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A suggestion of adiposity is noticed in this case. This is more obvious in the photograph than on inspecting the patient.

Note.—Treatment by ant. lobe of the pituitary in all cases made no improvement in their condition.

I wish to express my thanks to Dr. Gordon Holmes for permission to publish these cases, and to Dr. J. G. Greenfield for taking the excellent photographs and for his helpful interest.

REPORT ON A SERIES OF CASES OF AN UNUSUAL ERUPTIVE FEVER.

BY MAJOR J. E. H. GATT.

Royal Army Medical Corps.

(1) Clinical Features, Seasonal Incidence, Distribution, etc.—Between the middle of August and the end of September, ten or eleven cases of this nature came under our observation at the Curragh; showing, individually or collectively, the following signs and symptoms:—

(a) Incubation period, as yet uncertain.

(b) Sudden onset, with frontal headache, conjunctival injection, more or less sore throat, with or without coryza. In one or two cases epistaxis; very moderate fever, with vague joint pains.

Within a few hours a rash appears, generally on the trunk, deltoid region, and proximal segments of the limbs. In a few cases the forehead and face are involved in a dull red flush, which is almost always more uniform. In the latest cases observed, the rash was obviously most developed in the hairy parts, the neck, the armpits, the front of the chest, and all parts most subject to pressure.

The coarse appearance of the rash certainly suggested rubella; but on passing the finger one could not help being struck with its absence of depth, except in very few places. A magnifying lens showed that by far the most extensive lesion was an erythema, chiefly affecting the pores of sweat glands, and the base of hairs. A few stray papules also were discernible here and there, with in most cases one or two petechiae. The general colour of the rash was dull red.

All cases showed natural diaphoresis, and in some there was also skin irritation. On the whole the illness lasted three to four days. Up to date no trace of desquamation was observed, even in the most extensive rash. The last case was somewhat unusual in that the temperature was only 99° F. on the first day and remained normal afterwards; further, whereas in all previous cases the rash disappeared almost completely after forty-eight hours, in this case it was persistent on the third day, and became semipurpuric (not disappearing on pressure).

It is well to remark here that this patient had been under treatment for a chronic arthritis for a week and three applications of dilute picric acid dressings had followed a blister; it was even suggested that the peculiar rash was a drug rash. The urine however was normal, except for an excess of urates.

There were no complications, but one case from another source, which had no connexion whatever with the above, developed higher fever, with several
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glandular enlargements and a leucocytosis with seventy-three percentage mono-
nuclears. This observation will be referred to later.

There were no Koplik's spots nor otherwise any glands to be felt.

Bacteriological Findings.—Throat swabs, collected as early as possible yielded
mostly Pfeiffer's bacilli, with some associates, most commonly diphtheroids,
Gram-positive diplococci, or M. catarrhalis.

(1) Agglutination tests were made against Pfeiffer's bacillus isolated from some
of the cases, and positive results up to 1 in 100 in three cases were obtained.

(2) There was no appreciable change in the blood elements (with the excep-
tion of the case already referred to) but if any, it was in the sense of a moderate
leucocytosis.

I have attached to this report¹ some references, but prefer for the present to
abstain from discussion. Cases of this nature have certainly come to notice
before, and even in the spring of this year, something very similar was reported
by the Medical Correspondent of the Times.

SOME CLINICAL DETAILS FROM A DEPOT HOSPITAL.

By BREVET MAJOR C. S. P. HAMILTON, D.S.O.
Royal Army Medical Corps.

(1) A CARDIAC AND ANEURYSM CASE.

PATIENT, Serjt. G., aged 29. Nine years' service. Admitted on August 23,
1921, with the following history:

History.—Up to eight weeks ago he was absolutely fit, doing ordinary duty
as permanent instructor to an Infantry Territorial Unit. His duties included
physical training instruction to his men, and he himself actually performed the
various physical training movements up to the day of his illness. He was a
physical training instructor in France for the last three years of the war.

Eight weeks ago, on or about June 23, 1921, the patient was taken ill with
severe pains across the lower part of the chest and the pit of the stomach, the
pain completely "doubled him up." He went to a doctor who diagnosed his
case as "gastritis," and sent him away for a fortnight's leave. When he returned
from leave he noticed himself getting short of breath, and the pain, though
better, still came on at intervals, no vomiting. Bowels were not constipated.
He went to another doctor about a fortnight after returning to his work, as he
found himself unable to do his duty. The doctor now found that he had a
"lump" behind his right knee. He was ordered to bed, but actually only rested
during the day in a chair, and walked about the room as he wished. His doctor
wrote to his Unit, and applied to have him removed to hospital, suffering from
"popliteal aneurysm and cardiac disease."

Previous Illnesses.—He was never sick during the whole of his service, and
never remembered any illness since childhood; did not give any definite history
with regard to infectious fevers. Married; no children; wife no history of
miscarriages.

¹ Printed elsewhere as Current Literature.