Clinical and other Notes

Age 33 M & B 693 tabs. Urethral Discharge
23.9.39 = - 8.4.2. = 7 grm. P. ++. C.G. ++ Bed. Milk diet
24.9.39 2.2.2.2. = 5 grm. P. + Ep +. No organisms
25.9.39 2.2.2.2. = 5 grm. Dry Kahn and W.R. negative
26.9.39 Dry Up. Ordinary diet
Surveillance uneventful.

Relapses.—Only one has occurred so far. The following extract from his case card shows an apparently normal response to the treatment:—

Age 19 M & B 693 tabs. Urethral Discharge
4.10.39 = - 8.4.2. = 7 grm. P. ++. C.G. ++ Bed. Milk diet
5.10.39 2.2.2.2. = 5 grm. P. +. Ep few. G.C. scanty Up. Ordinary diet
6.10.39 2.2.2.2. = 5 grm. P. +. Ep few. No organisms
7.10.39 — Sperm. + +. Ep few
8.10.39 Dry Prostate and vesicles normal
9.10.39 — Dry

Since writing this report we have received the Journal of the Royal Army Medical Corps for October, 1939, containing the report of Captain J. M. Officer on 40 cases treated by him in Shanghai.

His results appear to tally very closely with our own experience.

Our present report has been made to draw attention to the Aberdeen “8.4.2 treatment” and deals only with uncomplicated fresh cases.

Summary.

Attention is directed to an intensive form of treatment with M & B 693 for gonorrhoea reported in the British Medical Journal of April 8, 1939.

A preliminary report is made on 20 consecutive uncomplicated fresh cases treated by this method and averaging 5·3 days in hospital, with the suggestion that more extensive trial is deserved.

We have to thank Colonel M. J. Williamson, M.C., D.D.M.S., Gibraltar, and Lieutenant-Colonel C. J. Blaikie, R.A.M.C., Commanding Military Hospital, Gibraltar, for permission to submit this report for publication.

A CASE OF SEVERE GENERALIZED DERMATOSIS TREATED BY SULPHONAMIDE.

By ETHEL BROWNING, M.D.

In view of the opinion expressed in several recent publications that neither sulphanilamide nor sulphapyridine (M & B 693) give very favourable results in generalized skin infections, the following record of a case of impetiginous dermatitis, presenting some unusual features and responding well to sulphonamide therapy, may be of interest.
Two special points may be noted:—

(a) That premature cessation of dosage brought about an immediate relapse in the general condition of the patient, though not in the skin lesions.

(b) That the patient was not seen, and the treatment with sulphonamide therefore not begun until eleven days from the beginning of the spread of the lesion, and until pyrexia and general toxæmia were already well established.

This is interesting in view of the opinion expressed recently (Rautz and Keefer, 1939) that the duration of fever, in erysipelas at any rate, is not likely to be shortened by sulphonamide if treatment is begun after the third day, because by the fourth day the local lesions are fully developed, and cure must then take place by the natural defences of the body. The course of this case under two separate periods of sulphonamide therapy does not appear to bear out this view.

History of the Case.—The patient, H. Y., a man aged 50, weighing between 18 and 19 stone, had had for some months sore, crusted areas (?) impetigo at the corners of the mouth. He believed he had scratched these and transferred the infection to the scalp, where it spread fairly rapidly forming a crusted inflammatory covering. Lotio hydrarg., followed by a dusting powder, had been applied. A few days later the whole face became oedematous, both ears inflamed, with purulent discharge oozing from the meati, and both eyes affected by a severe conjunctivitis. Two days later an eruption appeared all over the body.

Condition on First Examination.—General condition: The patient was very drowsy, but complaining chiefly of intense pain in the eyes, especially the left. Temperature 101° F.; pulse 100 and slightly irregular; urine contained no albumin or sugar; blood-pressure 140/100.

The teeth, of which only 14 remained, were in extremely bad condition; every one decayed, and the gums intensely pyorrhœic. There was a large dental ulcer on the outer surface of the right alveolar margin.

The face: The whole face was very red and swollen. The corners of the mouth and the chin were covered with pustular crusts extending down the front of the neck and into and behind both ears, from which a serous discharge was oozing.

The eyes: The eyelids of both eyes were red and swollen, the swelling of the left eye being so great that the patient was unable to open it. The conjunctiva of this eye was so deeply injected as to suggest a subconjunctival haemorrhage.

The scalp: The hair and the purulent crust were matted into a complete hard thick covering extending over the whole scalp.

