Clinical and other Notes

external measurements were all found correct. The first stage of labour lasted thirteen hours, the membranes having ruptured before the patient came into hospital. Labour progressed slowly but steadily and twelve hours after the patient had been admitted the perineum was bulging. I did not examine as the case looked a perfectly straightforward one, which would terminate within the hour. To my astonishment the pains instead of increasing became weaker and within a hour or two labour had not progressed at all, and the patient began to show signs of exhaustion. I was thoroughly puzzled until I examined the patient per vaginam, and found an elongated caput bulging the floor of the perineum, and the head obstructed by a coccyx ankylosed at right angles to the sacrum. I broke the coccyx at the sacro-coccygeal joint with my fingers, applied forceps and delivered easily.

Those who have been reading the British Medical Journal lately will remember Professor Blair Bell’s argument regarding the importance of measuring the outlet of the pelvis as well as the inlet, a point illustrated by this case.

ACARODERMATITIS URTICARIOIDES (GRAIN ITCH) IN TURKEY.

BY COLONEL J. C. KENNEDY, M.D., K.H.P.

Consulting Physician to the British Army.

DURING the operations in Turkey in 1922-1923 some interesting cases of dermatitis came to notice.

On October 31, 1922, six cases of chicken-pox were reported in the 3rd Hussars who were engaged in outpost duty on the Anatolian side of the Bosphorus. Careful examination, however, satisfied us that they were neither chicken-pox nor modified small-pox and the following facts were brought to light.

All the cases came from one village in which the troop was occupying billets. Certain of the villagers were known to be suffering from similar rashes and it was stated that the affection was known to them as the “grain disease.”

Through the good offices of Major McKinlay, R.A.M.C., it was found that Turkish doctors recognized the disease as the “grain itch” and were aware of its prevalence in those parts at this season of the year.

All the men affected had been sleeping on straw or on floors of barns or places where grain and straw had been stored. The clinical symptoms tallied with the description given in textbooks of acarodematitis urticarioides which is caused by the bite of the grain mite, Pediculoides ventricosus.

As a short and adequate description of this disease that given in Norman Walker’s “Introduction to Dermatology” may be quoted: “The
Clinical and other Notes

eruption is usually urticarial in form, but it may resemble erythema multiforme, and in other cases the development of a vesicle at the site of attack results in a varicellum eruption. It most commonly appears on the trunk, and the hands and face are usually spared. The itching is intolerable: it becomes worse at night and seriously interferes with sleep. The temperature may be elevated two or three degrees. As a rule the itching subsides in from twelve to thirty-six hours—the mites do not breed on the human skin—and the eruption disappears in a week or ten days.

The vesicular appearance was well marked in some of the cases, hence the diagnosis of chicken-pox.

We were not able to complete the story by finding the mite. Major Bensted and myself examined several samples of grain and straw from the infected billets but discovered only one mite and that not a pediculoides. Lieutenant-Colonel MacArthur kindly identified this specimen as belonging to the genus Glycyphagus (species not identified), the best known species of which is the mite that causes "grocers' itch."

The following particulars of seven cases are taken from notes for which I am indebted to Captain V. J. Perez, R.A.M.C.:

Cases A and B occupied the same billet—a cowshed in which straw had been stored. They slept on the earth floor and their rashes appeared on the same day—October 29.

Cases C and D were billeted in a small house with three civilians. C slept in a sack of local tibbin and D on the floor and both noticed the rash on October 27. One of the civilians had a similar rash.

Cases E and F were billeted in a stable in which there was wheat and straw. They slept on the earth floor and their rashes appeared on October 29 and 30 respectively.

Case G was occupying a hut along with some Kalmaks, who, he stated, were also affected. He slept on the floor which had been used for grain and his rash appeared on November 5.

The rash was practically limited to the trunk but in one or two cases was present also on the flexor aspects of the arms: a tendency to an intercostal distribution was noted in two cases. It attained its maximum in twenty-four to forty-eight hours, sometimes longer, and did not show much evidence of fading till about the fourth or fifth day.

The temperature was raised in four of the cases from 100°F to 102°F, during the first twenty-four hours.

Itching varied in intensity and duration but some described it as very irritating and preventing sleep, particularly in the first twenty-four hours.

The rash consisted of red spots, tending to form groups, which in some cases ran together to form a slightly raised urticarial patch, in one case almost purpuric. The spots tended to be papular and in the centre a small vesicle developed: the vesicle was not umbilicated. In one case tiny pustules appeared.

The process of fading was slow and a slight brownish discolouration
was apparent for some time along with some desquamation and slight scabbing of the dried vesicles.

There was no constitutional disturbance beyond the temperature and discomfort during the first twenty-four hours. The urine was normal.

Owing to the uncertainty of the diagnosis in the first instance the cases were isolated; this is, of course, unnecessary, but the patient must have a bath on removing his clothes and his clothes should be disinfected.

No special treatment was given nor was any indicated though Schamberg recommends an ointment consisting of betanaphthol (five per cent) and precipitated sulphur (eight per cent) in benzoinated lard. It is necessary to take the usual precautions to prevent the skin lesions becoming infected.

As regards differential diagnosis reference has already been made to varicella, but scabies and urticaria also require to be differentiated.

The disease is well known in certain parts of America, and according to Walker has been reported in England. Schamberg in America has made a very complete study of the affection, and in Stelwagon's "Diseases of the Skin" will be found references to an extensive bibliography.

---

Report.

SECOND INTERNATIONAL CONGRESS OF MILITARY MEDICINE AND PHARMACY.

ROME, MAY 28 TO JUNE 2, 1923.

BY ONE OF THE DELEGATES.

While serving, in 1923, at Gibraltar, I was fortunate enough to be selected by the War Office as a delegate to the Second International Congress of Military Medicine and Pharmacy at Rome.

Apparently it was thought by the Powers-that-be that this station was a sort of half-way house to Rome. Certainly all roads lead to Rome; but the other British delegate to the Congress left London on May 25 and arrived at Rome on May 27, whereas I sailed from Gibraltar in the good ship "Kaisar-i-Hind" on May 22 and only arrived in Rome a day in advance of him, i.e., May 26. However, the journey was pleasant and interesting and in no way tedious.

Landing at Marseilles we proceeded by the Riviera express the same afternoon to Nice and put up at the magnificent Hotel Atlantique and had a drive in the evening along the sea front and around the town. The season, so far as British people are concerned, was over, but many French people from inland cities, and other Europeans from central countries were in the town.