A CASE OF PNEUMONIA WITH AN EOSINOPHILIA DEVELOPING AFTER M & B 693.

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The following case, which came to my notice recently in a general hospital, appears to be worth recording:—

Gunner A. H., aged 19, service one year. Admitted March 13, 1940. Transferred to U.K. March 26, 1940. Diagnosis: (1) Rubella; (2) lobar pneumonia.

History.—On March 4, 1940, nine days before admission to hospital, the patient complained of a "cold" and sore eyes. There was an undefined rash on his arms, legs, and abdomen. His condition improved steadily while with the field ambulance, the rash had disappeared by March 8, and on March 10 he felt quite well. On March 11 he developed a slight cough and his temperature rose to 102° F.

Treatment with M & B 693 was commenced; the patient was given two tablets four-hourly.

The next day his temperature was still high, there were no physical signs in the chest, but he had the appearance of a case of pneumonia.

On March 13 he was transferred to the General Hospital.

Condition on Admission.—March 13, 1940: Temperature 102·6° F., pulse 104, respirations 58. The patient now had a typical lobar pneumonia on the right side. He was slightly cyanotic and there was a rash on the limbs and trunk resembling rubella. The cervical lymph glands in both posterior triangles, the axilla, and the groins, were enlarged.

Progress.—Treatment with M & B 693, 2 tablets four-hourly, was continued.

March 15: 6 a.m., temperature 101° F., pulse 126, respirations, 56. Milk diet. 6 p.m., temperature, 99·4° F., pulse 90, respirations, 40.

The pneumonia condition had improved, but he was still slightly cyanosed and his lymph glands were still enlarged. The rash was now more urticarial in character, it was not so bright in colour, but was more confluent and widespread, slightly raised and very irritating.

Treatment with M & B 693 was discontinued at 10 a.m., March 16.

March 16: 6 a.m., temperature 100° F., pulse 120, respirations 48. Milk diet. 6 p.m., temperature 101·4° F., pulse 128, respirations 44.

His condition was unchanged. His blood-count was: Haemoglobin 105 per cent; erythrocytes 5,900,000 per c.mm.; colour-index 0·9; leucocytes 38,000 per c.mm.; neutrophil polymorphonuclears 95 per cent, 37,100 per c.mm.; lymphocytes 4 per cent, 1,520 per c.mm.; monocytes 1 per cent, 380 per c.mm.

March 17: 2 a.m., temperature 103° F., pulse 100, respirations 42. Milk diet. 10 a.m., temperature 102·8° F., pulse 100, respirations 52.

The right side of his chest was now almost clear, but in the lower axillary
region on the left side there were definite physical signs of a pneumonia. He was still cyanosed, but the rash was fading and the swelling of the lymph glands was diminishing. The spleen was not palpable.

March 18: 6 a.m., temperature 103·6° F., pulse 128, respirations 28. Milk diet. 6 p.m., temperature 99·6° F., pulse 112, respirations 36.

There was slight impairment of breath sounds at the bases of both lungs, but there were no adventitious sounds. He was less cyanosed. He complained of "heaviness and soreness" of the eyes and there was marked edema of the lower lids, but no conjunctivitis. There was no albuminuria.

March 21: 6 a.m., temperature 102·2° F., pulse 118, respirations 24. Milk diet. 6 p.m., temperature 100·8° F., pulse 104, respirations 24.

There was now a profuse coarse desquamation of the face, trunk, and limbs. The edema and soreness of his eyes were less.

March 22: 6 a.m., temperature 103·2° F., pulse 110, respirations 26. Fish diet. 6 p.m., temperature 102·2° F., pulse 100, respirations 28.

There was still some impairment of breath sounds at the right base. The profuse scales of epithelium were removed by olive oil and revealed pin-point purpuric spots all over the body, including the palms of the hands.

March 25: 6 a.m., temperature 98·2° F., pulse 88, respirations 20. Chicken diet. 6 p.m., temperature 97·2° F., pulse 88, respirations 20.

A leucocyte and differential count and a blood culture were performed; the latter was negative while the differential count was: Leucocytes 18,000 per c.mm.; neutrophil polymorphonuclears 40 per cent, 7,200 per c.mm.; eosinophils, 50 per cent, 9,000 per c.mm.; lymphocytes, 9 per cent, 1,600 per c.mm.; monocytes 1 per cent, 180 per c.mm.

Comments.—The occurrence of lobar pneumonia as a complication of rubella is in itself rather unusual, but the point which attracted my interest was the difference between the two differential counts. The fall from 38,000 to 18,000 leucocytes per c.mm. in seven days is quite consistent with the use of this drug, but is worth observing. The real interest lies in the marked eosinophilia of 50 per cent, giving an absolute count of 9,000 per c.mm., which appears in the second differential count.

The presence of rubella in the early stage of the illness rather detracts from the value of the case perhaps, as an eosinophilia does occur in that condition, and this may be held to be the cause in this particular case. However, most of the evidence is against that; the high leucocytosis in the first count and the development of the very marked eosinophilia in the second, with the skin condition of a very different type from that seen in rubella and the edema and soreness of the eyes, lead one fairly to assume that the condition was an allergic reaction with an eosinophilia due to the use of M & B 693.

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