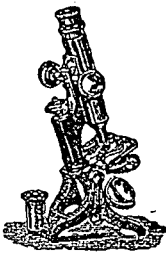


Medical Matters.

RASHES AND RHEUMATISM.



A very interesting case has recently been recorded in a French contemporary, which raises questions of considerable importance both in the way of diagnosis and of treatment. A child, a year old, was brought to the Hospital with a rash like that of scarlet fever, a high temperature, and a well-marked sore throat; it appeared in fact to be a typical case of scarlatina. But in two days the rash had gone, but the throat inflammation persisted. Two days later the throat had got well, but the fever persisted. After two days more the rash came out again and lasted for three days. All this time the high temperature was maintained, and a fortnight after the beginning of the illness both elbows were found to be swollen, red and hot. A week later, it was evident that there was fluid round the joints, and an incision evacuated a large amount of pus, but the abscesses evidently did not communicate with the joints. The writer of the article believed that the rash was due to blood poisoning and not to scarlet fever. It is a curious fact, how on the one hand rheumatism frequently follows an attack of scarlet fever, and how on the other, there may be a very severe sore throat and a rash on the skin before an attack of acute rheumatism appears, although the former symptoms are clearly not due to an attack of scarlet fever. Then, again, it is in those cases in which acute rheumatism appears to follow genuine scarlet fever that it is discovered that the joints are full of pus instead of the ordinary serum; in other words, that the patient is suffering from blood poisoning or pyæmia rather than rheumatism. The case narrated above, at any rate, proves the extreme necessity for great care in the nursing of patients, especially children, who are suffering from sore throat with a continued high temperature. A very important point to remember is the frequency with which rigors occur when blood poisoning is present, as compared with their comparative rarity in cases of ordinary acute rheumatism; and Nurses, therefore, in these cases would do well to note most carefully the occurrence of any shivering attacks.

SOFTENED BONES.

A very rare case, recently published in a French contemporary, was that of a young girl suffering from *mollities ossium*. She began to suffer from pains when thirteen years old, and these appear to have steadily increased, and to have been followed

by gradual deformities of the bones, so that the chest became distorted, and the fingers drum-stick shaped. Then the bones showed the characteristic brittleness, and first the right thigh and then the left were broken while she was being lifted up in bed. The deformity appears to have slowly got worse, and the long bones of the upper extremities became greatly curved. Yet when the case was published, the girl's general health, it is stated, had decidedly improved. We have already, in these columns, referred to this disease and to its occurrence in older persons. But it is very rare, as we have said, that it should be found in such an aggravated form in so young a subject.

COCAINE POISONING.

There is unfortunately too much reason to fear that the public is acquiring a very unholy taste for cocaine, and a large amount of self-dosage with this drug is now going on, while we were even compelled to record in these columns recently, how a trained Nurse had nearly concluded her existence by such a practice. It is, therefore, of interest to observe that cocaine is not the harmless article which it is generally supposed to be, and that in no inconsiderable number of cases, fatal results have followed its incautious administration. It now appears from some experiments which have been made upon the subject at Toulouse, that the effect of cocaine is to cause clotting of the blood, and this at once explains why so many of these fatal cases have shown symptoms of plugging of the pulmonary arteries. The extreme breathlessness, faintness, coldness of the skin, and collapse which have been such significant signs of poisoning by cocaine, would all be explained by this action of the drug upon the blood.

COAL-TAR IN SKIN DISEASE.

For many years past, in this country, the preparations of coal-tar have been used with the greatest success in the treatment of skin disease, especially in that of eczema. A recent article in a German contemporary draws attention to the benefit which the author had found in this treatment, and he has perhaps to some extent, overcome many of the objections which have been raised to the use of coal-tar in private practice in England; chief among which are its penetrating odour, and its disagreeable property of staining clothes. The author has obviated to some extent, these drawbacks without impairing the efficiency of the drug by using a preparation dissolved in spirit and sulphuric ether, and which, applied to the skin with a brush, dries quickly, and so forms an impermeable covering, which however, is easily removed by olive oil, and gives excellent results.

[previous page](#)

[next page](#)