The body: The chest, arms, abdomen, and thighs were covered with a deep purplish-red patchy eruption. Some of the patches on the chest had fused together and formed areas of ulceration. The axillæ and groins were red, moist, and oozing. The back was covered with a diffuse, scarlatiniform itching eruption.
The pharynx was deeply congested; the tongue was furred in the middle with a strawberry appearance round the edges.

_Treatment and Course of the Condition._—December 27, 1939: Local treatment consisted of starch poultices to the scalp, chin, and crusted areas of the face, followed by applications of ung. hydrarg. ammon. The abdomen, arms, chest, and thighs were bathed with a 5 per cent tannic acid solution; to the back, axillae, and groins was applied a lotion of calamine in oil. Sulphonamide P was given—an initial dose of 15 grains, followed by 7½ grains, four-hourly during the day.

December 28: Perhaps the most striking feature of this case was the rapidity with which the skin lesions began to subside on administration of sulphonamide. Within twelve hours of the first dose the oedema of the eyelids and the conjunctivitis had subsided sufficiently to allow the patient to open his eyes and recognize surrounding objects. Within twenty-four hours the purplish rash on the front of the body had begun to fade. The temperature fell to 99°F. on the next day, and with the exception of a rise to 100°F. on January 1, remained normal until January 3.

January 3, 1940: Lesions on face, scalp, and trunk were subsiding well, the scarlatiniform rash on the back was replaced by a fine desquamation, the arms and chest beginning to exfoliate.

The patient complained of sore throat; pharynx much inflamed, and strawberry tongue more pronounced.

A blood-count showed a leucocytosis (16,000) with a red cell count of 3,000,000. Hæmoglobin 60 per cent.

In view of the marked improvement in the skin condition and the fall of temperature, and with due regard to the cases of agranulocytosis and aplastic anæmia reported from even moderate dosage of sulphonamide in the presence of idiosyncrasy, it was decided to cease dosage.

January 4: Temperature rose to 100°F., and for the next two days ranged between 100°F. and 101°F.

January 6: The patient was very drowsy and obviously toxæmic, though the skin lesions were stationary.

Sulphonamide P, 7½ grains, four-hourly, was recommenced.

January 6–11: Temperature 100°F. morning, and 101–102°F. evening; patient very drowsy but unable to sleep at night; complaining of headache, intense malaise, and sore throat.

January 12: Two injections of prontosil soluble (20 c.c. of 5 per cent solution) given intramuscularly, at six-hour intervals. Sulphonamide P continued four-hourly. Evening temperature 103°F.

January 13: Temperature had fallen from 102°F. at 2 a.m. to 99·2°F. at 8 a.m., but rose in the evening to 101·4°F.

Two more injections of prontosil soluble were given.

January 14: The temperature fell to 100°F. within twelve hours, and then to normal, and with the exception of one evening rise (100·2°F.) on
the 16th remained normal thereafter. All sulphonamide therapy was stopped on the 14th.

For two or three days after the first injection of prontosil the patient was slightly cyanosed, and complained of nausea and intense malaise—the "depressed" condition familiar to all who have used any of the sulphonamide group of drugs. By January 18 this had subsided, the skin, after extensive exfoliation, was practically normal with the exception of a few slightly inflamed patches on the scalp, and the general condition was greatly improved. Blood-count: R.B.C. 4,000,000; leucocytes, 6,500; Hb. 70 per cent.

It was decided to have the teeth, which were an obvious potential source of re-infection, extracted as soon as possible, and a week later a prophylactic dose of sulphonamide P (15 grains) was given four hours before the extraction of seven teeth under gas. The same evening there was a slight rise of temperature (100°F.); the next morning it was normal. The remaining seven teeth were extracted a week later without any previous dose of sulphonamide P, and with no further interruption of smooth progress to complete recovery. The gums healed with remarkable rapidity.

**SUMMARY.**

(1) A case of generalized dermatosis, probably impetiginous and streptococcal in origin, responded to sulphonamide treatment instituted on the eleventh day from the beginning of the spread of the infection.

(2) Relapse occurred after an initial improvement following a total dosage of 180 grains (12 grammes) in six days, on cessation of dosage.

(3) Improvement was not noticeable on resumption of sulphonamide P but was rapid and striking when combined with prontosil given intramuscularly. The total dosage of sulphonamide P during the second course of treatment was 335 grains (22·5 grammes) during a period of eight days, and of prontosil soluble 80 c.c. of the 5 per cent. solution.

(4) Fourteen teeth, showing gross pyorrhoea, were extracted without any flare-up of infection, and with rapid and complete healing of the gums and alveolar tissues.

**REFERENCE**