A CASE OF SEVERE SYSTEMIC GONOCOCCAL INFECTION.

By CAPTAIN G. H. WOOD.
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The patient, Cpl. W., aged 19, in the best of health at the time, was exposed to venereal infection on the night of September 13 last, and, owing to circumstances, was unable to take the usual precautions of immediate self-disinfection as practised and taught in the Army to-day.

Six days later he was admitted to King George V Hospital with his first attack of gonorrhoea, never having previously contracted any venereal disease. A thick purulent urethral discharge was present, in which gonococci were present in abundance.

The patient was placed on the routine treatment at the time in vogue for all acute cases of gonorrhoea, i.e., bed, milk diet, barley water, mist. alba mane, and mist. alkalina t.d.s., along with anterior irrigation of the urethra with potassium permanganate solution (1 in 8,000) three times daily.

On the night of the 25th he developed a high temperature and vomited, and by the 27th he had developed a well-marked teno-synovitis, involving both hands.

On the 28th he presented a typical picture of gonococcal rheumatic fever, involving the wrists, ankles, and great toe, with an effusion into the right tensor fasciae femoris, and a temperature of 101.4° F. at 11 a.m. Aspirin fifteen grains was ordered night and morning and the affected joints wrapped in cotton wool.

On the 29th his condition was unchanged, and two cubic centimetres of intramine were injected intramuscularly into the left buttock, and a mixture of sodium salicylate (ten grains per dose) prescribed, to be taken three times daily.

On October 3, as the pyrexia was continuing unchanged (between 101° and 102° F.), a second injection of intramine was now given; also ten cubic centimetres normal horse serum were injected subcutaneously; at this time the swelling of the left wrist had subsided, but the right wrist remained very swollen and tender, and there was a well-marked teno-synovitis of the tibialis anticus tendon, and also pain and tenderness in the tarso-metatarsal joint of the great toe.

Having proved his tolerance to serum, forty cubic centimetres of normal horse serum were injected on October 5, and the next morning his temperature fell to normal for the first time, and the patient seemed a little better, albeit the right wrist was still very swollen and painful.

The affected joints were kept wrapped in cotton wool, and tinct. iodine was applied daily.

The temperature now began to swing, and from normal in the morning rose each evening to about 101° to 102° F., and the patient complained of the pain in the great toe and right wrist, which was still very tense and painful.

The urethral discharge had dried up some days previously, probably under the influence of the temperature, and so the chance of obtaining an autogenous vaccine was missed. On October 8, twenty-five millions of stock polyvalent gonococcal vaccine (as issued from the Military Hospital, Rochester Row), were injected, and the pyrexia was somewhat abated.
Clinical and other Notes

On the 14th, fifty millions of the stock gonococcal vaccine were given, and potassium iodide, seven grains, was added to the sodium salicylate mixture.

By the 17th the pain and swelling in the right wrist were considerably less, and the temperature had fallen to about 99° F., a welcome improvement in his condition, pointing to the success of the injections of vaccine.

As the urethral discharge at this stage returned, anterior irrigations with pot. permanganate (1 in 6,000) were given in bed twice daily.

As the right wrist showed a tendency to drop, a posterior splint was applied, and gentle massage and passive movements were commenced. Absolute rest in bed was rigidly insisted on from the commencement, and the heart was carefully observed for signs of endocarditis. Beyond a slight reduplication of the first sound, during the third week, the action of the heart remained good, and there was no undue acceleration and no precordial pain or palpitation.

On the 21st a further dose of 100 millions of gonococcal vaccine was given, and by the 26th the patient was well enough to be allowed to sit up for a time daily.

The right wrist was much improved, and gentle massage and movements of the joint continued daily, and with increasing strength of the muscles the splint was dispensed with. On this date the urethral discharge had practically stopped, and no gonococci were found.

On October 28 a further 150 millions of gonococcal vaccine were given, and the irrigations were confined to one daily of pot. permanganate 1 in 4,000.

By November 4 the urethral discharge had disappeared and irrigations were discontinued. The right wrist showed some loss of power, but no adhesions, and the patient was sent to the electrical specialist, who gave him radiant heat for ten days. At the end of this time a further dose of 200 millions of gonococcal vaccine was given.

Massage and movements of the joint were kept up for another ten days, at the end of which time the patient was discharged from hospital and returned to his unit.

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INFANTILE DIARRHŒA.

By Captain G. H. Wood.
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The following case of severe infantile diarrhoea and the successful use of oral administration of cold tea infusion might be of interest to your readers both at home and abroad:—

A healthy English boy, aged 7½ months, in a Plains Station in the Punjab at the beginning of the hot weather of 1921, was in the early stages of somewhat delayed dentition; his parents, thinking he was not thriving sufficiently on the rather poor Indian milk, added a couple of teaspoonfuls of unsterilized cream to his bottle on three or four occasions, during a couple of days, after which time he developed an acute attack of green diarrhoea which persisted throughout the day,