REACTIVATION OF VARICELLA VIRUS BY CORTISONE THERAPY

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The following case history is worthy of publication in view of the recent widespread use of cortisone and the fact that similar cases will undoubtedly be observed.

Case History

The patient, a European boy, was first seen at the age of 9 years in June, 1950, when, following a procaine penicillin injection for an infected dog bite, he developed a very severe giant urticaria which caused a serious illness lasting five weeks. He showed little or no response to the usual treatment available at that time—that is, calcium intravenously and orally, antihistaminic drugs, and adrenaline injections. After this illness he was skin-tested against a wide range of possible allergens, including procaine penicillin, and penicillin and procaine separately, with negative results in every case.

On November 6, 1952, he again developed a rash, which his mother feared might be a return of his urticaria. However, on examination he was found to be suffering from a typical though mild attack of varicella, from which he made a complete and rapid recovery.

On November 26 he once more developed giant urticaria; the causal factor may possibly have been penicillin ointment applied to a scratch on his knee a few days before. In view of his previous serious illness it was thought justifiable to give him cortisone, and he was started on cortisone acetate orally, 1 tablet (25 mg.) four times a day. As adjuvant treatment he was given intravenous calcium gluconate, 10 ml. of 10% solution, on three consecutive days. The urticaria responded rapidly, and after seven days his skin was clear. At this stage the cortisone therapy was stopped and within two days there was a slight recurrence of the urticaria. He was put back on to cortisone, the same dosage as before; it once again rapidly controlled the urticaria, but on the third day he developed another rash, which on examination seemed to be a typical chicken-pox rash, but very much more severe than a month previously. The cortisone was stopped immediately; the chicken-pox rash again followed the usual course of cropping for three or four days, with scabbing and full clearance within about ten days. His sister, who was in contact with him, developed chicken-pox fourteen days after his second attack made its appearance.

The likely explanation in this case is that the reactive mechanism of the patient's body was so altered by the cortisone that the varicella virus lying dormant in the tissues after the first attack was allowed to become reactivated, to produce the second clinical attack.

A series of articles on the part nurses can play in the prevention and care of atom-bomb casualties was published recently in the *Nursing Mirror*, and the articles have now been reprinted in the form of a booklet. They have been written specially by lecturers from the Radiological Defence Course at the Royal Naval Medical School, and explain the elementary principles underlying atomic explosions and their effects on the human body, and give advice on medical and nursing treatment. The booklet, which will interest both nursing teaching staff and student nurses, is available from the *Nursing Mirror*, Dorset House, Stamford Street, London, S.E.1, price 1s. 9d. (postage 3d.).

Medical Memoranda

Delayed Traumatic Rupture of the Intestine

A man aged 42 was admitted to hospital in the early hours of January 1, 1952. He had been celebrating the arrival of the New Year and had fallen from a window.

As the result of this fall he sustained numerous fractures, including a fracture of the upper end of his right femur, a fracture of the lower third of the right tibia, crush fractures of the first and second lumbar vertebrae, and fractures of the eighth to the twelfth right ribs. His general condition was poor, but he had no evidence of any intra-abdominal lesion. His abdomen was quite soft and there was no tenderness. The usual resuscitative measures were instituted and the fractures were dealt with by standard orthopaedic methods. There was a gradual improvement in his condition, but for two days he was unable to pass urine and had to be catheterized. He was examined carefully on several occasions by competent observers but no abnormal intra-abdominal signs were detected. On January 5 he first complained of slight abdominal discomfort, but there was no tenderness or rigidity, and bowel sounds could be heard. An x-ray film of the abdomen at this time was normal. It was thought that this pain was probably associated with his fractured ribs.

On January 7 his condition deteriorated suddenly and he vomited and complained of abdominal pain. Examination

Lateral radiograph of abdomen showing both distended intestine and gross pneumoperitoneum.

of the abdomen now revealed some tenderness, rigidity, and distension for the first time since the accident, and it was thought that an intra-abdominal lesion was present. Careful watch was maintained for a few hours, and during this time there was a very rapid increase in the distension, the abdomen becoming like a drum. A film of the abdomen taken at this time showed an enormous volume of intra-peritoneal gas (see Fig.). It was evident that perforation of a hollow viscus had taken place, and the patient was prepared for laparotomy.

Under a general anaesthetic, given by Dr. E. Frayworth, the abdomen was opened through a long right paramedian incision. There was a free escape of gas as soon as the peritoneal cavity was opened. A little blood and pus was present in the region of the caecum, which was very distended. There was a haematoma of some size behind the caecum and ascending colon. Careful inspection of the caecum revealed a small valve-like perforation through which gas was escaping. There were other areas in the caecum of doubtful viability. No other intra-abdominal lesion was found. It was thought best to carry out right