

It is impossible to say if this man suffered from meningococcal septicæmia causing jaundice or from meningococcal septicæmia accompanied by infective hepatitis; the mode of onset and appearance of jaundice on the fifth day, and before any manifestation of septicæmia was observed, suggested the latter. There are a sufficient number of cases of hepatitis in the district at the moment to justify postulating such a course of events.

I am indebted to Colonel F. D. Annesley, *M.C.*, for permission to forward these records.

REFERENCE.

- [1] CRAWFORD, C. (1944). *B.M.J.*, p. 325.

NOTES ON AN UNUSUAL BATHING FATALITY.
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[Received August 28, 1944.]

The subject of this article was a healthy man aged 31. On the morning of the accident he had gone to the Public Baths and at the time of the accident was swimming at the deep end. A youth of about 18, estimated weight of about nine stone, did a backward somersault from the diving step, the height from the water not being known. He struck the deceased with his back in the region of the neck (? upper part of the chest). The man was seen to float under the water and had to be fetched up from the bottom.

On being brought out, after a submersion estimated at 3 to 4 minutes, artificial respiration was carried out. He was sick, coughed and spat a pinky fluid. He was taken to lie down in a side room and was unable to say what had happened to him. On getting up unassisted he was sick and was helped to a truck which brought him to a Reception Station about eight miles away. He was sick again on the journey.

Condition on Admission.—He was admitted at 09.30 hours and was seen by me about fifteen minutes later. He was obviously an ill man with a soft pulse of 70 and no obvious external injury. He was sick, the vomit containing brown-coloured material. Bouts of coughing with frothy reddish sputum occurred. The systolic blood-pressure at this stage was 110 mm. Owing to his condition an exhaustive examination was not deemed advisable but such auscultation as could be done did not disclose any adventitious sounds.

Progress and Treatment.—Restlessness became more marked and the pulse-rate increased to 150; respiration was 30 at the start and increased to 50. Cyanosis developed and increased in depth. The surface of the body became colder and epistaxis occurred later.

Treatment consisted of rest and warmth, at first by hot-water bottles and later by electric cradle. When restlessness became too marked, morphia gr. $\frac{1}{4}$ was administered at 10.15 hours. Oxygen was given through a funnel as he was too restless to have a mask fitted.

Death took place at about 15.30 hours.

Post-mortem examination.—No external marks of violence were observed when this was done about twenty-four hours later. Post-mortem staining was present.

On opening the chest the lungs were voluminous with dark purplish patches on the surface and emphysematous bullæ under the pleura. There were no pleural adhesions and there was excess of watery fluid in the pleural cavities. On cutting into the lungs frothy blood-stained fluid exuded and there were small dark areas of hæmorrhage into the lung substance. The heart muscle was normal. The left ventricle was empty but the right was full of soft dark clot. The veins generally were full of dark fluid blood. There was excessive fluid in the pericardial sac. The spleen and kidneys were rather congested, the liver not obviously so.

On opening the skull, no evidence of fracture of the base was observed. The veins of the cerebral surface were congested.

SUMMARY.

An account is given of a man who was dived on by another swimmer. As a result of the impact of the diver, he was squeezed between this force and the water.

The symptoms in life were those of an acute congestion of the lungs with hæmorrhagic effusion.

The post-mortem findings were apparently similar to those found in blast injuries.

It would appear there must have been sufficient compression of the chest at the time of impact to produce a contusion of the lungs.

My thanks are due to Major M. White, M.C., R.A.M.C., O.C. Reception Station, for permission to forward these notes.

REFERENCES.

- A.M.D. Bulletin*, No. 22, April, 1943.
Field Surgery Pocket Book, 1944.

Current Literature.

DOWLING, H. F., HARTMAN, C. R., FELDMAN, H. A. and JENKINS, F. A. **The Comparative Value of High and Low Doses of Sulfadiazine in the Treatment of Pneumococcal Pneumonia.** *Amer. J. M. Sci.* 1943, Feb., v. 205, No. 2, 197-203. [11 refs.]

Eighty-one unselected adults with typed pneumococcal pneumonia were treated with an initial dose of 2 grammes of sulphadiazine, followed by 0.5 grammes every four hours until recovery was certain or death ensued. The results obtained were compared with those following the administration to 79 patients of an initial dose of 6 gramme followed by 1 gramme every four hours. The groups were comparable in respect of age groupings, but the percentage of bacteræmic cases was 16.5 in the high dose group compared with 11.1 in the lower dose group. There was no significant difference in fatality in the two groups (6.2 and 10.1 per cent with the low dosage and high dosage, respectively), nor in the incidence of serious complications. The higher dosed cases, however, were slightly more often followed by rapid recovery, and they showed less likelihood of relapse, spread to another lobe, or of delayed resolution. Toxic reactions were infrequent in both groups, and no more numerous in the high-dosage than in the low-dosage group. The fact that decidedly smaller doses of the drug than are usually recommended can effectively be used is considered important, since, in the present emergency, limitation of supply of the sulphonamides may occur at times.

A. JOE.

Reprinted from "Bulletin of Hygiene," Vol. 18, No. 8, 1943.

CHARGIN, L., SOBEL, N. and GOLDSTEIN, H. **Erythema Infectiosum. Report of an Extensive Epidemic.** *Arch. Dermat. & Syph.* 1943, Apr., v. 47, No. 4, 467-77, 1 coloured pl. [14 refs.]

The diagnosis of erythema infectiosum is not very often made. An outbreak allowing the study of many cases is therefore of importance. This paper deals with an orphanage in New York City, where 80 out of the 137 children were attacked between November 4, 1941, and April 11, 1942. There were 80 primary attacks and 90 relapses, so that in all 170 attacks were observed. "Briefly, the sequence of events is as follows: Almost always the exanthem is the first symptom; rarely mild prodromal symptoms appear in the form of malaise, sore throat, coryza and fever. Nearly always the rash first appears on one or both cheeks in the form of a bright red area; the appearance is as though the cheeks had been slapped. There is slight œdema, and the cutaneous surface is smooth. The erythema stops abruptly at the nasolabial fold and the lower orbital border; occasionally it crosses the base of the nose, producing a butterfly configuration like that seen in lupus erythematosus.