Clinical and other Notes

The following day—August 13, 1937—there was a paragraph of about fifty lines in a local paper headed, "The Wild Parsnip—A Doctor’s Discovery."

Summary.

(a) A dermatitis very similar to mustard gas lesions occurs as a result of contamination with wild parsnip under favourable conditions.

(b) It is essential for Army medical officers to be conversant with this fact in order that in war time cases of vesicular dermatitis due to wild parsnip may not be sent out of the line or otherwise subjected to special treatment and decontamination for non-existent mustard gas lesions.

(c) Although abundant on Salisbury Plain, its effects are not so generally known as they deserve.

(d) The effects have been known for many years. Jameson drew attention to it in the Edinburgh Medical Journal, 1897, as also did Stowers in the British Medical Journal in 1897.

I am indebted to Colonel S. G. Walker for his permission to send these notes for publication, and to the staff of the Physiological and Photographic Departments, Porton, for their help and assistance.

A most excellent coloured plate is now in the R.A.M. College Museum. Anyone seeing this will immediately notice the similarity of the effects to those of mustard gas.

References.


PRONTOSIL IN SMALLPOX

By Captain C. King,
Royal Army Medical Corps,

And

Assistant Surgeon K. A. de Rozario,
Indian Medical Department.

The following account of a case of smallpox in which prontosil rubrum was used may be of interest:—

Mrs. B—, aged 33, the wife of Bandsman B——, was brought into hospital at 12 noon on December 7, 1937, with a history of having been taken ill about forty-eight hours previously with feverishness, headache, shivering and backache; on arriving in hospital she still complained of headache and backache, and her temperature was 102° F., pulse 106, respiration 24: no other abnormal physical signs could be found except a coated tongue and a few scattered rhonchi in the chest.
A blood-smear was examined and no malaria parasites were found. In the evening her temperature rose to 104° F., pulse 112, respirations 26, but no further signs or symptoms pointing to a diagnosis were observed or complained of during the day. Vaccination history was doubtful; only one rather indefinite set of marks was discernible, which she stated were her infancy vaccination marks.

December 8, 1937: Patient passed a fairly comfortable night, but still complained of headache and backache; at about 11 a.m. a papular eruption appeared on the right arm and forehead, and was noticed on the legs during the day; the patient was placed in the isolation ward.

December 9: Eruption well marked on the back, arms, palms of hands, legs, soles of feet, and face, and a few papules were noticed on the chest and abdomen. Groins and axillae were free from eruption. Patient no longer complained of headache and backache.

December 10: Majority of papules had become vesicular; some of the vesicles were umbilicated. Eruption was most copious on the face, arms, legs, back, and well marked on the palms of the hands and soles of the feet.
December 11: The eruption was well into the vesicular stage, umbilication being marked.

December 12: Vesicles were becoming turbid. Three tablets of prontosil given (one t.i.d. in error, three having been intended for one dose).

December 13: At this stage there was every indication of a severe attack with a serious prognosis. Eruption becoming pustular, seven prontosil tablets given during the day.

Progress.—Temperature remained normal until the patient was discharged from hospital on January 10, 1938. The pustules gradually dried up and scabs were formed. There was a certain amount of marking noticeable three months later.

A curious point in the distribution of the eruption was that the patient was left-handed and there were twenty-seven vesicles on the palm of the left hand and on the sole of the left foot, and twelve vesicles on the palm of the right hand and on the sole of the right foot.

The points of particular interest in the case are: (1) Prontosil was given as near to the beginning of the pustular stage as one could judge, definitely before a rise of temperature due to pustulation could have occurred. (2) That the secondary rise of temperature, which is part and parcel of every smallpox case, did not occur can have been only due to prontosil. (3) The diagnosis was not in doubt; three other medical officers who kindly saw the case agreed unanimously with the diagnosis.

We are indebted to Major J. A. C. Kidd, Royal Army Medical Corps, Officer Commanding, British Military Hospital, Nowshera, for permission to send the notes of this case for publication.

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SHORT CLINICAL NOTES ON A CASE OF WIDESPREAD CALCIUM PHOSPHATE CALCULUS FORMATION.

By Major M. Morris, Royal Army Medical Corps.

Radiological investigation of Pensioner "C" showed widespread calculus formation in his urinary tract with obvious considerable destruction of renal tissue.

The history of this case is of great interest and briefly as follows: He was admitted to hospital on February 6, 1937, and discharged on March 11, 1938. He was admitted with a diagnosis of rheumatism or sciatica and during his year in hospital was operated on five times. The first operation, carried out on February 2, 1937, consisted in opening up the left hip-joint and head of the left femur where considerable osteomyelitis was