Clinical and other Notes

cases. However, the results, although disappointing bacteriologically, would seem to be encouraging therapeutically.

<table>
<thead>
<tr>
<th>Case</th>
<th>Maximum temperature</th>
<th>Duration pyrexia</th>
<th>Dose of prontosil</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>102° F.</td>
<td>36 hours</td>
<td>4 tablets.</td>
</tr>
<tr>
<td>2</td>
<td>100° F.</td>
<td>36 hours</td>
<td>3 tablets.</td>
</tr>
<tr>
<td>3</td>
<td>102° F.</td>
<td>60 hours</td>
<td>5 tablets.</td>
</tr>
<tr>
<td>4</td>
<td>101° F.</td>
<td>36 hours</td>
<td>4 tablets.</td>
</tr>
<tr>
<td>5</td>
<td>103° F.</td>
<td>24 hours</td>
<td>3 tablets.</td>
</tr>
<tr>
<td>6</td>
<td>101° F.</td>
<td>24 hours</td>
<td>3 tablets.</td>
</tr>
<tr>
<td>7</td>
<td>104° F.</td>
<td>56 hours</td>
<td>4 tablets.</td>
</tr>
<tr>
<td>8</td>
<td>102° F.</td>
<td>72 hours</td>
<td>10 tablets.</td>
</tr>
<tr>
<td>9</td>
<td>102-6° F.</td>
<td>36 hours</td>
<td>4 tablets.</td>
</tr>
<tr>
<td>10</td>
<td>101-8° F.</td>
<td>36 hours</td>
<td>3 tablets.</td>
</tr>
</tbody>
</table>

*Hæmolytic streptococcus isolated.

CONTROL CASES.

<table>
<thead>
<tr>
<th>Case</th>
<th>Maximum temperature</th>
<th>Duration pyrexia</th>
<th>Anti-streptococcal serum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>102-4° F.</td>
<td>60 hours</td>
<td>Anti-streptococcal serum.</td>
</tr>
<tr>
<td>2</td>
<td>101-6° F.</td>
<td>84 hours</td>
<td>Anti-streptococcal serum.</td>
</tr>
<tr>
<td>3</td>
<td>101° F.</td>
<td>36 hours</td>
<td>Anti-streptococcal serum.</td>
</tr>
<tr>
<td>4</td>
<td>101-8° F.</td>
<td>24 hours</td>
<td>Anti-streptococcal serum.</td>
</tr>
<tr>
<td>5</td>
<td>102-6° F.</td>
<td>72 hours</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>101-8° F.</td>
<td>216 hours</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>103° F.</td>
<td>72 hours</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>100-8° F.</td>
<td>72 hours</td>
<td>Anti-streptococcal serum.</td>
</tr>
<tr>
<td>9</td>
<td>101-4° F.</td>
<td>72 hours</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>102-2° F.</td>
<td>60 hours</td>
<td></td>
</tr>
</tbody>
</table>

A CASE WITH THREE SKIN ERUPTIONS.

By Major E. O. A. Singer.

Royal Army Medical Corps.

The occurrence of three separate skin rashes, of different aetiology, and all appearing within the space of ten days in one and the same patient, seems sufficiently unusual to deserve a short description.

Gunner K., aged 18, service eleven weeks, was admitted to the Royal Herbert Hospital, Woolwich, on May 1, 1937, suffering from headache and a slight sore throat, which had started on the previous day. The throat was injected. The temperature on admission was 99°F.; it fell to normal the same evening and remained so for thirty-six hours.

On May 3 the evening temperature was 102-4° F. and patient complained of malaise and frontal headache.

On May 4 the morning temperature was 100-6° F., pulse 92. On this morning a rash with the following characteristics was discovered: it was centrifugal and affected principally the limbs, consisting of rose macules and papules, average size a silver threepenny piece; some larger papules were present and several had hæmorrhages into their centre. There was no sign of any affection of the nervous system.

In view of the occurrence of a number of verified and suspected cases of meningococcus septicemia, some, thanks to early treatment, of short duration, this case was considered one of them. Although a blood culture and skin lesion culture proved subsequently sterile, and a postnasal
swab negative to meningococci, this is still held to have been the correct
diagnosis. Major H. L. Mann, R.A.M.C., who was at the time in charge
of the case, therefore injected 50 cubic centimetres of antimeninogococcal
serum intramuscularly into the right thigh, and also ordered the adminis-
tration of sulphonamide-P., 1 gramme t.d.s.; the latter was discontinued
on May 7.

