ACUTE ECZEMA OF THE FACE, FOLLOWING NEURALGIA.

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CHARLES F., aged 38, pastry-cook, applied as an out-patient on February 13th, 1880, stating that for five days he had suffered from severe pain in the left side of the head and face. The pain extended over the orbit, cheek, and lower jaw, and also to some extent over and behind the ear. On the scalp and down the neck numerous tender spots were found, the most marked being over the eyebrow and just behind the ear. He declared that the pain was at times maddening, but regularly intermitted about six o'clock in the evening to begin again on the following morning after he had risen. The left conjunctiva was slightly injected, and there was some lachrymation of the left eye, but the skin itself was not reddened or swollen, and appeared normal in every respect. There were no carious teeth, nor was the pain more severe along the course of the dental nerves.

As the neuralgia intermitted so distinctly, he was given quinine, of which he took nine grains daily for four days without the least benefit. The pain continued as before, and was worse than ever on February 17th, on the evening of which day it subsided as usual. On the following morning, the whole left side of the face was found to be much swollen, and from that time there was no return of the neuralgia. The swelling of the face, however, continued to increase, and on February 20th, when he was seen again, there was acute eczema affecting the parts which had previously been the seat of pain. The whole left side of the face was red and extremely oedematous, the eyelids especially being enormously swollen, so as to quite close the eye, the left ear was red and swollen, as was also the neck in its neighbourhood, and the whole affected parts were streaming with transparent discharge from innumerable small vesicles. At the margin of the scalp and beard there were a few yellowish gummy crusts. The swollen skin was not sharply circumscribed, but gradually shaded off into healthy texture, the demarcation being obscurely marked by numerous bright red papules. There was no pain beyond a sensation of burning and smarting, and the eczema yielded to purely local treatment, no return of neuralgia taking place after its subsidence.

Although a variety of erythematous and vesicular skin eruptions have been noticed to occur occasionally after neuralgia (more especially herpes zoster), yet an acute dripping eczema is a sufficiently rare sequel to merit a short record. The case, moreover, is not without interest from the point of view of diagnosis, as the swollen face and closed oedematous eyelids had a strong superficial resemblance to erysipelas. On looking a little more closely, however, the various points of difference became evident; these being a less angry redness, the absence of a sharp line of demarcation, and the presence of numerous bright red points (papules) beyond the swollen skin. The most valuable diagnostic points, however, were to be found in the general condition of the patient; there had been no antecedent rigors or vomiting, there was no general malaise, and, above all, no fever, the temperature being barely above the normal; whereas, in erysipelas, it would have been three or four degrees higher at least.

GROWTH OF FUNGI IN EAR-SYRINGES.

In the JOURNAL for March 22nd, 1879, I drew attention to the growth of fungi in ear syringes (on the soft covering of the piston), and suggested, amongst other means, the application of vaseline, containing carbolic acid, to the piston, in order to prevent their growth. After thoroughly cleaning the piston of one of my syringes with boiling water and careful wiping, it was lightly coated with vaseline, containing carbolic acid (1.200). In spite of this, however, after the syringe had been in use about nine months, a quantity of microscopic fungus, embedded in a white gelatinous material, was found attached to the piston. I then had one of Messrs. Weiss's patent pistons, made of vulcanite, fitted to this syringe, and, on examination, after it had been in constant use for more than three months, only a very small quantity of fungus could be detected resembling that found on the leather-capped pistons. This would, in all probability, not have been present if all superfluous grease had been removed. This form of piston is certainly more cleanly, and appears less likely to favour the growth of fungi, than those pistons in which a soft covering is exposed to the action of the water. As it consists entirely of vulcanite, it has the especial advantage of being very easily cleansed.

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CLINICAL MEMORANDA.

THE DIAGNOSIS OF RÖTHELN.

THE disease variously called rötheln, spurious measles, German measles, and rose-rash, though at first sight somewhat confusing, seldom, on close observation, presents any serious difficulty in diagnosing it from either measles or scarlatina. From the latter especially I have never found any difficulty in distinguishing it; it is with the former that there is some danger of confounding it. But the less prominence and pinker hue of the spots; the very slight, if not entirely absent, constitutional disturbance; and, above all, the freedom from bronchial affection, leave us in the end in no doubt that we have not true measles to deal with.

Mr. W. P. Brown, in the JOURNAL of June 10th, propounds the theory that the affection is a hybrid between measles and scarlatina, compounded of the two diseases, each exercising, however, an antagonistic effect on the other. Facts, however, are against this notion; and, in illustration, I will quote the following. Some years since, I was called to see a little boy (whom we will call A.) with well marked scarlet fever. He was at once removed from his own home to isolated lodgings. The disease ran a typical but mild course, and by the sixth day the eruption had entirely faded, and all fever had gone; the patient, however, being feverish, remained in bed. On that day, a fresh set of symptoms commenced; in short, those of measles; and this latter disease ran a fully developed course. Two or three days after my little patient began with scarlet fever, his brother B., a year or two younger, also showed symptoms of the disease. He was removed to the same lodgings, and went through the complaint in the same manner as A.; and, twelve days after entering the lodgings, began in his turn with measles, evidently contracted from A.

Now, I deduced from these cases one or two important conclusions. 1. As the period of incubation of measles is twelve days, and that of scarlet fever seldom, if ever, more than four or five; and as A. began with symptoms of measles six days after he had those of scarlatina, he must first have contracted the poison of measles, and then, two or three days afterwards, that of scarlatina, which, having a shorter period of incubation, developed from its course, uninfluenced by the circumstance that the germ of measles was all the time incubating in the system. 2. The presence of the fully developed disease of scarlet fever, as in the case of B., does not prevent the poison of measles from being received, and presenting its fully characteristic symptoms, after the usual period of incubation.

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I SHOULD not have again troubled the readers of the BRITISH MEDICAL JOURNAL on the above subject, had not Dr. Robertson, by his article in the number for June 19th, rather, as I fear, increased than lessened the ambiguity about the position of rötheln in medicine that we both deplore; and that I hoped Dr. Tomkins' cases, and my former communication in this JOURNAL had at any rate done something to clear up. For I cannot help thinking, from his remarks, that some of his cases were cases of modified measles and not true rötheln; and this confounding together of cases of modified measles and rötheln is, I believe, the cause of that remarkable dissimilarity of description that cannot fail to strike anyone who reads the literature of the subject. My reason for thinking that Dr. Robinson was mistaken in the diagnosis of some of his cases is, that marked coryza and catarrh seem to have been present in several instances. One of the most important signs distinguishing rötheln from measles is the absence of coryza and cough (*vide* JOURNAL, June 5th, page 848, July 3rd, pages 9 and 37; Tanner's *Medicine*, 2nd ed., page 993; Bristowe's *Medicine*, p. 154). Aitken, it is true, is not of this opinion; but his description is at variance in almost every particular with other modern authorities, and the records of recent cases. That rötheln is not either modified scarlet fever or measles is proved by the following three cases that I had last year. (The three patients are all members of one family, and have from birth been under the constant medical supervision of my father, without whose knowledge, it is absolutely certain, they could not have had either measles or scarlet fever.) The first case was that of a little girl who had had undoubted scarlet fever three months previously. With her the rash appeared on the second day, on which day the temperature was 102 degrees Fahr. On the third day it began to fade, and by the fifth had disappeared, the child being apparently quite well. Branny desquamation took place. Sore-throat was present in this case. There was no coryza nor cough; she never had measles. In the second case, a brother of the preceding developed the rash on the fourth day of his sister's attack. Although the rash was well out, he