Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF EPIDEMIC LETHARGIC ENCEPHALITIS.

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IN the following case the general indication pointed to it being one of those obscure cases recently reported of epidemic lethargic encephalitis rather than cerebral hæmorrhage or cerebro-spinal meningitis. This opinion was based on these facts: character of onset, the fever, somnolence, suspicions pointing to some ophthalmoplegia, regular and slow pulse, facial and lingual weakness, severe pains in neck (referred pain), age of patient, and absence of meningeal symptoms.

The patient, aged 74, appeared in her usual not very good health when, on May 17th, 1918, she went to visit some friends, where she arrived thoroughly exhausted. While at lunch she suddenly ceased talking, became confused, and threw her arms wildly about; she vomited freely for some little time. No definite loss of consciousness or signs of paralysis. The mental confusion continued. Severe frontal and cervical pain developed, with, at first, inability to sleep on account of the pain. T. normal until the 22nd; then rose to 100° and next day to 102°; thereafter between 98° and 102°. Patient had then become very drowsy and lethargic, capable of being roused but soon relapsing into somnolence, with irregular Cheyne Stokes breathing; pulse regular, rather slow. Tendency to incontinence of urine. Tongue dry and typhoidy-looking. Bowels confined but acting to drugs.

May 23rd: When roused speech is heavy and difficult to interpret, but the patient appears to understand what is asked, but has difficulty in answering the question. The eyes are closed, but opened when requested. Resistance with some force is offered when eyelids are opened with the finger. Eyes slightly drawn over to right; some unsteadiness in lateral movements, but no nystagmus; some facial weakness; movements of tongue halting and uneven. Upper limbs quite normal; grip of hand fair; no noticeable spasticity or rigidity or flaccidity. The same holds good as regards lower limbs. Knee-jerks could not be elicited. No signs of Kernig, Babinski, or Brodzinski. Abdominal reflexes are normal; no marked tache cérébrale. Very definite tenderness in region of neck, especially over lower cervical area; no rigidity; complete incontinence of urine.

Dr. J. A. H. Brincker, who most kindly saw the case with me, advised lumbar puncture.

This was done May 25th; about 40 c.cm. of cerebro-spinal fluid withdrawn. The fluid was clear except for a small quantity of blood which accidentally got into the fluid. The patient improved very distinctly for a short time and appeared to recover a definite degree of consciousness, but about half hour later she was taken with a seizure associated with unconsciousness. Convulsive movements of the facial muscles; eyes now diverted to left; failure of respiration and heart's action. She very slowly improved under thyroid injection and artificial respiration, &c., but never recovered consciousness and died on May 28th, noticeable features being incessant nystagmus, rapid, jerky, irregular respiration, and a much quickened pulse-rate.

Examination of the cerebro-spinal fluid gave a result in complete agreement with the findings in other cases of this disease. The patient had certainly been in somewhat failing health since March, when I attended her for an acute attack of intestinal irritation, the exact cause of which I could not determine. Had the cause being lying dormant and suddenly resumed its fatal activity?

London, W.

THE OCCURRENCE OF SKIN LESIONS DURING TUBERCULIN TREATMENT.

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FOLLOWING on the administration of tuberculin the presence of skin manifestations is uncommon. A passing erythema is very occasionally seen, but any more lasting and definite lesion is rare. Papular eruptions of the nature of tuberculides have been described by different observers, but even in the recent exhaustive works on tuberculosis only meagre reference is made to them. Owing to the rarity of the condition the following case may be worthy of record.

A woman, aged 24, came under sanatorium treatment on Dec. 16th, 1916; had suffered from a cough for a year. Seven years previously acute pains in and swelling of ankles; in bed for three weeks; otherwise health had been good. Involvement of whole of upper lobe and apex of lower lobe of right lung, with numerous tubercle bacilli in sputum. No cardiac murmurs. Progress after admission satisfactory and uninterrupted; temperature remained normal; fit for moderate exercise.

On Feb. 16th, 1917, first injection of tuberculin B.E., 0·001 c.mm.; four days later 0·0015 c.mm. In 18 hours after second injection temp. 99° F., headache, cough increased, and over affected portion of right lung crepitations more numerous. With rest in bed focal reaction gradually subsided. On March 3rd pain around knees and elbows, feeling as if she had been badly bruised; some hours later papular eruption in these sites on extensor aspects. The nodules were very slightly raised, inflamed, and somewhat tender to the touch, resembling an erythema nodosum. Within 24 hours they had disappeared, leaving hæmorrhagic spots varying roughly in diameter from 3 mm. to 15 mm.

