A CASE OF RAYNAUD'S SYMMETRICAL GANGRENE.

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On the afternoon of June 1, 1903, I was asked to see a native Cingalese female child, aged 9, whose right foot was extremely painful, and had "turned black" during the night. On closely questioning the father and child, the following history was ascertained:—

Their home was situated in a village some distance from Kandy, Ceylon, and about four days previously the child had first complained of severe pain in the right foot. Up to this date she had been in her usual health, which had never been of the best. On the day mentioned, namely, May 29, a severe thunderstorm had taken place, succeeded by a considerable fall in the temperature, which up till then had been very warm. The pain in the foot was referred to the dorsum, and was so severe as to prevent the child from walking. During the following night tingling in the toes set in, and the pain in the toes and foot increased in severity.

May 23.—The toes and foot were much swollen and the father thought the child had been stung by a poisonous insect.

May 24.—After a very restless night the child awoke to find all her toes and the distal portion of the foot had turned a dark black colour, and that the pain was somewhat less pronounced.

May 25.—The foot and toes were cold and the skin had become dry and shrunken.

On the fifth morning following the onset the disease had spread to the toes of the left foot, all of which became affected, starting with pain and going on to swelling, discoloration and numbness, and by the seventh day the left foot was in much the same condition as the right.

On the eighth day the fingers of the left hand, exclusive of the thumb, which the day previous had begun to be painful, became flexed and discoloured, but up to the evening of this date the right hand had not become affected. The father admitted illicit intercourse previous to the birth of this child, and stated that the child had been "born with a cold and breakings out near the anus." He had been married fourteen years and had had five children, four living, one dead. I inspected the remaining children, and found them all healthy. The patient, however, bore in her face, especially about the teeth and mouth, evident marks of congenital syphilis.
Clinical Notes

On the ninth day after the onset a well-marked line of demarcation had set in over the dorsum of both feet, more marked in right foot than in the left, but none was ever observed in the hands.

On the tenth day the fingers of the right hand, exclusive of the thumb, became affected and gradually passed into the same condition as the left.

Treatment.—Anti-syphilitic treatment was ordered from the first, combined with shampooing of the legs and arms with embrocation. The child was also given generous diet to carry her through the course of treatment. On the sixth day from the onset electrical treatment was commenced. The feet, and afterwards the hands, were placed in a bath, the wire from the anode was placed in the water, and the kathodal pole over the tibia and ulna and radius respectively, and a strength of two cells constant current, increased each day, as much as the child could bear it, until eight cells were in use (more the child could not stand); and finally the limbs were swathed in cotton-wool. The father brought the child to see me every day, and after three days' treatment the skin over the toes and feet began to lose their dried-up, parchment-like appearance, and there was a return of sensation in the big toes of both feet. The flexion of the fingers and the stiffness was less marked.

After eight days' treatment the fingers of the left hand had become normal, and all except the small finger of the right hand were also normal. The line of demarcation had receded from the dorsum to the base of the toes, and the skin over all the toes had assumed a more healthy appearance.

After ten days' treatment the fingers of both hands were as bad as ever, black, flexed, and intensely painful. The current was reduced, and three days later they were normal again.

After fifteen days' treatment.—Tendency for the colour to return in the fingers, and they are somewhat more painful again. The three outer toes on both feet have also gone back and are again more painful.

This intermittency in the improvement of the fingers and toes was a marked feature during the treatment.

After one month's treatment.—The hands and fingers are normal, sensation has returned, the big toe and two inner ones on each foot are, despite the intermittency, practically normal, but the three outer toes on each foot are still black and dry.

After six weeks.—There have been two slight returns of the pain and blackness in the inner toes, but none in the hands. The middle toe of each foot is much improved, but the two outer ones are, I fear, beyond cure.

After seven weeks.—The father has become tired of bringing up the child to see me, and I hear that a Buddhist priest has, “for a con-
sideration," promised to restore the remaining toes to life with charms and native medicines, so I regret I am unable to see the case through to a complete cure, but I intend in a few weeks’ time to ride over to the village and ascertain how the faith in Buddha has progressed.

SEQUEL TO A CASE OF GUNSHOT WOUND OF THE CHEST.

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As it is often a source of regret to the Army Medical Officer that he cannot follow his cases after they have left the Service, it will surely be one of the functions of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS to remedy this by opening its pages for the records of cases which may have come under the cognisance of those who hold appointments in institutions or civil hospitals where such cases may apply for advice. It is customary in other medical journals to hide the patient’s identity under initials and absence of address; but I feel that Service cases ought often to be reported in such a way that the individual case could be recognised, and any previous or subsequent report amplified by the publication of the after history. For this reason I give such details for identification as I find in my notes on the following case.

Pte. George H. Potter, 1st Royal Highlanders, aged 28, was wounded by a Mauser bullet at the battle of Magersfontein on December 11, 1900. When struck, at a range of about 50 yards, he was lying down flat, resting on his elbows, and with both hands raised to his head, was turning his helmet. The bullet entered on the right side of the neck, and came out below the right scapula, where the cicatrices now are (vide infra). He felt severe pain about the lower part of the right chest, and thought he had been shot through the thorax. He almost at once found that he was spitting blood, and he loosened his belts and turned over on to his back. He then found that he had lost some power in the right arm and right leg, and that he had pain down the front of the right thigh and down the inner side of the right arm as far as the elbow. He was picked up by our ambulance thirty-six hours later and taken to hospital, where the lower wound was dressed and stitched, the upper one being entirely overlooked; partly because he was not undressed, and partly because he had no subjective symptoms at the wound of entrance. He was sent by train to Orange River, where on the fourth day after his injury he was undressed and the wound of entrance discovered and attended to. Two weeks later he was transferred to Wynberg. Both wounds suppurated. While at Wynberg he had pleurisy on the left side of the chest for four weeks,