In view of the late stage at which the patient came under our care, and the fact that the timing of the nausea and vomiting coincided with the period of administration of the drug, we cannot draw any firm conclusion from this case, except that Marboran appeared to irritate the gastric mucosa, so causing vomiting and lack of adequate absorption of the drug. It is true to say that the crusts started drying up and the purulent periphery subsided, but it may be that this was partly influenced by control of secondary staphylococcal infection with tetracycline.

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Haemophilus influenzae Infection of a Finger

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The following unusual case of finger infection may be found of interest.

CASE REPORT

A 2-year-old girl trapped her right index finger in a door on 6 October 1964. There was no significant damage to the skin, but two days later the finger became red and swollen. Her family doctor gave her oral penicillin for the next four days. As the finger was still swollen she was referred to hospital on 12 October. By this time the dorsal aspect of the affected finger was occupied by a well-circumscribed fluctuant swelling that extended from half-way along the proximal phalanx to the distal interphalangeal joint. A transverse dorsal incision through the skin just proximal to the proximal interphalangeal joint released about 0.5 ml. of greyish-yellow pus. A wick drain was inserted into the abscess cavity. When this was removed on 16 October there was a further release of pus, and at this stage she was again treated with oral penicillin for five days. The wound healed satisfactorily during the next week, but on 27 October the proximal interphalangeal joint was still swollen, and x-ray examination revealed evidence of septic arthritis of this joint. She was given oral ampicillin for five days, and by 18 November the finger was normal apart from some stiffness of the affected joint.

Bacteriology.—No organisms were seen in smears of the pus obtained when the finger was incised, but culture on blood agar yielded a pure growth of tiny colonies. These were found to consist of capsulate *Haemophilus influenzae* belonging to Pittman's type b. This organism was sensitive to benzylpenicillin and to ampicillin, as tested by a routine plate-disk method. *H. influenzae* type b was also grown from pernasal and throat swabs collected from the child on 21 October. Serum samples collected 13 days and 30 days after the original injury were tested for antibodies to *H. influenzae* type b capsular antigen by the method of Turk and Green (1964); a titre of 1:4 was obtained for each sample.

COMMENT

Isolation of *H. influenzae* from septic lesions of fingers has been reported before, by Rogers, Zinnemann, and Foster (1960), but in each of their three cases the lesion was a paronychia, the *H. influenzae* was non-capsulate (as are the great majority of respiratory-tract strains), and *Staphylococcus aureus* or haemolytic streptococci, or both, were also present. Two of their patients were finger-suckers, and it seems probable that in

each case a primarily staphylococcal or streptococcal paronychia had become secondarily infected with commensal haemophili from the patient's throat. The *H. influenzae* strain from our patient was the only organism found in the pus and it belonged to type b; this type is responsible for virtually all cases of haemophilus meningitis and can also cause various other acute purulent conditions, including septic arthritis (Dyer, Romansky, and Holmes, 1958; Rogers *et al.*, 1960). In retrospect it seems probable that the lesion in our patient's finger was primarily a septic arthritis, the organism having come from the nasopharynx via the blood-stream. Haemophilus arthritis of an interphalangeal joint is unusual, all previously reported cases having involved only large joints.

There was only a low titre of antibodies for *H. influenzae* type b capsular substance in each of the serum samples, and this suggests that the child had not carried the organism in her respiratory tract for long before she injured her finger. It is possible that bacteraemia commonly accompanies colonization of the nasopharynx of a child by *H. influenzae* type b but is usually symptomless unless there is some local lowering of resistance to infection, such as was provided in this child by the trauma to her finger. This suggestion accords well with many of the facts about the incidence of haemophilus meningitis, which affects only occasional individuals among the many young children who at some time become infected with *H. influenzae* type b (Turk, 1963).

We wish to underline the fact that this organism could easily have escaped detection during routine examination of the pus from the finger. Because *H. influenzae* is not expected from such a specimen, it may well not be afforded a chance to grow or may not be correctly identified if it does so.

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