A CASE OF ACUTE LUPUS ERYTHEMATOSUS.

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THE patient was a married woman, 43 years of age, who had had five children. She had enjoyed good health up to June, 1905, when a small spot appeared in front of the left ear, which was quickly followed by a similar patch on the opposite side of the face. These patches gradually increased and in January, 1906, when I saw her for the first time, she presented a very symmetrical eruption with sharply demarcated margins occupying the entire face, excepting the upper part of the forehead and the skin surrounding the orbits and mouth. The eruption was covered by adherent white scales and on the dorsal surface of the proximal

them. Temperature : morning, 100°; evening, 101°. About the 15th the lower lip swelled and rapidly developed large bullæ extending on to the mucous membrane of the cheek. They soon burst, leaving a raw surface which was constantly covered by bloody exudation. On the 20th the dorsal surface of the toes became affected in a similar manner to the phalanges, and shortly after a papular rash appeared on the dorsal surface of the feet, spreading up the leg as far as the knee in a few days time. A patch of erythema appeared suddenly over each olecranon and in 24 hours symmetrical bullæ as large as a hen's egg developed. On the 26th large bullæ appeared on the outer margins of the feet and on the legs. A symmetrical papular rash about four inches in diameter appeared on the gluteal region. The patient now showed signs of failing strength. A slight cough developed and the breathing became accelerated and albumin appeared in the urine. On the 28th similar patches to those on the gluteal region appeared on the scapulæ. Temperature : morning, 99·4°; evening, 104°. The breathing gradually became more difficult and she

Chart showing course of temperature.

phalanges were red patches showing dilated follicles filled by horny plugs. A biopsy was made and the microscopic appearance was that of a typical lupus erythematosus. The eruption underwent no change until Feb. 15th, 1907, when the left malar region became red and raw, exuding a slight clear discharge somewhat resembling an eczema rubrum. A few days later a symmetrical rash, consisting of dull red flat and discrete papules, appeared suddenly on the backs of the hands and in this condition she was exhibited at the February meeting of the Dermatological Society of Great Britain and Ireland.

The patient was admitted to hospital on March 1st, 1907, and on the 3rd her condition became much worse. The temperature rose to 103° F. at night. The scaly condition of the face became replaced by a bright red raw and bleeding surface. The epidermis was exfoliated from the palmar tips of the fingers and from parts of the palms of the hands, leaving a red dry glazed surface. On the 7th the papular rash extended to the wrists and forearms in groups of discrete papules, remaining thus for a couple of days, when large vesicles appeared on the summit of many of

passed into a state of coma in which she remained until her death on April 1st.

Post mortem the bases of both lungs were found to be semi-solid and gorged with dark venous blood. The upper part of the lungs was normal; there was no trace of tuberculosis. The kidneys were much enlarged, measuring five and a half instead of four and a half inches in length. The heart and other organs were normal.

It is seldom that cases of this description have been observed from beginning to end. Erysipelas has been assigned as a cause of this acute phase of the disease, but the remarkable symmetry, the discrete character of the eruption, there being skin of normal colour between the papules, the rapidity with which these and the bullæ developed, and the absence of pain or any feeling of even being ill until a few days before her death, are symptoms which bear little resemblance to that affection. So many cases of this acute disease have supervened on the application of an irritant to the chronic condition as to make one hesitate before applying carbolic acid or other strong application where the disease is at all extensive. The accompanying

chart, ranging from normal in the morning to as high as 105.5° at night, suggests an acute infective condition, as does the mode of death (septic pneumonia), which is the invariable end of those fatal cases of which I have record.

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TWO CASES OF HYPERPLASTIC TUBERCULOSIS OF THE CÆCUM TREATED BY EXCISION; RECOVERY.

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WHEN the cases which I am about to relate occurred very little attention had been given to the chronic hyperplastic form of tuberculosis of the cæcum and I have no doubt that many cases of this disease have been mistaken for cancer. In fact, when I operated on my first case I quite believed it to be a malignant tumour, and several pathologists to whom parts of the growth were submitted inclined to the same view, and it was not until the tuberculous nature of the second case was proved that I suspected the first to be of the same nature, and further examination of the specimen proved it to be so.

CASE 1.—The patient, a married woman, aged 30 years, was sent into the Bedford County Hospital by Dr J. B. Emmerson of Biggleswade on Feb. 20th, 1902, complaining that for some months she had suffered much pain and had noticed a lump in the right iliac fossa. Her father died in 1900 from lung disease at the age of 58 years. Her mother died in 1897 from cancer of the throat. The patient was one of a family of six, all of whom were alive and well with the exception of one sister who was suffering from pulmonary tuberculosis. She had two children, born in 1896 and 1900. She had suffered from sick headaches since puberty and of late had occasionally had diarrhoea, flatulence, and distension of the bowels.

