A CASE OF ACUTE PEMPHIGUS.

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In 1895 G. Pernet1 described a case of rapidly fatal pemphigus in a journeyman butcher, and Pernet and Bulloch2 from a study of the literature of the subject were able to bring together eight similar cases of this rare disease all occurring in butchers and following a lesion usually of the fingers or hand. The present case is submitted as a further confirmation of this remarkable coincidence.

The patient, a man, aged 23 years, was admitted into the London Hospital on June 4th, 1898. He was a powerfully developed man and a butcher by occupation. He had wounded his right thenar eminence on a piece of jagged bone while dressing the carcass of a sheep. The wound, developed some days after, was about the size of a large walnut. Between the shoulders and on the part of the chest and abdomen, especially in the I. denotes the posterior wall and of the mesenteric glands was very marked. It is to be regretted that a bacteriological examination of the blood was not made during life. The condition of the patient was not critical but very serious at the time and the examination was delayed. This case resembles very closely several of the cases collected by Pernet. The disease ran an acute course and was preceded by a definite wound which probably had some relation to the symptoms. There is a strong probability that a young butcher who had previously enjoyed excellent health.

In regard to the occurrence of the diplococcus mentioned above it has not been proved that it is the cause of acute pemphigus. Its absence in the internal organs could seem to show that the disease is to a large extent a toxic one, the toxin being probably bacterio-genetic.

RED-WATER OR TEXAS FEVER: A FURTHER COMMUNICATION.

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Since my communication2 to the Royal Society of London by Professor Thomas R. Frazer I have been able to obtain valuable additional evidence as to the communicability of the disease by the use of blood derived from animals which have either recovered from the sickness for a very considerable period or which have been immunised. A number of cover-glass preparations were made. The fluid contained a diplococcus staining by Gram's method and the leucocytes present were almost exclusively eosinophile. The fluid of the blisters was inoculated into bouillon and gelatin, and agar plates were also poured. In 24 hours a pure culture was obtained of the above-mentioned diplococcus. As the organism was not seen on Gram's preparations it was of interest to find it identical with the coccus isolated from similar cases of acute pemphigus by Demme,3 Bleibtreu,4 Bulloch, and Russell Wells.5 The diplococcus, as far as could be ascertained, differed very distinctly from any known pathogenic cocci. Two cubic centimetres of the fluid of a bulla were injected intravenously into a rabbit, but without result. One cubic centimetre of the first bouillon culture likewise gave negative results.

The examination of the liver, spleen, kidneys, and intestines of the patient did not yield any characteristic results. Bacterium coli commune was isolated from the spleen and from the liver (probably post-mortem invasion). No diplococcus was found in the heart blood or in the sections or cultures from the viscera. The kidneys presented the appearance of severe cloudy swelling. The epithelium of the intestinal mucous membrane over the reddened area was found to be desquamated and the vessels in this coat as well as the submucous coat were thickened by a few leucocytes. Hyperplasia of the lymphoid tissue of the intestinal wall and of the mesenteric glands was very marked. It is to be regretted that a bacteriological examination of the blood was not made during life. The condition of the patient was not critical but very serious at the time and the examination was delayed. This case resembles very closely several of the cases collected by Pernet. The disease ran an acute course and was preceded by a definite wound which probably had some relation to the symptoms. There is a strong probability that a young butcher who had previously enjoyed excellent health.

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2 Beiträge zur Kenntniss des Pemphigus Acutus, Verhandlungen des Congresses fur Innere Medizin, Wiesbaden, 1896.
3 Beitrag zur Kenntniss des Pemphigus Acutus, Berliner Klinische Wochenschrift, Band xvi., p. 671.
4 Two Cases of Acute Pemphigus, The Lancet, May 2nd, 1898.
5 Communicated to the Royal Society by Dr. Gihl, F.R.S., on April 16th, 1899.

The conclusions arrived at in that communication (June 6th, 1898) were as follows: 1. The blood of animals themselves healthy from a red-water area yields, if inoculated on to the skin of another animal, a red-water-like condition. 2. That the blood of animals suffering from mild red-water may be safely used to inoculate a healthy animal subcutaneously. 3. That the blood of animals suffering from a moderately severe red-water area or one which is known to have been "salted," inoculated into healthy animals, will produce on the skin of the animal so inoculated a condition resembling red-water. 4. That the mild form becomes more or less immunised or "salted." On these grounds I would suggest a method of protective inoculation against red-water. I would suggest the following:- For inoculation only five cubic centimetres. If the animal is unable to attempt the vein inoculation I would recommend the subcutaneous route. 5. That the mild form of the disease is in the near neighbourhood.

time or which have been inoculated many months previously to the point of loss of life.

On Dec. 2nd, 1898, I withdrew some blood from animal No. 18, which has been continuously under observation since it was inoculated on Dec. 22nd, 1897. After defibrinating the blood 20 cubic centimetres were used to inoculate a young ox (No. 19) which had been held in a clean state for six months. On the following day, a sharp rise of temperature occurred which reached to 106° F. On the following morning it was observed to have fallen to 99° F. Three days later the temperature was again over 104°, but fell previously to the next morning. From this time onwards no further symptoms could be noticed; the cow was observed and on the twenty-fifth day subsequent to inoculation the animal was seen to be ill; it refused food, but it had no definite symptoms of "red-water." Three days later on examination it was seen to be extremely yellow in colour and there was slight evidence of jaundice. This experiment serves to show that an animal which has been inoculated with infected blood, while it may not develop symptoms of red-water, re-inoculated with as little as 10 cubic centimetres of the same blood, if drawn as late as a year subsequently, is yet so infective that an intravenous injection of it into susceptible animals will certainly infect and may even kill, although after a somewhat extended period of time.

