FOLLICULITIS CAPITIS FULMINANS.

BY

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THIS case appeared to me to be so unusual as to be worth recording. In twenty years I had not seen such another, nor have I found any reference to the condition in the literature I possess.

In October, 1923, I was called to see a gentleman of 70 who, while gardening, three days previously, had been bitten by an insect on the back of the neck, just within the hair margin. At first itchy, the bite and its immediate surroundings became within a few hours hot, painful, and swollen. When I saw him there was a patch on the nucha the size of a florin, tense, red, and with its surface studded over with papules and with pustules, each having a hair in its centre. The appearance at first glance rather suggested a commencing carbuncle without the induration. Each pustule I probed with pure carbolic acid, and I ordered repeated hot boracic fomentations. Each morning following for the next few days tinct. iodi mit. (B.P.) was painted over and beyond the patch in an attempt to limit spread. This was hopeless, so that within two weeks the disease had extended out of all control and had spread so as to involve practically the whole scalp, except an area the size of the palm of the hand above the left ear, and about the left "temple"; the spread, however, being at once limited by the edge of the hairy scalp. The small initial patch was made up of an agglomeration of papules which speedily became pustular and of lesions which were pustular from the start; a hair pierced each pustule. The pustules were round, small, and at first tense, of a yellow colour, and did not easily rupture.

When the rapid spread commenced fresh pustules appeared in clusters without any previous papular stage and without any basal

acriflavine in normal saline solution was applied, covered with oiled silk. This dressing was replaced every four hours, being each time carefully packed under any portion of undermined skin. For the next three days the patient was profoundly ill, a subsequent fall in temperature and pulse rate appearing to be rather an ominous sign than otherwise. A smear of pus, stained and examined microscopically, showed masses of pyogenic cocci.

By the twenty-ninth day he had begun to sleep better, to ask for more solid food, and the appearance of the scalp was different altogether. The acriflavine had fixed the infection, which, in a day or two more, was in perfect control, the discharge having almost ceased. The soaks were, however, steadily continued, but with a longer interval between dressings.

Six weeks after the operation the whole scalp was practically healed, but, on account of the destruction of many hair bulbs and follicles, there were patches of baldness, and others, islands, where the hair still existed, the damage to these not having been so complete. In the right frontal region there was a network of fine vessels—a telangiectatic patch.

This case, then, was a coccic pustulosis from the start, there being a slight perifolliculitis as well as the folliculitis of great intensity with little surrounding inflammation and practically no induration; at no time was there any crusting. The rapid spread went by continuous auto-inoculation as well as by burrowing, and there was no appreciable lymphatic gland involvement. The effect of the acriflavine was surprising in the way the infection was fixed and controlled. There had been no seborrhoea of the scalp to begin with, nor was there any skin lesion elsewhere—on body or limbs. The partial vacuum method of treatment might have aborted the mischief at the start or an autovaccine have cured more quickly, had the patient allowed their use.

A=Anaesthetic—gas and oxygen.

infiltration to speak of; the scalp was invaded from behind forwards. The pustules remained discrete, though closely set and crowded, and infection appeared to spread by auto-inoculation and direct extension, so that by and by the whole surface oozed pus, which could also be pushed along, from place to place, under the scalp, welling up at the same time through the follicles and showing that undermining was taking place. The hairs at first remained firmly seated and were painful to epilate.

In the third week the infection was fierce and the disease violent in its aspect. From the first the subjective symptoms were: a local burning and pain which extended with the disease, restlessness, furred tongue, loss of appetite, and these, with the situation of the trouble, made sleep almost impossible. The pain, however, became much less severe as the disease approached its worst. During the first week the temperature steadily rose, reaching its highest (102.4°) on the sixth day, the pulse rate being round about 100. There was what might be called a "negative phase" during the second week, and at the fourteenth or fifteenth day general toxic signs became more evident. The skin was yellowish, although no sign of jaundice was indicated in the conjunctiva or sclerotic; the patient perspired freely, complained of headache, aching in the limbs, and exhaustion. With these symptoms, the distress of mind, and want of sleep in such a highly nervous, active-brained man as the patient was, coupled with a soft mitral and aortic first sound, I felt that he was becoming worse, and he was, in fact, extremely ill. Brandy was given, digitalis, and full doses of nuclein, and he was not allowed to sit up in bed. Eusol soaks were substituted for the boracic fomentations, the scalp being gently swabbed with each change of dressing. The patient, being an anti-vivisectionist, had refused to allow any vaccine or method of treatment which had been learned by experiment upon animals; I, of course, respected his feelings, explaining at the same time the greater risk he must take. An intramuscular dose of 0.5 c.cm. colloidal manganese on the fifth day he refused to allow me to repeat, and no autovaccine could be used.

