

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

DESQUAMATION.

BY J. REID, M.A., M.D., C.M. ABERD.

THE following notes may be of interest, and they may lead to more searching inquiry on the subject of contagious diseases.

CASE 1.—The patient, a child, aged nine years, when seen on Jan. 8th had a typical measles rash, with Filatow's and Koplik's spots. Between the 17th and the 27th a brawny desquamation over the body was twice repeated, with peeling of the skin of the hand and feet in large pieces.

CASE 2.—The patient, a woman, 35 years of age, was suffering from pneumonia and subacute rheumatism when seen on Dec. 29th. From Jan. 16th to the 22nd there was tonsillitis and from the 23rd to Feb. 3rd there were present a brawny desquamation and free peeling of the hands and feet. There was never any rash. The rheumatism affected the joints, the heart (transitorily), and various muscles. There was neuralgia of the head. None of the patient's children were affected; one had slight quinsy.

CASE 3.—In the case of this patient, whose age was 12 years, tænia and ulcer of the leg were present. The head of the tænia was not found. An oleaginous preparation was applied to the ulcer on the leg. On Feb. 8th there was measles, with Filatow's and Koplik's spots, which was treated with carbonate of ammonia. On the 9th there was perspiration in quantity under the oil at the site of the ulcer; the rest of the body was dry. On the 14th there were lichen urticatus on the body and the back and erythema papulatum on the legs. The itching from these was unbearable. After the administration of a stomach mixture no trace of the rashes or itching remained next day. On the 19th a brawny desquamation on the body and peeling of the hands and feet were the presenting conditions and on the 27th erythema on the chest and thighs was noticeable as well as some lichen on the back, but there was no itching and the tongue was clean. There was no rash next day, but the peeling was nearly completed.

CASE 4.—In the case of this patient, a child, aged five years, who was seen on Jan. 11th, a bruit and rheumatism which had been left after an attack of scarlet fever six months previously, were present. On Feb. 15th there was measles, with Filatow's and Koplik's spots, and on the 22nd a brawny desquamation commenced and there was afterwards extensive peeling of the fingers, &c. A brother of this patient, aged one year, had on this date an irregular, slight measles rash, with Filatow's and Koplik's spots, not followed by desquamation; and no trace of rheumatism exists.

Other cases of measles had no desquamation and in all cases of desquamation observed there was evidence of rheumatism in some of the joints, the severity of the case bearing no relation to subsequent desquamation. Mixed affections in connexion with exanthemata have been little studied and out-of-the-way nerve lesions, &c., have been attributed to the fever. How far the method of placing certain results among the effects of a fever plus a diathesis or latent disease deserves attention must rest on careful observation. I have never seen desquamation follow measles in the tuberculous.

Bristol.

RUPTURE OF THE COVERINGS OF AN UMBILICAL HERNIA WITH EXTERNAL PROTRUSION OF THE INTESTINE.

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THE following case from its unusual nature may be worth recording. The patient was a woman, aged 60 years, who had a small umbilical hernia and had suffered for some years

from winter cough. On Feb. 20th, at 1 P.M., she had a rather more severe fit of coughing than usual and felt something give way in the abdomen. She was seen at 1.30 P.M. by Dr. F. Voller who found that a mass of intestine was protruding through an aperture in the side of the hernial swelling. Seeing that it was impossible to reduce it without operation, and that this could not be carried out satisfactorily at her cottage, he wrapped the extruded bowel in folds of warm cyanide gauze and, applying a temporary support by bandages, ordered her to be removed immediately to the West Kent General Hospital at Maidstone. This was a matter of some difficulty, as the patient weighed over 16 stones. On arrival at the hospital she was suffering considerably from shock. Ether was at once administered, and after cleansing the abdominal wall the gauze wrapping was removed and about six feet of small intestine were found to be protruding from a rent one and a half inches across in the side of an umbilical hernia. The gut was irrigated with warm chinosol solution (1 in 2500) and was wrapped in warm sterilised towels. The wound in the skin was enlarged till the bowel could be reduced. A portion of omentum which was adherent to the interior of the sac was ligatured and cut away and the walls of the sac were freed and sutured. The sides of the opening in the fascia were laced together by a continuous suture, and after cutting out the portion of skin around the rent the wound was closed.

After the operation, which occupied half an hour, the patient's condition appeared to be better; she soon, however, began to run down again and she died from cardiac failure 38 hours later. There had been no previous ulceration over the point of rupture and the skin was not stretched and thinned out. The sac and skin presented a considerable thickness and had torn lineally without any previous warning. Doubtless the patient's extreme obesity and the accompanying loss of elasticity of the skin accounted for the occurrence of the accident.

Maidstone.

GANGRENE OF THE SKIN DURING AN ATTACK OF ENTERIC FEVER.

BY ARTHUR S. BARROW, M.R.C.S. ENG., L.R.C.P. LOND.

A MARRIED woman was attended by me in May, 1901, during an attack of enteric fever. On the twenty-sixth day of the illness there was severe hæmorrhage from the bowel which was repeated 12 hours later and the patient then passed into a typhoid state from which it was difficult to rouse her. Two days after the hæmorrhage a small bulla appeared over the left outer malleolus and a large bulla over the right buttock; in 24 hours the bullæ shrivelled up leaving a black patch beneath devoid of sensation. The site of the bulla over the malleolus formed a slough which I removed leaving a punctiform ulcer one inch long by half an inch wide, exposing the subcutaneous tissue. The site of the bulla over the buttock formed a slough more gradually, but in 10 days from the appearance of the bulla I removed a large slough which left a deep excavated ulcer with sharply punched-out edges one and a quarter inches deep, three inches long, and two inches wide. The ulcer over the malleolus speedily healed, although that over the buttock took longer, but with the patient keeping the prone position a good result was obtained. My patient never had a "bed-sore" and was very carefully nursed by a trained nurse.

Indwe, Cape Colony.

WORKHOUSE INFIRMARY NURSING ASSOCIATION.—

This association, which was founded in 1879 with the object of raising the standard of public opinion on the whole question of workhouse nursing, of securing the appointment of trained ladies as matrons in all separate infirmaries, and of supplying nurses to workhouse infirmaries in London and the provinces, has during the 22 years that it has been in existence received 1391 applications for nurses. The number of nurses appointed has been 844. On March 10th, in the Examination Hall, Victoria Embankment, London, W.C., Miss Gibson, matron of the Birmingham Infirmary, read a paper entitled, "The Scarcity of Nurses in Country Workhouses, its Cause and Cure."