

Dermatological Section.

June 18, 1914.

Dr. J. J. PRINGLE, President of the Section, in the Chair.

Two Cases of Erythema due to Carbon Monoxide Poisoning.

By IVOR J. DAVIES, M.D.

THE clinical aspect of the Senghenydd Explosion was notable for the occurrence of cutaneous lesions, which are recorded for the first time as manifestations of carbon monoxide poisoning. Dr. Ivor J. Davies expressed his regret that the cases did not now show any traces of erythema, though this was present when he addressed the Neurological Section a month ago, and so the cases were not now shown. Acute erythema occurred in nine of eighteen survivors, rescued after an exposure to the noxious fumes in the mine for twenty hours. The lesions most commonly involved the buttock, and generally the skin over the tuberosity of the ischium was affected. In other situations the skin over bony prominences was most commonly affected. The patches were of irregular shape and attended by considerable swelling of the part, and of a brilliant cherry-red colour which faded on pressure. The patients complained of considerable pain in the regions affected, which were very tender. Absolute anæsthesia was present over the areas of skin affected by acute erythema. The lesions took several months to subside, and anæsthesia was a marked feature throughout, and was still evident in some of the cases after a period of six months. These facts strongly suggested that the cutaneous lesions of carbon monoxide poisoning are of the nature of an angio-neurosis, whilst pressure

merely determined the situation of the lesions and was not the causal factor.

Erythematous lesions similar to those already described were found on several of the bodies brought up within a few days of the disaster. The remaining bodies were not brought out of the mine for several weeks, whilst some could not be removed from under falls of roof for several months. Thus systematic examination was impossible owing to decomposition, and the necessity for prompt removal after identification and certification of the cause of death.

The facts just described went far to support the view expressed by the writer that the cutaneous lesions were not primarily pressure phenomena, but true manifestations of after-damp poisoning.

The PRESIDENT said that there seemed to be a general consensus of opinion that the views of Dr. Ivor Davies as to the nature of the lesions were correct.

Pellagra with Skin Eruptions.

By E. G. GRAHAM LITTLE, M.D.

THE patient was a boy, aged 17, who had been under the care of Dr. S. A. Clarke, of Horley, who had diagnosed the case as pellagra when the skin symptoms had made their appearance. The history was very interesting and was as follows: The boy had been perfectly well up to April, 1913. A photograph taken shortly before this date showed a robust youngster for his years. The story given by the lad was that he was bathing in the river, and while in the water got stung by some fly, not identified, on the shoulder and scrotum. The lesion suppurated in the first site and was cauterized by Dr. Clarke, and a scar the size of a shilling remained visible on the right shoulder. From this date the boy began to be ill and to waste. The only written records of the case were to be found in the entries in Dr. Clarke's ledger and day-book, which he had been kind enough to supplement with his recollection of the symptoms for which treatment, there detailed, was given. Thus, in July there was an entry that he was for some weeks on a course of bismuth, which was prescribed for gastro-intestinal symptoms accompanied by vomiting and diarrhoea. Wasting became so pronounced that tuberculosis was suspected, a diagnosis which received support.