no fever is met with in this disease. Possibly the previous history of slow continued and remittent fever may have had some influence on the temperature.

The patient, an adult male, was admitted to hospital on Nov. 18th, 1901, and came under my care on Dec. 6th. With the exception of his temperature chart there was no record of his symptoms during that time. The temperatures recorded on the first three days in hospital were as follows:—Nov. 18th: evening, 104.6° F. Nov. 19th: morning, 104.6°; evening, 104.8°. Nov. 20th: morning, 103.2°; evening, 104.4°. From this date there was a steady decline till Dec. 5th when the temperature in the morning was 100.8° and in the evening it was 98°. In May, 1899, he had contracted primary syphilis at Aldershot, and during April, 1900, was under treatment for secondary syphilis at Malta. During his service in Malta he was subsequently treated for remittent fever and slow continued fever. When he came under my care he presented the following appearance. The face was thin, pale, and slightly cyanosed; there was constant cough with very little expectoration, the sputum in 24 hours only amounting to about one ounce, chiefly mucus, and on a few occasions a slight reddish tinge was noticed. Both lungs were dull on percussion, particularly at the bases, with great resistance to the finger; vocal resonance was increased; tubular breathing was heard over the bases and there were a few râles and a large number of rhonchi. Over the apices and front of the chest the breath sounds were more bronchial and the rhonchi were less. The respirations ranged between 20 and 26 per minute. The pulse-rate was 100. The heart sounds were regular but weak. The bowels were moved regularly twice a day. There was delirium at times. The temperature in the morning was 99.4° and in the evening it was 97.8°. On Dec. 7th it was 101.2° in the morning and 101.0° in the evening. From Dec. 10th to the 28th inclusive the temperature did not rise above 98.8°, except on the evenings of the 11th, 13th, 16th, and 17th.

On Dec. 13th the patient was put on 15-grain doses of potassium iodide three times a day and daily inunctions of mercury. On the 24th the temperature had practically been at normal for some days; the cough was almost gone; percussion over both lungs was normal and there were no rhonchi or râles. The man was quite sensible; he slept well and was able to sit up. On the 27th the cough had become more troublesome again, and I at the time attributed this to his bed being rather near a draughty window. He still seemed to be in good spirits and was quite sensible. On the 29th the temperature rose to 103.2°. The face became somewhat cyanosed and the old symptoms in the lungs returned. In spite of the dose of potassium iodide being increased to 30 grains he gradually passed into a typhoid state and died on Jan. 7th, 1902. The respirations reached 55 per minute three days before death, but they dropped on the 6th to 22.

It is a matter of great regret that no post-mortem examination was allowed. The diagnosis was founded on the distinct history of syphilis and the remarkable clearing up of all symptoms under anti-syphilitic treatment. The secondary and fatal attack showed the only temporary subsidence of the disease under treatment.

Mullingar.

A NOTE ON A FAMILY EPIDEMIC OF IMPETIGO CONTAGIOSA BULLOSA ORIGINATED BY PEDICULI CAPITIS.¹

BY GEORGE PERNET, M.R.C.S. ENG., L.R.C.P. LOND.,
LATE PATHOLOGIST, BLACKFRIARS HOSPITAL FOR DISEASES OF THE SKIN.

WHILST in charge of the Skin Department of University College Hospital last September four children of the same family were brought to the out-patient room. I will shortly describe the cases in the order in which they were observed.

CASE 1.—The patient was a boy, aged two years and 10 months, with an eruption of two days' duration. It had commenced as a water-blister on the left forearm and had then spread to other parts of the body, trunk, &c. The mother, an intelligent woman, stated that the lesions commenced as vesicles of the size of hemp seeds which rapidly enlarged, attaining the diameter of a pea and later of a halfpenny, when they burst. As a result of this there were

found on examination about a dozen recent superficially excoriated areas, about one inch in diameter, and looking very like what is observed in involuting pemphigus neonatorum. On the outer side of the left leg there was a vesicle of the size of a lentil, with clear contents and an erythematous areola. The mother said that the child had been feverish; on taking the temperature, however, it was found to be only 99.6° F.

CASE 2.—The patient was a boy, aged eight years. He had only been affected since the previous night, when a water-blister of the size of a pea was noticed on the back of the head. It was stated to have burst and the lesion to have since extended. When I saw him there was a crusted, superficially excoriated area a quarter of an inch in diameter, with surrounding redness.

CASE 3.—The patient was a girl, aged 13 years. In her case the eruption had been present for 10 days. It began on the right thumb as a scratch, came up as a blister, and burst. Three days later the face became involved. I found a reddened circular area of the size of a sixpenny-piece over the metacarpo-phalangeal joint of the right thumb. On the face there were several slightly crusted, reddened areas of the size of hemp seeds, some of which had coalesced, forming little patches each of the size of a finger-nail. These, the mother stated, had been originally vesicular. The child had been away in the country for a holiday with the patient in the following case.

CASE 4.—The patient was a girl, aged 10 years. Her eruption had been present for 10 days. It began as a white blister containing water on the lobe of the right ear. There were a reddened circular dry area one inch in diameter on the dorsum of the left hand, a similar one about a quarter of an inch in diameter on the right wrist, and a few drying-up pustules about the occiput and the right ear. The pustular lesions of the occiput led me to examine for pediculi. I found numerous nits. This gave the key to the whole thing. There were no pediculi in the other children.

In connexion with the above I may mention that I have seen pemphigus neonatorum occur where the three other children of the family all had marked impetigo contagiosa of the ordinary type. I had no doubt in that case that the infant had contracted the bullous eruption from the other children.² I was asked to see the child because it was thought to be a case of congenital syphilis. I found that the family lived in one upstairs room and the mother assured me that the house was quite healthy. I have also seen pemphigus neonatorum in sucklings whose mothers were suffering from abscess of the breast.

In the cases of bullous impetigo contagiosa which I have described above the youngest child had best presented the bullous type, no doubt on account of the greater delicacy of the skin. In him the lesions looked like what is seen in subsiding pemphigus neonatorum and the lesions had not the crusted appearances usually associated with ordinary impetigo contagiosa, whereas some of those in the older children had.

I am indebted to Dr. H. Radcliffe Crocker for kindly allowing me to make use of the cases.

Upper Gloucester-place, N.W.

² See also Matzenauer on the "Identity of Impetigo Contagiosa and Pemphigus Neonatorum" in the Wiener Klinische Wochenschrift, No. 47, 1900.

SMALL-POX AND ISOLATION HOSPITALS.—The following municipal authorities are either discussing sites or have decided to erect small hospitals:—Pinner Parish Council (small-pox), Staines Rural District Council (temporary small-pox), Warmley (isolation), Tredegar (cottage), Easingwold (isolation), Launceston Town Council (isolation), Haywards Heath (small-pox), Canterbury (extension of nurses' quarters at the sanatorium), Oswestry District Council and Town Council (joint isolation), Barrow County Council (small-pox), Kingswood Rural District Council (isolation), Beaconsfield Urban District Council (isolation), Bideford (new infirmary at workhouse, £4000), Berwick Sanitary Authority (infectious diseases hospital), Lutterworth (isolation), Dunstable Town Council (isolation), Wellingborough (temporary small-pox), Luton Rural District Council, and Eaton Bray District Council (isolation), Slough Guardians (isolation), Towcester (small-pox), Thetford (isolation, borough proposed joint scheme abandoned), and Chard Rural District Council and Town Council, Crewkerne Urban District Council, and Ilminster Urban District Council (joint isolation).

¹ A paper read before the Society for the Study of Disease in Children on Nov. 15th, 1901.