DRUG ERUPTIONS.

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WITH the modern increase in the number of synthetic medicinal remedies, and their inevitable commercialisation, the study of rashes caused by drugs has become of increased importance, for such eruptions are becoming more frequent. The ability to form a rapid and accurate opinion concerning these is of great value to any practitioner, for he is not infrequently implicated in the aetiology.

It is a good working rule, when we see a rash for which the cause is not immediately obvious, to *suspect* a drug or application. If the suspicion turns out to be incorrect no harm is done, while, on the other hand, the chance of such a cause being overlooked has been obviated. The differentiation of the various eruptions which can be produced by drugs is of considerable clinical interest, and can be gleaned from any good text-book of dermatology. What chiefly concerns the practitioner is to know what are the drugs most likely to be harmful in this respect. Those which may produce an eruption nearly all do so because of a specific idiosyncrasy on the part of the sufferer; examples are salicylates and allied products—e.g., aspirin, antifebrin, quinine, chloral, sulphonal, and veronal, to mention only a few. Fortunately, perhaps in view of the difficulty of memorisation, none of these produce a characteristic effect. The sudden appearance of an acute erythema, with or without urticaria, especially if there is no fever or constitutional disturbance, should always suggest the possibility that it is due to a drug, although, of course, it does not follow that the suggestion should be immediately made to the patient, especially if there is a suspicion of a narcotic habit. There may be other symptoms in some cases—e.g., tinnitus aurium (quinine or salicylates), dry throat (belladonna), diarrhoea (mercury), which will indicate the nature of the poison, but their absence is not of much value in helping us to a diagnosis.

Although none of this large group of drugs frequently causes a rash, and when it does the appearance of the eruption is not distinctive, it is otherwise with the arsenic-halogen group. The introduction of salvarsan and its derivatives is responsible for the modern increase in the number of the arsenical cases. The rash is usually an acute or subacute erythema, occurs at any time in the course of the injections, and has a predilection for the flexures of the elbows as the seat of its first appearance. If the cause of the eruption is not recognised, and the administration of the drug is continued, a generalised exfoliative dermatitis of uncertain duration may supervene. In one

such case, under my care at the Royal Northern Hospital, the patient—a woman aged 23—had to be treated as an in-patient for four months. I have never seen arsenical pigmentation nor the typical small warts (keratoses) result from intravenous administration of arsenic, although these are the usual results of prolonged administration of arsenic by the mouth. It should be remembered that small arsenical warts not infrequently undergo malignant degeneration. In one such case¹—a man who had taken Fowler's solution for psoriasis, uncontrolled by a doctor for over 14 years—we had to amputate at the thigh. In another—himself a medical man who had attempted (as in Dr. Haldin-Davis's Case 3, vide his paper in this issue) to counteract the cutaneous effects of bromide with arsenic—I have constantly to destroy hypertrophic quasi-malignant wart growths on the palms and soles.

Dr. Haldin-Davis has fully described the varieties of eruption occasionally seen in bromide administration. A peculiar susceptibility doubtless exists in some persons. I recently had two such patients and in both it is more than significant that there was a clear history of abstention from salt. Omission of the drug, together with the administration of sodium chloride, effected a rapid cure. It seems likely that there is a definite predisposition for retention of bromide in persons whose intake of sodium chloride is low, and that in the curative effects of common salt we have a biological example of "mass action."²

"Halogen acne" can very closely imitate the "vulgaris" type. Some months ago a young lady who was being treated for nervous dyspepsia was sent to me for acne vulgaris of the back. I treated her for some weeks with mild doses of X rays, which I have never known to fail as a therapeutic measure in such cases. To my surprise the lesions tended to increase in number and severity, and a few even appeared on the face. I was much puzzled until one day her mother happened to mention that she lacked her former energy, and that she seemed to be always drowsy and ready to fall asleep. I at once rang up the practitioner and found that she had been taking 10 gr. of bromide in her gastric mixture thrice daily. Omission of this, without further resort to radiotherapy, soon resulted in a cure. Acneform lesions appearing rapidly in a previously healthy skin, especially if the patient is an adult, should arouse a suspicion that bromides or iodides are the cause of them. A further point is that comedone formation is usually absent, and that the papules themselves have a bluish tint, and readily become pustular.

I am in entire agreement with the statement that renal inefficiency and cardiac disease are potent predisposing causes of halogen eruptions. The worst case of the kind I ever saw was in a

¹ Brit. Med. Jour., Nov. 18th, 1922. A Case of Arsenical Keratosis followed by Cancer.

