peutic value is that which produces alkalization. This was repeatedly proved in the dangerous types of influenza and pneumonia following the last war, when the necessary dose was sometimes as much as 1/2 oz. four-hourly.

The busy practitioner has neither the time nor the facilities for doing frequent blood counts, and it is probable, therefore, that many points in the aetiology of acute disease are missed. Facilities for simple pathology should be made much more easily available, not only by the establishment of national laboratories as is already being done but by the provision of technicians who could tour given areas and collect specimens.

The importance of rectal temperature readings as contrasted with the fallacious impressions produced by oral findings is seen in Chart II. Without such readings and

CHART II.—Temperature and pulse records of case, together with dosage of sulphapyridine given.

repeated blood counts the clinical picture assumes a different aspect and the true diagnosis might never be made, a false impression being formed as to the severity of the illness.

Summary and Conclusions

The presence of pneumococci in the blood in a counting chamber is described.

Colonic lavage with potassium permanganate, with diet restricted to raw fruits, enhances the value of sulphonamides in pneumococcal septicaemia (Hales, 1938).

Alkalization of urine is a necessary adjunct.

Rectal temperature readings in acute pyrexial disease are essential. Oral readings are often fallacious.

A possible aetiological factor in the early stages of glandular fever is suggested.

The need for wider national provision of clinical research facilities is indicated.

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On April 1, with the consent of the Ministry of Health, the Central Council for Health Education took over from the British Social Hygiene Council the work of popular enlightenment on venereal diseases hitherto done by that body for local authorities. The personnel, equipment, and material employed by the Social Hygiene Council in this work is being transferred to the Central Council, who will therefore be in a position to continue the service to local authorities without interruption. This transfer is a step towards accomplishing the Ministry's aim of making the Central Council the sole body responsible for popular health education in England and Wales. The Social Hygiene Council will continue as a voluntary organization, with no subsidy from public moneys. In addition to maintaining its colonial and international work on the control of venereal diseases and its concern with the social implications of these diseases in Great Britain, it will concentrate on problems of social biology, including preparation for marriage, the adjustment of personal problems, and the application of present knowledge of the biological sciences to existing social problems, particularly those related to the war effort.

Medical Memoranda

Herpes Zoster: Multiple Lesions

Herpes zoster will always remain an interesting disease to the clinician. Probably no nerve is exempt from attack, but usually only one is involved. Cases of multiple herpes and herpes generalisatus have, however, been reported from time to time. Skeer (1936) reported 2 cases of generalized herpes in patients suffering from lymphatic leukaemia after treatment with Roentgen rays. Barker (1939) reported 9 cases. Campbell (1936) described a case of herpes zoster affecting both trigeminal nerves. Extensive herpes has also been reported in patients suffering from rheumatoid purpura (Audibert and Paganelli, 1936). In fact, most of the cases in which multiple zoster lesions are described were those of some severe disease, such as leukaemia, Hodgkin's disease, or tuberculosis. The virus of herpes may in such cases find an easy ground to work on or may even multiply in the body, causing the disseminated lesions described. The following case is recorded in view of its rarity.

CASE REPORT

A young man aged 19 was referred to me on Oct. 20, 1941. For five days he had had a severe burning and itching sensation on the left side of his chest and darts of pain down his left leg. On Oct. 18 he had noticed a rash on the chest and left leg. At the time of examination most of the pain and discomfort had gone except while in bed, when severe itching returned. I examined his body thoroughly and found: (1) A well-marked grouped vesicular rash sweeping round the left side of the chest in the segmental distribution of the sixth dorsal segment—see diagram (A). (2) A narrow strip of grouped vesicles from below the tip of the acromion down the outer front aspect of the left arm (B). This corresponds with the skin distribution of the fifth and sixth dorsal segments. (3) A similar rash on the left thigh (C). This began at the back of the outer third of the gluteal region about 2 in. below the crest of the ilium, and swept around the external aspect of the thigh, appearing in front about the middle third and ending just above the patella. This area of eruption corresponds anatomically with the third lumbar segment skin distribution. (4) Another group of vesicles on the outer half of the left popliteal fossa (D). Here the rash travelled down the outer aspect of the leg, gradually making for the front, and had reached the anterior of the skin in the lower third, ending up on the dorsum of the foot near the base of the toes. The spinal segment responsible was the fifth lumbar.

Diagram showing distribution of lesions. A=6 D; B=5 D and 6 D; C=3 L; D=5 L.

The patient's general condition was good. He had no pyrexia, and there were no obvious changes in his nervous system. Lumbar puncture was not performed.

COMMENT

This case is of interest in view of the scattered nature of the lesions, all situated on the left side of the body. They completely missed the fourth lumbar segment and involved the ganglion immediately above and below. I have never seen any reason put forward why zoster is so common on the left side and distinctly rare on the right. It may have something to do with the vascular supply, which may be less active on the left side because of the greater muscular development of the right half of the body, more especially the limbs.

At no time did the patient feel ill or "off colour," and hospital treatment was not necessary. Before the typical lesions of herpes appear in a case like this a diagnosis of sciatica might easily be entertained. The doubt would be cleared up only by the evolution of the disease.

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