ACUTE PEMPHIGUS (?), AND EPIDEMIC ACUTE ECZEMA.

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IN THE LANCET of Oct. 31st, 1896, an unusual lesion of the skin was described (on page 1212) by Dr. James Priestley, who further mentioned that he was in hopes of obtaining suggestions as to the diagnosis from those who had experience of similar cases. Dr. Priestley's patient presented numerous large bullæ over the greater part of the body, most of them on an erythematous base, and some on normal skin; there was high fever; and death occurred after the symptoms had continued for about five and a half days. Just a year ago I had a case in which the lesion of the skin was apparently very similar, although the illness followed a milder course. The patient was a man, fifty years of age, and came under my care on March 22nd, 1896, a week after the beginning of the eruption. The vesicles were at first small, but in a few days developed into large bullæ, which measured from an inch to an inch and a half in diameter and spread themselves over the whole surface of the body, being confluent in various places. Both scapular regions were totally denuded of epidermis, and presented a raw surface about 18 cm. (7½ in.) long and 10 cm. (4 in.) wide. In the iliac and inguinal region there was a band encircling the body, from four to five inches wide, totally denuded of epidermis and ulcerated. It was quite impossible to find on the body a place as large as the palm of the hand free from bullæ except on the legs, ankles, and feet, the eruption being more scattered there than elsewhere. The edges were inflamed, but there was no infiltration of the skin except on the right knee, where I applied carbolic acid lotion, with the result that the growth of the vesicles was stopped and healing followed, with desquamation of the epidermis at the infiltrated place. On the first evening of my attendance the temperature was 39° C. (102.2° F.) and the pulse 100. During the ensuing eight or nine days the temperature varied between 38.5° and 41° C. (between 101.2° and 105.8° F.), the latter being the highest temperature which was noted; the pulse ranged between 100 and 130. The eruption was copious on the hairy scalp and there were several vesicles on the tongue, but there was no pharyngitis. I estimate that an area extending over more than two-fifths of the whole surface of the body was denuded of skin. After this date the fever rapidly diminished, repair of the skin commenced, and in from sixteen to eighteen days all the ulcers were healed. The patient was a healthy man of a full habit of body; he had passed through an attack of typhoid fever some time before. There was no other case associated with this one, and the cause of the illness was unexplained.

Dr. Paul of Nagasaki, Japan, writing in THE LANCET of Feb. 13th, 1897 (p. 437), referred to Dr. Priestley's article, and described a case observed by himself in 1894, in which an infant suffered from acute pemphigus and acute eczema of the face, the two diseases being intercurrent, but independent in course. In connexion with this subject I may add that in the years 1893-94 Iceland was visited by an epidemic of acute eczema of the face, or contagious impetigo, especially attacking young persons and children. Many of the infants affected with the eczema suffered also from severe dermatitis with large bullæ on all parts of the body except the head. These two diseases—the eczema on the face and the pemphigus on the body—were apparently distinct; most of these cases terminated fatally.

A CASE OF SUPERFŒTATION.

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AS superfœtation is undoubtedly a very rare occurrence—the mere possibility has been denied by some authorities—it is advisable that all apparently genuine cases of this abnormality should be recorded.

On Sept. 2nd, 1896, I was called to a woman, aged forty-two years, who was reported to have had a miscarriage. She had only had one previous pregnancy, which resulted six

months previously in a three months' abortion. On examination I found a piece of umbilical cord projecting through the external os; the internal os just admitted one finger. I removed piecemeal the placenta, which was firmly adherent. I then turned my attention to a vessel full of blood-clots passed before my arrival, and discovered a foetus of about sixteen weeks old and also a perfectly fresh healthy ovum of about seven weeks. This case much resembles one recorded by Dr. Tyler Smith, quoted by Dr. Galabin,¹ and, as in that case, the woman had had periodical discharges of blood, three in number, though she cannot be certain whether or no they correspond in point of time with what would have been her ordinary menstrual periods. Such cases as these do not, of course, conclusively prove the possibility of superfœtation, for they are open to the explanation that the younger foetus—though apparently quite fresh and healthy—may have been retained dead without decomposition for two months or so; but I think the evidence points rather to the former than to the latter explanation, and affords about as strong proof as we are likely to get under the circumstances. It is difficult to see what should have caused the death of the younger foetus; there was no history of syphilis on either side; moreover, "the struggle for existence" cannot be so very severe at seven weeks. The uterus in this case was not double.

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A Mirror

OF

HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

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CARCINOMA OF THE RECTUM; KRASKE'S OPERATION;
RECOVERY; REMARKS.

(Under the care of Mr. FREDERIC EVE.)

THIS operation has not yet obtained that position in the estimation of the profession which its advantages entitle it to possess. The idea of cutting through the sacrum in order to get at the rectum appears to many as such a formidable procedure that they hesitate to recommend it in the early stage of disease when it can be carried out most satisfactorily, and perhaps only give it a trial when the patient himself demands it because his sufferings are becoming more than he can bear. Heidenhain considers that "the only local contra-indication to the operation is the extension of the growth to the prostate, bladder, or ureter."² There can be no doubt, however, that if the loose connective tissue about the rectum is involved the case is very unfavourable, as it also is if the retro-peritoneal glands are affected. Dr. Allison states that "the reported cases of excision of the rectum after Kraske's method for cancer show a mortality of 30 per cent., with a recurrence in 40 per cent. of the recoveries. This includes, however, many inoperable cases, as is proved by a mortality of 8 per cent in the hands of some surgeons in properly selected cases."³ Senn writes "that the surgeon who removes the cancer of the rectum by excision will have a great mortality, while the one who follows the loose connective tissue spaces, resorts to blunt instruments, and carefully guards against hæmorrhage will show the best results."⁴

A man, aged fifty-one years, broken down and prematurely aged, was admitted to the London Hospital with advanced cancer of the rectum. The disease occupied the upper part of the bowel and could just be reached by the finger. The affected area was evidently adherent anteriorly, although not firmly. There was no evidence of enlargement of the liver. The patient's attention had first been drawn to the trouble by the passage of blood and watery discharge commencing two months previously. His condition was

¹ Manual of Midwifery, pp. 263, 264.

² Jackson Clarke: THE LANCET, Jan. 16th, 1897, p. 162.

³ Sajous's Annual of the Universal Medical Sciences, 1896, vol. iii. D 6.

Ibid.