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Scarlatiniform Erythema in Tuberculosis.

Claude (*Revue de la Tuberculose*), records an interesting case in which a virulent tuberculous infection was ushered in by a diffuse scarlatiniform erythema of the skin. The patient was a young woman who came under observation on July 28. After having suffered from general malaise, loss of appetite, and muscular pains for a period of seven or eight days, the patient developed an erythematous rash two days before she entered the hospital. It appeared first on the fore-arms, chest, and thighs, and was then patchy. The day after its appearance the patient had a high fever. After admission to the hospital the erythema became general and was of a scarlatiniform type. In five days desquamation began and the rash and desquamation lasted altogether about fifteen days. There was no soreness of the throat, nor any features of the tongue suggesting scarlet fever. The temperature gradually fell to normal by August 11, then it again steadily rose to 40.8° C. before death.

Inquiry showed a family history of tuberculosis. On the day of admission the examination of the lungs was negative. With the disappearance of the rash and the subsidence of the temperature there was not a correspondent improvement in the patient's condition. She gradually emaciated and profuse sweats appeared. Examination of the lungs on August 6 was still negative, but on August 13 signs of slight dulness, with moist and dry râles, were made out at both apices of the lungs, particularly on the right side. From this date on she failed rapidly and died in coma on August 25.

The autopsy showed an acute miliary tuberculosis involving the lungs, liver and spleen, bacilli being demonstrated in the tubercles. There were no old foci of caseous tuberculosis found anywhere in the body.

Claude believes that the erythema was a manifestation of an intense intoxication produced by the poisons derived from the tubercle bacilli. He has been unable to find any similar cases in the literature, but says that the scarlatiniform erythema is analogous to that occasionally observed in anginas, diphtheria, and intestinal infections. The writer remarks that not infrequently tuberculin injections are followed by a similar scarlatini-