It has been found that by this means the majority of cases clear up in one to three weeks. One case, which had been treated in plaster at a hospital remote from Leeds and had a recurrence of pain when the plaster was removed after six weeks, recovered completely in two weeks by this treatment. In three cases the pain was so intense that the patient had to give up his manual work for two weeks, and recovery occurred in about six weeks. In cases in which the pain persisted although this regime was carried out, electrotherapy was added, but the patient continued at work.

Summary

Clinical observations and dissections have shown that the current description of the anatomical background of tenosynovitis of the wrist is inaccurate. It is not, in fact, a lesion of the tendons of the long muscles of the thumb, but a lesion of the tendon sheaths of extensores carpi radialis.

The mode of onset of 44 cases as seen in Leeds is described and classified. A rational anatomical background, in view of the new knowledge, is propounded for all these cases.

The clinical picture of the lesion is described.

Various methods of treatment are discussed. The routine treatment, by means of ung. iodi, as carried out in Leeds General Infirmary, cleared up most of the cases in one to three weeks.

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Medical Memorandum

Intestinal Actinomycosis Treated with Chloramphenicol and Aureomycin

Case Report

Two months after an operation for a perforated appendix a man aged 35 was readmitted to hospital with a tender mass in the right iliac fossa. Penicillin, 250,000 units intramuscularly, was given six-hourly for seven days.

At laparotomy on June 15, 1949, a sausage-shaped process of induration was seen extending along the ascending colon. Pus was not found. During the next two months abscesses were incised in the right iliac and lumbar regions. A combined course of penicillin (100,000 units intramuscularly three-hourly for 10 days) and sulphadiazine (36 g.) was given without effect. During the next four months the sinuses were twice explored and two courses of streptomycin (19 g. and 42 g.) were given. No treatment had so far affected the pyrexia, which had been present throughout, or caused any healing of the sinuses.

On February 22, 1950, following incision of an abscess, actinomycetes were found in the pus. Penicillin was then administered in larger dosage (1,000,000 units thrice daily for eight weeks), but at the end of five weeks the general condition was, if anything, worse. Investigations at this stage showed: 2,800,000 red cells per c.mm.; Hb, 48%; white cells, 23,000 per c.mm. (polymorphs 87.5%); E.S.R. (corrected Wintrobe), 31 mm. in first hour; serum albumin, 2.2 mg., and serum globulin, 3.6 mg. per 100 ml.; alkaline phosphatase, 12 units; thymol turbidity, 9 units; thymol flocculation, ++++; weight, 101 lb. (45.8 kg.).

As penicillin did not seem to be affecting the course of the disease, chloramphenicol was begun on March 31, the dosage being 0.5 g. four-hourly for two days, 0.5 g. eight-hourly for three days, 0.25 g. eight-hourly for 12 days, and 0.5 g. eight-hourly thereafter. Within a week the patient

FIG. 1.—Temperature chart during chloramphenicol treatment.

reported that he felt very much better, and by the end of the second week his temperature was normal (Fig. 1). Improvement was maintained for about four weeks, during which he gained 5 lb. (2.3 kg.) in weight and the sinuses were healed.

After six weeks pyrexia recurred, and on June 2 an abscess was incised in the right iliac fossa. Actinomycetes were again demonstrated in the pus. Treatment was continued for a further week, but the temperature failed to settle and the general condition deteriorated.

"Aureomycin" was started on June 15, the dosage being 0.5 g. four-hourly for 24 hours, 0.5 g. six-hourly for five days, 0.5 g. eight-hourly for 37 days, and 0.25 g. eight-hourly for 64 days. Clinical improvement, which was quite dramatic, was apparent within the first few days (Fig. 2).

FIG. 2.—Temperature chart during aureomycin treatment.

The temperature began to settle at the end of a week and, apart from an occasional evening rise to 99° F. (37.2° C.), remained normal. He gained weight rapidly—16 lb. (7.3 kg.) in the first month. E.S.R. estimations showed progressive decrease.

Aureomycin was discontinued on September 29, when investigations were as follows: 4,700,000 red cells per c.mm.; Hb, 93%; white cells, 8,000 per c.mm. (polymorphs 76%); E.S.R. (corrected Wintrobe), 12 mm. in first hour; serum albumin, 4.7 mg.; serum globulin, 3.9 mg.; alkaline phosphatase, 6 units; thymol turbidity, 6 units; thymol flocculation, 0.

Improvement has been consolidated, and 12 months after the beginning of aureomycin treatment the patient has been working for four months, wounds and sinuses have remained healed, he feels perfectly well, and weighs 150 lb. (68 kg.).

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