CASE OF ERYTHEMA MULTIFORM OF THE IRIS TYPE.

By Captain H. J. McGRIGOR.

Royal Army Medical Corps.

A soldier, aged 22, was sent into hospital diagnosed "syphilis." He had a peculiar eruption on his hands and ears and a diffused ulceration extending over almost the whole of the buccal mucous membrane of the lower lip. There was no history or appearance of previous syphilis.

The history of the case is that for the past nine years he has had annual attacks similar to the present one. These attacks usually occur in the late spring or early summer, although some have occurred in October and December. One year the patient had three separate attacks. No special article of diet appears to have etiological importance. No constitutional disturbance. The lesions appear first on the hands and ears as small red patches about the size of a lentil; these become blisters, which itch, but are not painful or tender. The number of the lesions varies, but is usually about fifteen or twenty. They appear simultaneously on both hands and they never appear higher than the wrists. These blisters tend to sink in the middle, and then outside the depression arises another blister of a ring shape, raising a sort of rampart around the original blister. Some of the lesions go on in this way, finally furnishing regular "bull's-eye" patterns, and may extend up to the size of a two-shilling piece, but never to a greater size. These rings do not occur in any particular regions of nerve supply, but are noticeable features in that they are nearly all on the extensor aspects. The left hand has in all twenty lesions, only two of which are on the palmar aspect; the right hand has twenty-eight lesions, three of which are palmar.

The accompanying photograph shows very well the various stages of the disease from the original papule seen on the phalanges to the large patch on the back of the hand.

The lesions start desquamating in the centre, and ultimately all the raised reddened epidermis comes off, leaving a pink smooth surface of fresh epithelium. The lesions on the ears are at the edges and are similar in appearance to those on the hands. The lesions of the mucous membrane always occur on the inside of the lower lip, which becomes white and sodden, and has an appearance undistinguishable from syphilitic mucous patches of the snail-track type. Faint traces of rings can be seen in the regenerating mucous membrane.

From start to finish these attacks last about one month and usually disappear without any treatment. This attack has not been accompanied by any constitutional disturbance, but the patient informs me that on two occasions when the eruption appeared he suffered from very severe attacks of "asthmatic bronchitis." There is the suggestion in this that the mucous membrane of the bronchi probably was in a similar erythematous
condition to that of the mouth. There is no history of intestinal disturbance in any of the attacks.

The treatment adopted was to put the patient on 15 grains of sod. salicyl thrice daily, to coat the lip with glycerine of borax and keep the mouth clean with a mouth wash of 1 in 2,000 perchloride of mercury. The hand lesions were protected with cotton wool.

The interest of the case lies in the very close resemblance which the mouth lesions have to that of secondary syphilitic patches, the patient being sent to hospital diagnosed "syphilis," but here the history and course of the disease and the striking eruptions on the hands cleared up all doubt as to the nature of the malady.

The excellent photograph of this case was taken by Private Jones, of 20th Company, R A.M.C., Bulford Camp.

NOTES ON SIX CONSECUTIVE CASES OF DYSENTERY TREATED BY ANTI-DYSENTERIC SERUM.

BY LIEUTENANT S. E. LEWIS.
Royal Army Medical Corps.

CASE I.—Gunner S., admitted on February 28th, about 11 a.m., complaining of diarrhoea with intense pain during the motion, but he had not noticed whether he had been passing blood. Since 4 p.m. yesterday he states that he has had about thirty stools. Temperature 99-2° F. Pulse 96, weak. On examination, patient lies curled up and looks very ill. Tongue coated, breath foul. Some pain on pressure over the lower portion of the abdomen. Heart's sounds quick and feeble. Nothing else abnormal detected. Treatment: Put on a plain milk diet with three bottles of soda and brandy; 3 iv. At 6 p.m.: Has had fourteen stools, small, and consisting of blood and mucus; complains greatly of tenesmus. Treatment: The abdomen having been sterilised, 20 cc. anti-dysenteric serum were injected into the subcutaneous tissue of the abdomen by means of a sterile syringe; also ordered pulv. ipecach., grs. x.

March 1st.—Was delirious, and trying to get out of bed all last night. Temperature this morning 101° F. Pulse 96. Motions, nine during the night of similar character to those passed yesterday, and three of these were passed in bed.

Patient is now quite himself, tenesmus not nearly so marked, looks better, lies comfortably in bed.

March 3rd.—Stools have greatly decreased in number; and now consist of blood clot, mucus, and liquid faces. States he is now quite free from pain. Temperature normal. Treatment: Milk decreased, ordered barley water and beef-tea. Pulv. ipecach. co., grs. x., at night.

I may as well mention here that in all these cases milk was decreased