A CASE OF INTERMITTENT FEVER WITH SEPTIC FOCUS IN THE MOUTH.

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An Indian other rank, aged 28, was admitted to the Combined Indian Military Hospital, Razmak, on March 20, 1938, complaining of fever and rigors of four days' duration. The fever persisted, the temperature being normal in the mornings but rising each evening, the evening temperatures ranging from 99·4° to 102·4° F. (see fig. 1).

The patient had a past history of malaria, but clinical and laboratory findings did not support a diagnosis of malaria in the present instance. Repeated clinical and laboratory tests for enteric fever, dysentery, malaria, urinary infection and tuberculosis all proved negative, and X-ray plates of lungs, diaphragm and dorso-lumbar vertebrae showed no abnormality.

Fig. 1.—Temperature chart of the case from the third to the sixty-fourth day.

On April 3 a blood count was taken and showed leucocytosis of 17,500 per cubic millimetre, polymorphonuclear leucocytes 79 per cent, and lymphocytes 16 per cent. This suggested sepsis as the origin of the fever, but exhaustive clinical and laboratory tests of every organ and system failed to reveal any focus of infection, except in the mouth.

On April 14 I was asked to inspect the mouth of the patient. Clinical examination revealed generalized pyorrhoea, most of the pockets being about ¼ inch in depth, in spite of the fact that there was very slight oedema of the gums. The teeth showed marked loosening. The 4 [?] for instance was almost completely exfoliated and was eventually removed by the patient. There were five carious roots present and the whole mouth was in a very neglected condition.

Radiographical examination showed marked changes in the alveolar bone. Periapical rarefaction round the apex of the 15 root (see fig. 2)
indicated the presence of a granuloma, and a similar condition existed around the apex of the \( \text{\textit{\textdegree}} \) root (fig. 3).

Complete loss of alveolus was revealed around the \( \text{\textit{\textdegree}} \) (fig. 3), and the \( \text{\textit{\textdegree}} \), these teeth being embedded merely in soft tissues. In the upper and lower incisor regions the interdental alveolar crests were destroyed for about half the length of the roots and the periodontal membranes showed definite thickening.

Prontosil treatment (one tablet t.i.d.) had been commenced on April 4, and the evening rises of temperature ceased for three days, but on April 8 the temperature rose to 103.8°F. It rose again on April 11, and on April 15 it rose to 105°F. The intermittent fever continued, the temperature being normal in the morning and going up to 103°F. or more in the evening. Occasionally the patient remained afebrile for one day.

On April 28, i.e. the forty-fourth day of the fever, the patient was very emaciated with pinched and toxic facies and had developed jaundice of moderate degree. He was placed on the "seriously ill" list, and on April 30 the medical officer in charge of the case consented to the removal of some of the infected teeth. Owing to the patient's extremely weak condition, he was not ambulatory. He was taken into the theatre, some of the gross sepsis was cleared away and \( \text{\textit{\textdegree}} \) roots and three roots in the \( \text{\textit{\textdegree}} \) region were removed under local infiltration anaesthesia with novocain. In spite of the jaundiced condition of the patient there was no prolonged bleeding. Twenty cubic centimetres of antistreptococcal serum were given intramuscularly on the day on which the extractions were done and the dose was repeated on May 2.

The evening rises in temperature still persisted. On May 5, the fifty-first day of the disease, the \( \text{\textit{\textdegree}} \) were extracted under regional anaesthesia. Twenty cubic centimetres of antistreptococcal serum were again given the following day. The patient was placed on the "dangerously ill" list on May 7. His temperature went up to 104.8°F., and he developed a serum rash all over the body. This was treated symptomatically and disappeared after two or three days. A blood count at this stage
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gave total white cells as 11,250 per cubic millimetre, polymorphs 90 per cent, and lymphocytes 9 per cent. The temperature rose to 103°F. on May 10, 105°F. on May 12, and 100°F. on May 14. After this date there was no further rise in temperature. Thus in the nine days following the last group of extractions there were four rises in temperature, after which the patient remained completely afebrile.

The intermittent fever had persisted for sixty days, and not until the forty-sixth day had any serious attempt been made to clear up the oral condition. On the fifty-first day the second group of extractions was done, and on the sixtieth day the fever finally subsided.

The patient was kept under observation for seven weeks after the last rise in temperature, and during this time he remained afebrile, put on weight, and generally recuperated. When he was discharged from hospital on July 4 he had recovered normal health.

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Echoes of the Past.

SOME NOTES ON THE MEDICAL SERVICE OF THE RESTORATION ARMY.

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When the "New Model" was disbanded after the Restoration the regular army maintained on the Home Establishment comprised three troops of Life Guards, a regiment of Foot Guards (the Grenadiers), the Coldstream (Monk's regiment of Foot), which survived from the Cromwellian army, and a newly-raised regiment of Horse (the Blues). There were also garrison companies varying in strength from a dozen to two hundred men permanently stationed in thirty-one fortresses. Scotland had its own army, which included the Scots Guards. The Royal Scots were at the time in the service of the King of France. The Irish Establishment of about 7,000 men was also a separate affair and was locally recruited. The West Indian and American colonies normally provided independent companies for their own defence. There was also a garrison at Dunkirk. Meanwhile, there were no less than three English and four Scottish regiments which had been in the service of the United Provinces since Elizabeth's reign and were still so serving.

The Journal of the Society for Army Historical Research of July, 1930, provides us with the original Medical Establishment in 1661. Each troop