

DERMATITIS DUE TO EXPLOSIVES USED IN AIR RAIDS.

Dr. J. H. Sequeira, F.R.C.P.Lond., F.R.C.S.Eng., Physician to Skin Department and Lecturer on Dermatology at the London Hospital, Honorary Consultant for Diseases of the Skin to the Military Hospitals in London, contributes an interesting article to the *British Medical Journal* on the above subject, in which he says in part:—

In the *British Medical Journal* of June 30th, p. 894, I called attention to a form of dermatitis caused by the handling of powder from high-explosive bombs and aerial torpedoes used in the air raid on June 13th. Many bombs have been dropped in various parts on previous occasions, but there had been no dermatitis of this



FIG. 1.

particular type. It is evident that some new substance is being used.

I have now seen 59 cases of dermatitis, 35 males and 24 females, and they fall into two groups. The majority following the raid of June 13th first attended the London Hospital during the week ending June 30th, with a few stragglers in the next week. The later group, due to the July 7th raid, began to attend for dermatitis on and after July 18th.

The irritant comes into contact with the skin in several ways.

Dr. Sequeira then gives characteristic instances which occurred: (1) in workpeople who cleared up a factory wrecked by a bomb; (2) in a man and a boy who extricated themselves from debris mixed with the yellowish powder; (3) in a man who picked up some of

the powder as a souvenir; (4) in two women who walked through streets where bombs had been dropped and suffered from dermatitis of the feet from the irritation of powder which had invaded the shoes; (5) an official at the London Hospital, who was assisting relatives to identify the dead in the mortuary, has suffered from dermatitis of the foot, from powder having entered his shoe; (6) a woman occupier in a small house which was wrecked suffered in the usual way. Subsequently she attended to her children, who had sheltered elsewhere, and they also have been affected. (7) A girl was admitted to hospital with injuries to her foot caused by a bomb; as she fell her hands came in contact with the powder, and although admitted at once to hospital, she developed dermatitis after the usual interval.

He continues:—

SYMPTOMS.

The clinical picture is distinct. The initial staining is nearly always of a distinct orange

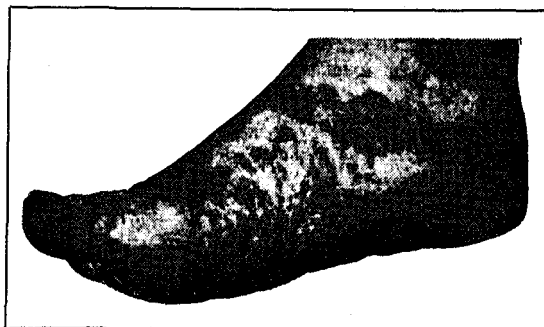


FIG. 2.

tint. It is especially well seen on the palms. After the lapse of nine days (as a rule) the patients complain of intense irritation and itching, which interferes with sleep. This is followed by the appearance of closely set discrete vesicles the size of hemp seeds (Fig. 1). These are on the palms and along the sides of the fingers and in the interdigital clefts. The backs of the hands are swollen, and there are occasionally small vesicles the size of millet seeds. There is not much redness of the parts. The eruption of vesicles increases, and in many cases huge confluent blebs form; some of these are as large as a hen's egg. From one bleb 20 c.cm. of clear serous fluid was obtained, and in another instance the fluid dripped copiously from a ruptured vesicle. On the feet the phenomena are similar (Fig. 2), but the vesicles are rarely larger than a pea. In a few instances the lesion rapidly became infected and pustules formed, and in another a widely spread

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