

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### MASKED SCARLET FEVER.

By J. EDWARD SQUIRE, M.D., M.R.C.P.

THE infection of scarlet fever is frequently and largely spread by the slighter cases which escape notice; these are often not seen by any doctor in the early stages, when isolation should commence, and even if seen the diagnosis may be difficult or uncertain until the more advanced stages, as exemplified by the following cases.

A girl, Emily C—, aged nineteen, came to me at St. George's and St. James's Dispensary on Sept. 7th, 1887, complaining of headache and sore throat. The throat was seen to be red over the tonsils and soft palate, with a patch of membrane on each tonsil. Her illness began on the previous day with heats and chills; no rash was to be seen, nor did desquamation follow, though the girl was under observation for two months. She had come from Battersea to work at her aunt's, in whose family are two young children and a girl of her own age.

On Sept. 14th, just a week after Emily C— was taken ill, the youngest of this family, Beatrice P—, a girl two years old, had some spots on the chest and back. These spots were distinct papules, with clear skin between, and were confined to the parts of the body under the clothing. The child was not ill, did not complain, and was not even noticed to be languid or restless. There was no sore throat.

On Sept. 19th this child's brother, John P—, aged five years, was brought to me because he was said to have "blisters on his hands and feet," which were found to be really due to desquamation of the skin of the palms and soles. An examination of the chest showed fine branny desquamation there also. The face appeared full and puffy. There was a large quantity of albumen in the urine. He had been noticed to be languid and dull for a day or two, and then some spots were seen on his chest, but none on his face, which, however, was very red. He also complained of sore throat, but was not kept away from school. The spots and redness lasted for a week or ten days, and the child was languid and easily tired all this time—an unusual thing for him.

The elder sister of these children, who slept with Emily C— while she was ill, had a sore throat, but no marked feeling of illness, and no rash.

Here we have four cases of scarlet fever running their course in members of the same household without recognition, until, when convalescence was established, desquamation and albuminuria in one case showed what had been going on. The elder patients continued their work throughout, and the children attended school without a break, and probably spread infection.

Two other cases came under my observation about the same time in which scarlet fever was not suspected until desquamation occurred. In these cases, also, no attempt was made to isolate the patients.

Mary B—, aged fifteen, felt her throat slightly sore before Sept. 10th, on which day she believed she caught cold in going to the theatre. On the 11th she felt chilly, and sat over the fire most of the day. On the 13th, 14th, and 15th, a rash, "like sago grains," with a reddish appearance of the skin between, was noticed on the back of the neck, the chest and thighs, appearing in the order stated, and fading away in one part as it came out in another, leaving a brownish patch behind. Her throat did not trouble her after the first two days. On the 16th desquamation began round the neck and armpits. Two or three days later, when I saw her in consultation, the skin was peeling in the armpits, over the anterior fold of the axilla, in the fold of the groins, and over the lower part of the abdomen. The patient had not been confined to her bed during her illness, and had not been separated from other members of the family.

Charlotte F—, aged six years, seemed weak and tired on Sept. 6th, and wanted to go to bed. Next day red patches were noticed on the shoulders and neck, which on the following day had extended to the thighs, where the

eruption was more papular. The child also complained of pain and stiffness in the fingers. About Sept. 17th, she began to desquamate in the groins and about the tips of the fingers. I saw her with Dr. Foy on the 22nd, when there was fine scurfy desquamation on the right side of the chest and about the axillæ. She had been kept at home during her illness, and chiefly in bed, but not separated from other members of the family.

In both the above cases, no suspicion of scarlet fever had occurred to the friends during the illness, or to the medical man who was attending, until desquamation suggested the true nature of the illness.

#### A CASE OF

### SCIRRHOUS CANCER OF THE PYLORUS; RUPTURE; COLLAPSE; DEATH IN TWENTY HOURS.

By C. J. WEST, L.R.C.P. LOND., M.R.C.S.

As cases of abdominal mischief are always somewhat obscure, and as one is not always able to obtain a post-mortem examination to verify one's diagnosis, I think the following case may perhaps be of interest.

I was called on Nov. 17th, at 10.15 P.M., to see a lady aged fifty-six, a former patient of mine, who had been suddenly taken very ill. When I arrived I found her complaining of intense abdominal pain; her expression was anxious, and her countenance pallid; pulse full, 84; temperature normal. She told me she had been suddenly taken with violent pain in the abdomen about a quarter of an hour previously, when lying still in bed, as, having been up late the evening before, she had stayed in bed all day. She had formerly suffered from gastritis, gastrodynia, and dyspepsia for some years. On examining the abdomen, it was completely flaccid, and not specially tender in any part; pain not fixed, but referable to different parts—i.e., bladder, kidneys, chest, upper portion of abdomen, then sides. Hypodermic injections of morphia were given, and her condition greatly improved. In the morning she was comparatively well, sitting up in bed and reading the newspaper. On Nov. 18th, at 3 P.M., I was suddenly summoned, and found the abdomen tender and still flaccid, the extremities cold, and the heart sounds very weak. I ordered a mustard poultice over the cardiac region, and one of linseed and mustard over the abdomen, with the employment of hot bottles; also twenty minims of ether (pure) were injected hypodermically every half-hour. I at once telegraphed for Sir Edward Sieveking, who had previously seen the patient. A catheter was passed and about three ounces of limpid urine drawn off. I soon foresaw, however, that my efforts were useless, as she was sinking rapidly. At this stage Dr. Coleman kindly saw her at my request, and she was kept alive by the application of external warmth, brandy, and injections of ether hypodermically, until 7.15 P.M., when she died, retaining consciousness until the last. Sir Edward Sieveking did not see her until after death, but then could not detect anything abnormal in the abdomen.

*Necropsy.*—On examining the abdomen, the peritoneum was found to contain a quantity of fluid; the intestines were much inflamed, and covered with effused lymph; bladder, kidneys, and uterus normal. On tracing the duodenum upwards, a hard mass was found infiltrating the walls in its upper part, also at the pyloric end of the stomach; in the centre of this growth, about half an inch above the pyloric valve, was a rent in the stomach about the size of a shilling; the entrance to the duodenum was much contracted, and it was infiltrated with this hard growth.

The case presents several points of interest in that extensive cancer of the stomach existed, and must have existed for some considerable time, with apparently little or no fixed pain, or definite indication of abdominal mischief. The tenderness at the epigastrium occurred at periods of some months, lasting only two or three days; the thickness over the pylorus was only detected once, and as the condition of the patient was so good no special stress was laid upon it. Then came the sudden rupture whilst lying in bed, and the intense pain at the time; then a stage in which the patient recovered almost to feeling herself again for some hours; then sudden collapse and death. Sir Edward Sieveking has