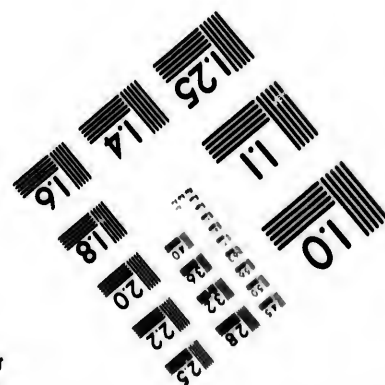
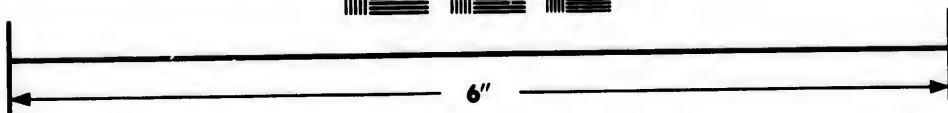
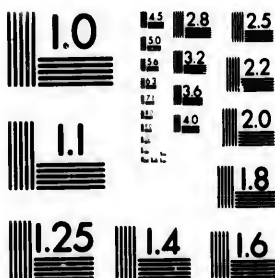


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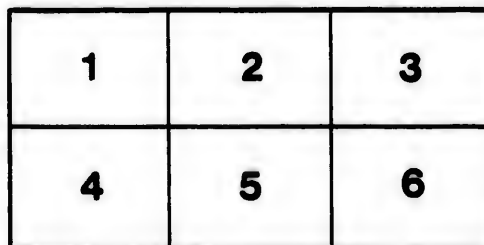
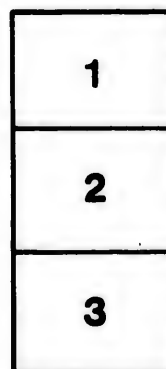
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## A REMARKABLE CASE OF QUININE RASH PRODUCED BY VERY SMALL DOSES OF THE DRUG.

By FRANCIS J. SHEPHERD, M.D.

The rashes produced by the internal administration of drugs are sufficiently uncommon to be of interest. Many drugs, it is well known, will produce rashes, more or less severe, in individuals with an idiosyncrasy. Some drugs, however, produce a rash merely by long-continued administration in large doses in persons without any special idiosyncrasy—*e.g.*, iodine, bromine, etc. Among the many drugs which produce rashes, the most familiar are copaiba, bromides, iodides, tar, turpentine, cubebs, belladonna, arsenic, antipyrin, etc. One of the most frequently administered drugs is quinine, and considering the enormous number of times it is given in large and small doses, the number of cases reported in which it produces rashes is comparatively few. All practitioners have seen quinine rashes from the administration of large doses of the drug. The most common forms are the erythematous; the urticarial, the purpuric, bullous vesicular, and gangrenous forms are much more uncommon. In some cases the rashes produced by quinine and other drugs have been mistaken for scarlatina.

The case I am about to relate is a somewhat rare one, both because of the severity of the rash and the small dose which produced it:

A. B., a strong, robust man, aged 41, whom I had frequently treated for eczema and rhus poisoning, and whose skin was easily

irritated, consulted me in June, 1889, for an eruption of boils which had been troubling him for some time past. He felt rather out of sorts, and I prescribed for him citrate of iron and quinine in five-grain doses. Next evening he came complaining of great heat, soreness, and a burning sensation in groins and on inner sides of thighs. On examining him I found these parts covered with large claret-coloured patches, which also extended a short distance up the abdomen. The skin was swollen and tender; in the centre of the red patches purpuric spots could be seen, which did not disappear on pressure. The peripheral portions of the patches were purely erythematous, the colour rapidly disappearing on pressure. As he had always perspired a great deal about the groins, he attributed this rash to having over-heated himself, although he affirms that he thought the medicine had something to do with it. He had only taken three doses of the citrate, or 15 grains (three grains of quinine). I prescribed a lead lotion for him, and told him to stop his medicine. The next day the eruption had spread to the feet, and the hands were also beginning to be affected. On both wrists was a well-marked vesicular eruption, which did not itch. The eruption was confined to the abdomen, thighs, hands and feet. As it was accompanied by a great deal of burning and soreness, the patient was confined to the house, being unable even to wear slippers. At the end of ten days desquamation began, comparatively small flakes of skin coming away from the thighs, but the skin of the palms of hands and soles of feet coming away in one piece. In a few days more the patient was able to attend to his business.

The strangest part of the story is yet to come. About a month later, towards the end of July, coming home one evening fagged out, he thought he would take a dose of his old medicine as a pick-me-up. This he did, taking the usual dessert spoonful (five grains) in a little water. Immediately he felt the old sensation in his thighs and about scrotum, and by next morning the same claret-coloured patches with purpuric spots reappeared on thighs and abdomen, and were followed next day by a similar rash on hands and feet. The sensation of burning, itching and soreness was quite as severe as during the first attack, and the eruption

acted in exactly the same way, the skin desquamating in large flakes in about ten days. Since that time he has carefully avoided quinine in any form, for the last eruption was brought on by a very small dose of quinine, viz, one grain. It is fortunate that a large dose of quinine was not exhibited, for there is no knowing what untoward effects it might have produced. No doubt there would have been extensive sloughing of the skin, as has occurred in some reported cases.

I omitted to mention that in neither of these attacks was there any elevation of temperature or other constitutional disturbance.

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