condition is frequently the most striking feature of the case, but the practitioner 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 seborrhœa, 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 conditions, 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 seborrhœa of the scalp. A seborrhœa of the body usually resists all remedies applied locally, unless the scalp also is treated. In this case the seborrhœa 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) SEPTICAEMIA.

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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 playing 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 coated with grey fur; breath rather offensive; bowels acting irregularly. Circulatory system: Nothing abnormal; pulse strong and regular. Respi-
atory system: Normal. Nervous system: Restless and uneasy; mental depression marked; all reflexes normal, as far as they could be tested without causing pain. Locomotor system: Left knee very swollen, tender and hot, but not red; proximal joint of left great toe still very swollen, hot and tender; the left elbow-joint and distal joint of left little finger showed a similar condition. Urinary system: No albumin or other abnormality. The condition was then considered to be one of acute rheumatic fever and he was treated with salicylates and alkalies. On June 24 the right shoulder and elbow also became stiff and painful. He was rather drowsy, but hypnotics had to be employed to secure sleep at night. On the 28th a few lymphatic glands were palpable at the back of the neck. On the 29th both ankle-joints were slightly swollen but the inflammation of the other joints was less acute. The heart sounds were noted to be less forcible. On the 30th the blood was taken for culture and proved to be sterile. On July 1, the femoral lymphatic glands were noted to be enlarged and rather tender. The heart sounds were stronger again. At this time the condition of all the joints was improving. Pain was diminishing and mobility returning. On July 5 a differential leucocyte count showed no departure from the normal except that eosinophiles were six per cent. On July 10 the left knee-joint was punctured but only a drop or two of fluid obtained, which showed no micro-organisms microscopically. On July 11 pleurisy developed on the left side, and on the 15th there were signs of slight effusion. On July 18 he passed a large stool containing glairy mucus and traces of blood. His blood was sent for agglutination test against dysentery organisms and gave agglutination 1:150 with Flexner W.X.Z.

It was now considered that the case might be one of post-dysenteric arthritis and as the temperature remained elevated twenty cubic centimetres of antidysenteric serum were injected on July 23 pending the result of examination of the stools. This was followed on the 28th by an urticarial serum rash.

No pathological organism was recovered from the stools. He came under my care on August 6 when his condition was as follows:—

Appearance: Somewhat emaciated, listless, with a slight icteric tint of the skin.

Joints: Inability to move the right shoulder-joint. Passive movements could, however, be carried out though accompanied by some pain and stiffness. The left elbow could not be fully extended. The left knee-joint was stiff, but could be moved through the normal arc. There was some thickening of the periarticular structures. There was thickening of the tissues round the metatarso-phalangeal joint of the left great toe. There was no grating on movement of any of the joints nor any abnormal quantity of fluid in them. The inflammation appeared to involve the tissues surrounding the joints rather than the joints themselves and subsequently the left suprapatellar bursa became inflamed and distended with fluid for
several days. The degree of pain and stiffness in the joints affected varied from time to time, one joint becoming more troublesome while another improved.

Muscular System: A considerable degree of general wasting.

Heart: No bruits; no dilatation; but deterioration of the heart muscle was evidenced by tick-tack rhythm and approximation in quality of the first and second sounds.

Nervous System: No evidence of neuritis.

Lungs: Physical signs of thickened pleura over lower half of left chest behind.

The blood and urine were cultured and an agglutination test carried out with Micrococcus melitensis. The results were negative except that a growth of Staphylococcus albus was obtained from the blood. This was considered, without justification, to be a contamination.

A few days later Major Strother-Smith, I.M.S., saw the patient with me and at once remarked on the similarity of the case to certain cases of staphylococcal septicæmia he had seen in Salonika, the suggestive points being the fugitive inflammation of multiple joints, with prolonged pyrexia and icterus due to destruction of red cells.

Another blood culture was then made and S. albus again recovered. A few cocci were also seen in blood smears made with special precautions against contamination.

Treatment with an autogenous vaccine was at once commenced and one dose of twenty million and three of forty million have been administered up to date. Although Lieutenant M. was apparently improving when he came under my care I believe that the injections of vaccine have already been beneficial.

Other treatment has been massage and cod-liver oil and iron and arsenic internally.

A count of red cells on September 11, 1923, showed 4,150,000 per cubic millimetre.

In the cases seen by Major Strother-Smith early intense prostration was a marked feature. In the present instance the course of the disease has tended to be subacute and there has been no imminence of cardiac failure.