On admission she was a thin woman complaining of pain in the right lower abdomen. In the right iliac fossa was a firm, tender, slightly moveable lump, of which the nature was doubtful. It was decided to explore it.

Operation was performed on Feb. 23rd, 1902. A median incision was made from the pubes to an inch above the umbilicus. The tumour proved to be situated in the cæcum,

flexure of the colon, and the intermediate portion of intestine was removed with its corresponding mesentery. Murphy's button was used to unite the divided ends of the bowel and the junction was strengthened with sutures. An opening was made in the loin to provide dependent drainage. The anterior incision was completely closed.

The progress was good, except that on the tenth day there was some fever due to slight consolidation at the base of the left lung. On the same day the Murphy's button was passed. On April 2nd the patient left the hospital. On Dec. 8th, 1904, she had another child, and when seen by Dr. Emmerson on Oct. 12th, 1906 (four and a half years after operation), she was the picture of health. Since the operation she has had no indigestion, her bowels have acted once daily, the motions being formed, and the headaches have disappeared.

The parts removed (Fig. 1) showed a tough fibrous thickening of the cæcum (B) chiefly affecting the caput. The caput was occupied by a prominent mass, which in its growth upwards had involved and caused great narrowing of the ileo-cæcal orifice (A). The mucous membrane covering the mass was ulcerated. No trace of the appendix could be seen. The ileum (C) was considerably dilated. At the time of the operation I feared that the growth was malignant and the presence of enlarged glands seemed to confirm this, but examination of the sections prepared by Dr S. J. Ross has conclusively shown that the mass was tuberculous and that the enlargement of the glands was inflammatory.

CASE 2.—The patient, a man, aged 21 years, was sent into the Bedford County Hospital on Sept. 14th, 1904, by Mr. A. Chillingworth of Bedford. His father died, at the age of 67 years, from prostatic disease, and his mother, aged 47 years, from cancer of the liver. They had seven sons and one daughter, the patient being the youngest. There was no history of pulmonary tuberculosis on either side. His history was that early in 1901 he had pleurisy with effusion, which was aspirated. He was laid up for eight weeks and afterwards went to Margate for a year. In March, 1902, he began to suffer from attacks of pain in the lower abdomen and used to vomit large quantities of food. At first these attacks occurred once a month, but as they became more frequent in February, 1903, he was seen by Dr. J. Mitchell Bruce, who agreed to the diagnosis of dilated stomach made by his medical attendant and put him on a limited diet. In March, 1903, he was admitted into Charing Cross Hospital where his right kidney was stitched to the parietes in the usual way. A lump was felt in the right iliac region before and after the operation and there was a suggestion that it was due to inflammatory exudation around an old appendicitis. After the operation he had good health until June, 1904, when he had acute pain all over his abdomen, but chiefly in the right lower quadrant, accompanied by vomiting. These symptoms continued on and off until his admission into the Bedford County Hospital.

On admission the patient was a rather thin, but otherwise healthy-looking, young man. Nothing wrong could be detected except in the abdomen, where in the right lumbar and iliac regions a hard mass could be felt. It lay exactly in the position of the cæcum and lower part of ascending colon and its long axis corresponded to the latter. It was of about the size of a kidney and was firmly fixed to the tissues behind the colon. Its upper end was below the costal margin. The right kidney could not be felt and there were no urinary symptoms. Whilst the hand was palpating the lump a coil of bowel in connexion with it would become distended with gas and when this passed on with a gurgle the distension collapsed, showing the existence of some obstruction of the bowel. The edges of the mass were well defined. It was evident that the lump caused a partial blocking of the bowel but there was room for faeces to pass on as the bowels acted almost every day, the motions being hard and formed. The absence of diarrhoea and mucus showed that there was no ulceration of the intestine. On the whole the symptoms suggested a growth in the wall of the cæcum and it was decided to explore this.

Operation.—On Sept. 19th an incision was made over the tumour which was found to involve the cæcum, ileo-cæcal orifice, and ascending colon. It was seen that the only way of removing it was by excising the mass and joining the distended small intestine to the colon. The mass, with the enlarged glands in the meso-cæcum and meso-colon, was cut away and the divided ends were united by simple suture. A counter-opening was made in the loin and a drainage-tube was inserted. The anterior wound was closed. Some

FIG. 1.

the lower part of which was mainly involved. There were firm adhesions between the growth and the iliac fascia. The last inch of the ileum was firmly adherent to the cæcum and no trace of the appendix could be found. There were numerous enlarged glands in the mesentery and meso-cæcum. Clamps were applied to the lower end of the ileum and to the hepatic