² Brit. Med. Jour., Feb. 27th, 1926. Bromism: The Sodium Chloride Treatment.

woman with cardiac dropsy, who ultimately succumbed to her disease. Her last hours were rendered doubly distressing by the hideous deformity of crusted granulomatous tumours on the face produced by the administration of small doses of bromide.

Iodides usually produce acneform lesions, but if the patient is highly susceptible large bullæ may suddenly make their appearance. I remember a case in which the diagnosis of pemphigus had previously been made. This patient was so sensitive to iodine that the ordinary tincture of iodine applied to the skin, or Mandl's paint to the pharynx, resulted in the rapid eruption of large blisters in the axillæ and groins. They continued to make their appearance for some weeks. It was only after the third attack that the true nature and cause of the eruption was realised.

The large subject of drug eruptions, which has been but briefly touched upon here, is not complete without a reference to local applications as a possible cause. Mercury, in the form of blue

ointment, was once a common application for pediculosis pubis. The frequent dermatitis ensuing is by no means always local. A spread to the legs and arms and even a generalised erythematous or exfoliative dermatitis has been recorded, and affords definite evidence of absorption from the skin, probably by way of the blood stream. Another example is belladonna. Most practitioners have seen the occasional ill-effects of a belladonna plaster, and will agree that the cutaneous eruption, which closely resembles that of scarlet fever, differs in no way from the rash that may follow oral administration.

In conclusion, I should like to repeat a warning I made some months ago concerning the use of picric acid solutions in the treatment of burns. This drug may produce a scarlatiniform eruption, and in susceptible subjects, especially children, has been known to result in severe toxæmia, with an occasionally fatal issue, which cannot altogether be ascribed to the effects of shock from the burn.

EDITORIAL NOTES

MEDICAL WRITING AND LIBRARIES.

WE wish to draw attention to a remarkable article on "How to Consult the Medical Library and Medical Literature," by Mr. Charles Frankenberg, the librarian of the Medical Society of the County of Kings, Brooklyn, New York, which is published in the February number of the *Long Island Medical Journal*, the official organ of the Associated Physicians of Long Island, 1313, Bedford-avenue, Brooklyn, N.Y. So valuable is it that we desire to quote some extracts for the benefit of our readers.

The author writes what we so well know :

"Keeping up with the current literature is a necessity for the physician who wishes to know and apply the most recently proven methods Medical education is never completed The struggle against disease is continually in force, and those who have chosen to serve in the ranks to conquer its ravages must be constant students of medical progress The true doctor must always be an earnest student. Each day and each case brings to him problems about which he wishes to consult the experience of others. These he finds in his medical books and his medical journals. It was Dr. Osler who said: 'To study medicine without books is to sail an uncharted sea, while to study books without seeing patients is not to go to sea at all.'"

After describing the internal arrangements of the marvellous library in question, excluding the Surgeon-General's Library in Washington, the fourth largest privately owned medical library, it is claimed, in the United States, the author sets forth recommendations for the personal use of a medical library. In discussing why medical practitioners do not write more papers, monographs, or books, he recommends certain helps to those about to embark on literary work, including Sir Clifford Allbutt's "Notes

on the Composition of Scientific Papers,"¹ Sir Humphry Rolleston's "On Writing Theses for M.B. and M.D. Degrees,"² and Macmillan's "The Author's Book on the Preparation of Manuscripts, on the Reading of Proofs, and on Dealing with Publishers," with four other publications having similar objects issued in America.

He then gives an interesting and valuable account of the method of looking up references on any medical subject, and particularly mentions the Quarterly Cumulative Index to Current Medical Literature of the American Medical Association, the Index Catalogue of the Library of the Surgeon-General's Office at Washington, and the Quarterly "Index Medicus," well known and largely used by users of the medical libraries in London. He points out that the investigator with interesting cases to report instead of searching the indexes to compile a record of previously reported cases may be spared the toil required to do it for themselves by referring to the latest articles published upon the condition in which they are interested, and finding that some other writer has already performed the task. He also alludes to the German "Jahresberichte," "Zentralblatten" and "Bibliographien," giving also the names of periodicals wholly devoted to bibliographies as well as of bibliographies on particular subjects issued as separate publications, bibliographies to be found in books and monographs, and a list of periodical publications providing abstracts of medical papers in English on the type of the "Epitome" of the *British Medical Journal*, and adding a list of English and American year books. The whole article may advantageously be studied by prospective authors in particular, including writers of M.D. theses, and it may be

¹ Macmillan Co., 1905.

² John Bale, Sons and Danielsson, 1925.