An outbreak of food poisoning amongst the troops of 22nd Special Air Service Regiment is described. The histories of the men affected were similar in that each became unconscious and exhibited convulsive movements of the limbs. The cause of this intoxication was ascribed by laboratory tests to poisoning with the fruit of *Illicium religiosum*—Japanese star anise—which was incorporated in the curry powder on issue to these troops.

**REFERENCES**


**IMPETIGO**

*A SUGGESTED RÉGIME TO DECREASE ITS ASSESSED MORBIDITY*

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During the last twelve months the clinical impression has steadily grown that the period of unfitness for normal duties, in cases of impetigo, is unreasonably long. In view of this it was felt that a factual assessment of the problem was worth undertaking.

Seventy-seven consecutive cases of impetigo have been qualitatively assessed from the point of view of actual length of morbidity. The cases have all been taken from the period 1954-5 and have been in no way selected, except in as much as certain cases have had to be excluded due to inadequacy of the case note details, as regards certain time intervals. The cases have been analysed basically from three points of view:

1. Duration of incapacity prior to hospitalization;
2. Duration of hospitalization;
3. Duration of hospitalization in relation to the therapy employed.
As a matter of interest, the length of morbidity of 57 cases of pneumonia, over a like period, has been estimated for comparison. Again, the cases are consecutive to avoid bias and all have shown radiological confirmation of the clinical diagnosis.

It was found that the 57 cases of pneumonia revealed an average time of hospitalization of 16.5 days and an average time of convalescence, prior to resumption of normal duties, of 11 days. Thus the average total time, from onset of illness to resumption of normal duties, was 27.5 days. The 77 cases of impetigo are tabulated below in Fig. 1, and when analysed reveal a corresponding time of 13.5 days.

However, on further breaking down the cases of impetigo, certain significant and disquieting differences are discovered. Thus, if types of therapy employed, in cases of impetigo, are taken into account, it is seen that of 36 cases treated by means other than aureomycin cream, the duration, from onset to resuming normal duties, averages 23.5 days, i.e. virtually the time taken to cure a case of pneumonia! On the other hand, of 41 cases treated with aureomycin cream, the similar time interval averages 11.25 days—almost exactly half the time taken with alternative therapeutic measures.

Fig. 2 below shows a graphic comparison of the varying time intervals according to the therapy employed.

It is also evident, on examination of the case records, that the average delay involved, between onset of the rash and admission to hospital, is 7 days. Thus, whereas the over-all average total duration in 77 cases is 13.5 days, it is obvious that even this figure is only due to the comparatively short duration of cases treated with aureomycin. Cases treated with aureomycin cream have required virtually 0.4 of the hospitalization of cases treated otherwise. The explanation of the apparently long over-all average figure of 13.5 days is to be found in the average of 7 days' delay between onset of the rash and admission to hospital.
Impetigo

<table>
<thead>
<tr>
<th>Time interval</th>
<th>Therapy</th>
<th>Average duration in days</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset — return to duty, all cases</td>
<td>Both aureomycin and &quot;other&quot; therapy</td>
<td>13.5</td>
<td>77</td>
</tr>
<tr>
<td>Onset — return to duty</td>
<td>&quot;Other&quot; therapy</td>
<td>23.5</td>
<td>36</td>
</tr>
<tr>
<td>Onset — return to duty</td>
<td>Aureomycin</td>
<td>11.25</td>
<td>41</td>
</tr>
<tr>
<td>Period in hospital</td>
<td>&quot;Other&quot; therapy</td>
<td>16</td>
<td>56</td>
</tr>
<tr>
<td>Period in hospital</td>
<td>Aureomycin</td>
<td>6.5</td>
<td>41</td>
</tr>
</tbody>
</table>

**FIG. 2**

It is reasonable to assume that if cases of impetigo were treated with aureomycin and hospitalization from the onset of the rash, then the average duration of time absent from normal duties could be reduced to 6.5 days in place of 13.5 days. In actual fact the figure of 6.5 days could almost certainly be reduced to 5 days under such circumstances, since a "fresh" case of impetigo is very much more amenable to therapy, and less extensive, than a case that has already persisted 7 days prior to reaching hospital.

**SUGGESTED RÉGIME**

This is both simple and cheap. One per cent. aureomycin cream in a soft wax base, to allow ease of spread, is applied to affected areas b.d. for 3-5 days. The vast majority of cases are virtually clear in 2-3 days. Only cases of unusually long persistence prior to admission to hospital have required ancillary measures such as starch poultices to remove crust formations.

The prescription employed is given below along with details of its present preparation:

\[ \begin{align*}
\text{Aureomycin} & \quad \text{...} & \quad \text{g. 1 (4 capsules)} \\
\text{Lanette wax} & \quad \text{...} & \quad \text{g. 1.5} \\
\text{Arachis oil} & \quad \text{...} & \quad \text{g. 20} \\
\text{Soft paraffin} & \quad \text{...} & \quad \text{g. 20} \\
\text{Distilled water to} & \quad \text{...} & \quad \text{ml. 100}
\end{align*} \]

The Lanette wax and soft paraffin are melted together and ml. 30 of distilled water added—the mixture being stirred till cold. The aureomycin is triturated with ml. 20 distilled water and then incorporated in the wax base (cold). Distilled water is then added to ml. 100. The cost of the above is approximately 6s. 5d. for 4 oz. of preparation—i.e. sufficient for treatment of a case of impetigo of average severity.

Therapies that have been employed at units, prior to admission to hospital, include the time-honoured remedy of 1 per cent. aqueous Gentian Violet, Ung. Hydrarg. Ammon Dil; Penicillin, as cream and by injection; Mag. Sulph.
dressing; l'eau d'alibour; Anthisan cream; tar ointments and Lassar's paste. In no case is there evidence of any one or combination of the above giving results in any way comparable to those obtained with 1 per cent. aureomycin cream.

It is appreciated that many cases of impetigo may well be treated in situ at the unit, but if this is so, then it means that the above quoted figures are applicable to the worst cases of impetigo (i.e. cases that fail to respond to unit-therapy), and if such is the case, then the time comparisons and differences demonstrated become even more significant. Thus, even the lowest estimate of 5 days might be improved upon if all cases were treated promptly with aureomycin cream. To argue that many cases are treated at the unit with success is a fallacy in that such cases remain a source of infection to others if response is not rapid and complete—a state of affairs which is all too uncommon judging by the frequency of cases of impetigo referred to the hospital, following unsuccessful treatment at the unit.

Impetigo remains one of the commonest skin disorders met with in army communities, and it is felt that the present series and findings suggest that the following régime is a means of saving an otherwise large and needless waste of manpower:

1. Reference of all cases of impetigo immediately to hospital, F.D.S., M.R.S., or sick bay;
2. Prompt therapy with 1 per cent. aureomycin cream as outlined above.

The army is fortunate in having a sufficient number of vacant beds to allow rapid segregation of all cases of impetigo and the initiation of prompt therapy. Such measures as suggested would reduce the time loss involved per case from an average of 13.5 days to 5 days or even less, and this cheaply and easily, with no necessity for any new equipment—surely a worth-while step both from the point of view of discomfiture to the patient and time-loss to the army.

CONCLUSION

Figures are presented, in relation to a series of 77 consecutive cases of impetigo, to show that the length of morbidity of such cases can be markedly reduced. The time-loss involved is compared to that of 57 consecutive cases of pneumonia.

A régime is suggested whereby the present length of morbidity in impetigo can be reduced from 13.5 days to 5 days, or less (a reduction of approximately 63 per cent.) cheaply and easily.