A blood-count carried out on the same day showed: total white blood-
cells 22,300, with 61 per cent polymorphonuclears, 34 per cent lympho-
cytes, 3 per cent large mononuclears, 1 per cent eosinophils, 0.5 per cent
basophils, 0.5 per cent Türk cells.

On May 5 there were still some purpuric spots present on the legs.
The temperature and pulse were normal and the general condition was
good. There was nothing of note in the heart, lungs, abdomen and urine.

No further developments occurred until the afternoon of May 8, when
patient vomited and a generalized glandular enlargement made its
appearance accompanied by pain in both groins. The evening temperature
was 100°F., pulse 88.

On May 9 the morning temperature was 103.2°F., pulse 136. There was
no headache, no stiffness and no fresh eruption. The generalized adenitis
was very pronounced, the glands in the neck, axillae, epitrochlears and those
in the groin being affected, the latter most of all. The glands were
discreet and slightly tender.

The heart, lungs and abdomen were normal and the spleen not palpable.
There was an ulcer on the uvula—a swab showed nothing of note in a
direct smear, and culture was negative to Klebs-Loeffler bacillus.

Glandular fever was suspected. A second blood-count was carried out
consequently, and showed: total white blood-cells 26,200, with 78 per cent
polymorphonuclears (as against 61 per cent five days previously), 15 per
cent lymphocytes (34 per cent previously), 1 per cent large mononuclears
and 6 per cent Türk cells (0.5 per cent previously).

In the afternoon, twenty-four hours after the onset of the adenitis,
patient developed generalized urticaria which was very itchy, with very
marked edema of the eyelids and frequent vomiting. He was collapsed and
the pulse, 100 per minute, was feeble—temperature 98.8°F. Adrenaline
and heroin were administered.

It was now obvious that the second of the skin eruptions, i.e. the
urticaria, along with the adenitis, was the result of the serum administration,
the peculiar feature being that the adenitis preceded the urticaria by
twenty-four hours.

On May 10, some swelling of the eyelids remained, but the urticaria
had disappeared. There was a fresh purpuric patch on the left thigh and
an area of erythema on the right buttock. The glands were smaller. The
temperature kept around 99°F. and the pulse around 100. Ephedrine
½ grain morning and evening was ordered.

On May 11, the temperature was normal, pulse 88. Patient still had
slight vomiting, his colour was poor, and he was drowsy. There were some extra systoles. Systolic blood-pressure 120, diastolic 80 mm. Hg. There were also some vague joint pains in the knees, elbows, wrists, ankles and shoulders. The ephedrine was discontinued.

On May 12, a generalized scarlatiniform rash, covering the whole body and which had appeared during the previous night, was observed. The tongue was coated and patient was still rather drowsy. Temperature normal. There was still some ulceration on the fauces—a further throat swab showed *Staphylococcus aureus* and a few colonies of a nonhaemolytic streptococcus; no Klebs-Loeffler bacillus was grown. This scarlatiniform eruption, the third of the three rashes, is considered to have been the result of the administration of sulphonamide, though it followed five days after the discontinuation of the drug (a recent number of the *British Medical Journal* mentions a case in which skin eruptions occurred after sulphonamide, including one three days after the discontinuation of its administration).

On May 13, the rash had disappeared; the evening temperature was 99.4°F. but the patient felt generally much better and took his food well. The conjunctivae were slightly injected. No further extra systoles were observed.

A week later all glandular enlargement had subsided, and patient was discharged recovered on May 26, 1937.

My thanks are due to Colonel E. M. Middleton, O.B.E., Commanding The Royal Herbert Hospital, for permission to send these notes for publication, and to Major H. L. Mann, R.A.M.C., who had charge of the case at one period of his stay in hospital.

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**Echoes of the Past.**

**WAR EXPERIENCES OF A TERRITORIAL MEDICAL OFFICER.**

By **Major-General Sir RICHARD LUCE, K.C.M.G., C.B., M.B., F.R.C.S.**

(Continued from p. 208).

**CHAPTER XXVIII.—MEDICAL ANXIETIES.**

So far, from a medical point of view, all had gone well, in fact as well as the operation itself, and at my first official interview with General Allenby on September 23, I was able to report everything satisfactory in our department, but within the next few days our troubles began. The first of these was caused by the sick prisoners of war.

Good and reasonable provision had been made beforehand for the medical care of the prisoners, but no one could have foreseen what happened