gonorrhcea eight years ago; treated at St. Peter’s Hospital, London, for five weeks. Syphilis denied, and no history of its signs or symptoms was obtainable.

On admission he was in a debilitated condition, having treated himself in his own home for “rheumatism”; his temperature was 100° F., and his tongue thickly coated. He was put to bed, purged, dieted, given 10 grains of urotropine three times a day, and anterior and posterior irrigations of Condy’s fluid for the urethritis; fomentations were applied to his elbow.

Within the next few days other joints became affected, such as the right temporo-maxillary and the left hip, and after he had been in hospital for ten days my attention was drawn to his feet, where I found the following peculiar and rare condition:—

On the dorsal surfaces of the toes of both feet were many little conical “projections,” brownish in colour, hard to the touch, and surrounded by a pink halo; on removing them no fluid exuded and their bases—½ inch wide—were smooth and rose-pink in colour. The lesions on the big toes were not acuminate in character and were irregularly shaped. The soles of both feet were scaly and partly peeled under and about the ball of the big toe, but towards the heel there were several smooth brownish coloured “projections” which were hard, and on removal contained no fluid and left a rose-coloured base. On the inner surfaces of the feet the skin was scaly and there were many hard, brownish papules which could be removed with a little difficulty, leaving the same rose-coloured base.

I carefully watched those areas from which I had removed the little cones and papules, and in a few days the rose-coloured epithelium had become raised, hard and horny, and brownish in colour; but, again, there was no fluid beneath them. The untouched lesions were also