On March 8th a similar eruption associated with pain appeared on ankles and dorsum of feet, spreading round towards the soles. The following day the rash was seen on extensor surfaces of forearms; on March 14th small petechial hæmorrhages on posterior aspect of shoulders. On March 17th there suddenly developed œdema of left parietal and frontal region, which for a few hours closed up left eye. On following day œdema of left hand; on March 28th right hand similarly affected. This quickly passed off and the eruption gradually faded, leaving a brownish stain on the skin; on March 27th, April 1st, and April 11th recurrences, but to lesser degree, of hæmorrhagic lesions, preceded by slight papular eruption over extensor surfaces of arms and legs, with pains in elbows, knees, and ankles. The appearance of the rash was associated with profound constitutional disturbance, marked by anorexia, sickness, and acute pain in epigastrium, severity of pain coinciding with a fresh eruptive crop. On March 23rd epistaxis; on 24th slight melæna.

During the whole of this period patient seemed tired and worn out, although temperature was only slightly raised. After middle of April no return of eruption; general condition improved. Examination of lungs revealed, however, a definite spread to lower half of right lower lobe. A left-sided pleurisy developed in May; signs of infiltration of lower lobe of left lung. Further progress slow; she left sanatorium in July.

Scrapings from the papules and hæmorrhagic patches were examined microscopically; T.B. not found. Arneth counts were done at intervals, but did not show deviations corresponding with altered clinical state. Index 78 before injection of tuberculin on Feb. 16th. On Feb. 23rd, March 9th, March 30th, April 14th, June 25th, and July 9th it was 81, 76, 82, 78, 78, and 73 respectively.

The exact nature of the production of these skin affections is still not definitely known.

In a few cases tubercle bacilli have been demonstrated in the lesions, and this has led to the belief that the tuberculides are caused by the dissemination of attenuated bacilli which are readily destroyed by the specific cellular defence of a hypersensitised person. The rapidity of the destruction of the bacilli explains the difficulty of their detection microscopically. The eruption is not due to the presence of any living bacilli in the tuberculin, as with a tuberculin free from ultra microscopic particles of bacilli similar skin changes have been produced. Tuberculin acts indirectly by causing a focal reaction, and thus lets free increased numbers of tubercle bacilli into the blood stream. With reference to the above case several other patients were treated with the same tuberculin and showed no untoward symptoms.

In connexion with this skin manifestation, Dr. Marcel Pinard, of the French Army, has observed acute nettlerash with œdema develop 12 to 15 days after the use of poisonous gases by the Germans, and followed later by active pulmonary tuberculosis. It is interesting to note that the lapse of time between the toxic stimulus and the skin eruption coincides closely in both instances, 15 days supervening between the first injection of tuberculin and the appearance of the papules.

I have to thank Dr. C. F. Walker, medical superintendent, Westmorland Sanatorium, for permission to publish this case.

NOTE ON HÆMATEMESIS AS A COMPLICATION OF APPENDICECTOMY.

BY E. DRYBROUGH-SMITH, M.D., CH.B. EDIN.

THIS case simulates in many respects the condition known as post-operative hæmatemesis, a serious complication, with a death-rate equivalent to 69 per cent.[1] Perhaps by recording the case other cases of a similar kind may be brought to light and views expressed as to the frequency and etiology of this uncommon complication.

A boy, aged 12, had attack of appendicitis; acute during first four days; continued in subacute form for four weeks, during which time temperature rose each afternoon to 100° F. and he complained of sharp shooting pains in right lower quadrant of abdomen. No symptoms of stomach disease; no vomiting during attack and appetite fairly good after the first four days. He suffered from constipation, which required aperients. He looked ill, pale, and thin.

After temperature had been normal for two days I decided to operate. Castor oil administered night before; enema of soap and water at 7 A.M. on day of operation—Feb. 12th last. At 11 A.M. he was given chloroform. A few minutes after its commencement he vomited repeatedly; on continuing anæsthetic he became pale and ceased breathing. Head lowered; artificial respiration; 0·5 c.cm. pituitary extract hypodermically, followed by saline. When he recommenced breathing open ether was administered; on this he did fairly well; operation proceeded with. Vomiting caused escape of a few loops of intestine; otherwise no great manipulation of bowel.

On opening abdomen exploration of gall-bladder and pyloric region with two fingers; nothing abnormal. Search at once made for appendix, which was slightly adherent to outer side of cæcum. It was easily brought out and removed. Wound closed without drainage. Appendix showed circular ulcer of mucosa within an inch of base.

Before patient left operating table and while still semi-conscious he vomited dark-brown fluid (altered blood). This vomiting continued all day at intervals; on each occasion the same fluid ("black vomit") brought up; quantity 3 or 4 ounces to 8 or 10 ounces. He complained of strong acid taste and pain in pit of stomach. He was given every four hours one drachm of bicarbonate of soda in hot water and salines

[1] Purves: Edin. Med. Jour., March, 1902.