Clinical and other Notes.

A CASE OF SEBORRHOEA COMPLICATED BY PYOGENIC DERMATITIS.

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A CASE of chronic skin disease is frequently a source of worry to the medical man treating it, and nowhere more so than in a military hospital, where a soldier, otherwise in vigorous health, is kept from his training by some apparently triffing condition, which resists the treatment given. The disappointing results obtained are often due to the non-compliance with certain simple principles of dermatological treatment.

The following case which was treated at the Military Hospital, Chester, illustrates one or two points.

Fusilier K. was seen on November 7, 1923, and his condition after three months' treatment was as follows: He had an extensive generalized subacute seborrhoeic dermatitis. His hair was thick with a good deal of scurf, but careful examination revealed the presence of a few lesions on the scalp. The most striking part of the condition, however, was a superadded pyogenic dermatitis affecting both feet, an entry in the case sheet for August 16, 1923, stating "The feet were covered with small abscesses, some of which had ruptured leaving open and discharging ulcers." The treatment given during the first three months had been directed chiefly to the foot condition, although on one occasion he had unguentum chrysarobini applied to the seborrhoeic dermatitis. For the feet every sort of antiseptic bath, B.I.P. paste, and vaccines had been tried, without effecting more than a temporary improvement. Continuous applications of iodine had its advocates, but crops of pustules continued to appear. The treatment adopted in November, at Chester, was as follows: Hair of the head was cropped as close as possible with clippers. The scalp was washed daily with spirit soap and thoroughly anointed with an ointment of vaseline and lanoline in equal parts, containing ten grains each of sulphur precip. and salicylic acid, as recommended by Dr. Norman Walker. The feet were bathed daily with a dilute solution 1-8000 of pot. permang. The seborrhoea rapidly improved and the foot baths were stopped, a simple lotion of calamine and sulphur being substituted. Under this treatment all ulcers rapidly healed and the feet became quite sound. The patient was discharged to duty fourteen days after beginning the treatment, with orders to carry on the daily washing and anointing of the head, to prevent a recurrence of the seborrhoea.

Observations.—An acute affection superimposed upon a chronic skin
condition is frequently the most striking feature of the case, but the practi-
tioner will rarely succeed in curing it unless the underlying condition is
attacked as well. In this case for three months no attention seems to have
been given to the seborrhoea, while many and diverse remedies were applied
to the superadded pyogenic condition.

The case also illustrates the futility of applying strong antiseptics to a
septic dermatitis, and the following paragraph from Dr. Mackenna's book
on diseases of the skin is well worth quoting. "In suppurative skin con-
ditions, do not aim at destroying all the organisms in situ by the use of
strong antiseptics. Leave something to Nature and do not interfere with
her functions by damaging the body tissues in an endeavour to kill micro-
organisms. A pyogenic dermatitis which has resisted strong antiseptic
applications will often yield to an application of calamine lotion and
precipitated sulphur (eleven grains in an ounce)." The case also illustrates
the importance of treating the seborrhoea of the scalp. A seborrhoea
of the body usually resists all remedies applied locally, unless the scalp also is
treated. In this case the seborrhoea disappeared from the body without
any local treatment, as soon as the scalp was vigorously dealt with. I am
indebted to Major F. S. Tamplin, R.A.M.C. O.C., the Military Hospital,
Chester, in consultation with whom this case was treated, for permission to
publish these notes.

A CASE OF STAPHYLOCOCCUS (ALBUS) SEPTICÆMIA.

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REPORTED cases of this disease being rare the following account of a
case appears to be of interest.

Lieutenant M. returned from leave in Australia at the beginning of
May 23. He suffered from an attack of diarrhœa with blood and mucus in
the stools at the beginning of June, which cleared up under treatment in a
few days. He played football on June 14, not having felt very well for
several days previously. He thought he had hurt his left foot while play-
ing this game, and as it did not get better he reported sick on the 18th.
There was considerable swelling of and great pain in the metatarsophalangeal joint of the left great toe. He was placed on the sick list and
local treatment was applied. Two days later he complained of similar
pain about the left knee-joint, and was found to have some fever. He was
treated with salicylates and admitted to hospital on June 21.

Previous Medical History.—No serious illnesses. An attack of malaria
(?) in 1919. No history of venereal disease. On admission his condition
was as follows: Temperature 102° F. Digestive system: Tongue thickly
toasted with grey fur; breath rather offensive; bowels acting irregularly.
Circulatory system: Nothing abnormal; pulse strong and regular. Respi-