Very important corroborative of this is furnished by the experience of inoculation for red-water which has lately been adopted in the Cape Colony. Four animals which were immune to red-water (three by reason of having had the disease and recovered from it and one by being born and reared on clean veldt in the Eastern Province) were sent from Fort Beaufort to Queenstown to be used by the veterinary surgeon there for inoculation purposes. The animals to be used for inoculation had been "fortified"—i.e., re-inoculated with virulent red-water blood, and in each case from one animal, the doses used being from 10 to 25 cubic centimetres, according to age. All had a febrile reaction and some slight symptoms of the sickness, but they easily recovered. From one of these animals 20 doses were used for inoculation, each having been drawn from one animal, the doses used being from 10 to 25 cubic centimetres, according to age. One lot consisted of 107 animals which had never been exposed to red-water infection. The doses used were increased beyond those which I had recommended—namely, from 10 to 25 cubic centimetres were used, according to age. Of these animals no less than 17 died from characteristic red-water. The remainder made good recoveries. The second lot consisted of 53 head of cattle, all of which with one exception (an imported animal) had been born and reared on red-water veldt. The imported animal was the only one which showed any signs of reaction, but it made a good recovery. From the last animal 29 doses have been used, and it is not always safe to exceed the doses which I have recommended unless the animals which have been used for withdrawing blood have been untouched for at least a considerable number of months.

I have been enabled to do this work through the cooperation of several farmers, to carry out experiments by which inoculated cattle have been fully exposed to infection at later dates. In May, 1898, I inoculated 10 head of old cattle with blood from an animal which had been held in a clean state for six months and inoculated with virulent red-water blood. These cattle were immediately removed from the Institute and sent later to an infected area in company with 10 head of young animals which were un inoculated but, as is commonly known in this colony, are not so liable to die from this disease as are older animals. Of the young stock all have been infected by exposure in the veldt and three have died. Of the older and more susceptible animals not one has shown the slightest signs of illness and the cows have given birth to healthy calves. On Nov. 7th, 1898, I inoculated 23 head of cattle which had been held in the veldt for six months. On Nov. 7th, 1898, and subsequently had them removed to his farm, which is well known to be one of the worst infected areas in the Eastern Province. Previous experience has shown that if clean cattle are placed there they become very quickly infected. In June, 1898, I had given this animal a sharp rise of temperature which lasted four days. On July 2nd, the animal was completely judged. On July 28th, the animal was completely recovered and has shown no signs of red-water since that time. This animal has been inoculated with defibrinated blood from one animal, the doses used being from 10 to 20 cubic centimetres, according to age. All had a febrile reaction and some slight symptoms of the sickness, but they easily recovered. From one of these animals 20 doses were used for inoculation, each having been drawn from one animal, the doses used being from 10 to 25 cubic centimetres, according to age. One lot consisted of 107 animals which had never been exposed to red-water infection. The doses used were increased beyond those which I had recommended—namely, from 10 to 25 cubic centimetres were used, according to age. Of these animals no less than 17 died from characteristic red-water. The remainder made good recoveries. The second lot consisted of 53 head of cattle, all of which with one exception (an imported animal) had been born and reared on red-water veldt. The imported animal was the only one which showed any signs of reaction, but it made a good recovery. From the last animal 29 doses have been used, and it is not always safe to exceed the doses which I have recommended unless the animals which have been used for withdrawing blood have been untouched for at least a considerable number of months.

A CASE OF RECURRENT APPENDICITIS; OPERATION; RECOVERY.

W. J. GREENE, F.R.C.S., D.P.H. Irel.

The patient in this case was a well-formed muscular youth, 18 years of age, who had had fairly good health with the exception of an illness occurring several years ago which he thought was connected with his present illness. The cause of his trouble was, he thought, an attack of febrile obstruction which he had had about 10 years before—at least, I judge it to be febrile obstruction from the treatment which his mother tells me was adopted. His life was despaired of, but it was saved by a "white powder" and "a large enema of castor oil." Since this time he had always had spasms of sharp pain in the right side after even slight exertion or prolonged standing which his work necessitated. During the last two years his symptoms had become of a more severe character. Hardly a day had passed without his having a sharp attack of pain. Several months before the constipation had been the rule; in fact, he believed the bowel couls never have acted without the use of some aperient. If he neglected to secure a daily evacuation the pain became so severe as to require his remaining in bed for a day or more, and this neglect was, he thought, the primary cause of the four severe attacks of illness from which he suffered for two years. In July, 1898, I was asked to see him when he was then undergoing his third attack. His condition was typical of appendicitis. His back was not rigid, his abdomen was soft, but on palpation the right side after even slight exertion or prolonged standing. The pulse which was small and hard varied in rate between 100 and 130, and the temperature range on more than one occasion touched 104° F. The patient was obviously dangerously ill and the prospect of recovery without operative interference was not great. I put the question of operation before the patient and his friends, but they declined it either as a deliberate procedure or, should circumstances of emergency occur, as a life-saving expedient—they would take whatever chance medical means could afford. The treatment adopted was to continue the efforts which had been made to keep the bowels unloaded and to relieve pain with soothing means, and the patient was kept on a fluid diet. After various medicines had been tried without result the treatment adopted was to continue the efforts which had been made to keep the bowels unloaded and to relieve pain with soothing means, and the patient was kept on a fluid diet. After various medicines had been tried without result the treatment adopted was to continue the efforts which had been made to keep the bowels unloaded and to relieve pain with soothing means, and the patient was kept on a fluid diet. After various medicines had been tried without result the treatment adopted was to continue the efforts which had been made to keep the bowels unloaded and to relieve pain with soothing means, and the patient was kept on a fluid diet. After various medicines had been tried without result the...