On the twentieth day there was a fall of blood pressure, he was a little cyanosed, and was breathless on the least exertion. The urine contained pus, strings of mucus, and a trace of albumin, but no sugar, and no casts could be found. These were due to a cystitis consequent upon an enlarged prostate, and now aggravated, likely, by the scanty urine, dorsal decubitus, and lowered resistance. However, greater comfort was attained by turning him prone on his face from time to time, especially for a little before each act of micturition, and by the occasional gr. x hexamine, imperial drink, barley water, etc. These kept the cystitis in temporary control.

On the twenty-second day, under gas and oxygen, the whole scalp was cleaned up and any burrowing pus was tapped; a change over to flavine was made. A gauze pack saturated with 1 in 1,000

Kaposi described a disease which he named "dermatitis papillaris capillitii," an inflammation of the scalp commencing at the back of the neck and spreading upwards towards the crown. It was papular at first, each papule being pierced by a hair; there was much surrounding induration, an occasional pustule, the disease, however, being more strictly limited than in my case and being much more slowly progressive. This case differs in many ways from Kaposi's disease, more particularly in the intense nature of the infection and in its rapid and extensive spread, as also in the absence of much surrounding inflammation and induration. "Folliculitis capitis fulminans" appeared to me to be the most suitable label for such an acute pyogenic folliculitis.

I am indebted to Dr. Maynard Valey for having seen the case for me on several occasions and for having confirmed this record.

VOLVULUS OF THE SMALL INTESTINE.

BY

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THE cause of the condition found in the case here recorded was undoubtedly adhesions of the lower ileum forming a mass, which the enlarging uterus caused to rotate.

A married woman, aged 24, a patient of Dr. Henry Paterson of Cardiff, was transferred from the Maternity Hospital to the Royal Infirmary on November 24th, 1924, with the following history. The patient, who was seven months pregnant, was seized at 4 p.m. on the previous day with severe epigastric pain, which in a few hours became generalized over the whole abdomen and "doubled her up." This was accompanied by severe and persistent attacks of vomiting. On November 10th she had a similar attack of pain and vomiting, which lasted five hours. When 1 year and 7 months old she had been operated on in Liverpool for "perforation of the bowel." In 1916 she was operated on by Mr. H. G. Cook at this hospital for peritonitis, the cause of which was not determined, but the appendix was removed.

When admitted she was pale and had an anxious expression. The pregnant uterus reached midway between the ensiform cartilage and the umbilicus. The abdomen was tender all over and was moderately rigid. My diagnosis was perforated gastric ulcer.

Operation.

At 4 p.m. on November 24th, twenty-four hours after the onset, the abdomen was opened by a long right paramedian incision. The pregnant uterus presented, and to its right side was a mass in the angle between the ascending and transverse colon, consisting of matted coils of ileum of a dark mulberry colour, beginning to lose their gloss and with a faecal smell. The mass was brought out, and it was found that there was a twist from right to left through 360 degrees, situated exactly at the ileocaecal valve, where the gut was anaemic. The proximal small intestine was moderately distended. A healthy portion was found; a clamp was applied there and also at the junction with the caecum; the ends were closed by a double basting suture over Parker-Kerr clamps. A lateral anastomosis was effected between the proximal intestine and the ascending colon, iso-peristaltic, by an inner Connell and outer Cushing suture. The mesenteric vessels were ligatured and the gap in the mesentery closed. The small intestine removed measured $5\frac{1}{2}$ feet, and about 5 feet of this was gangrenous. The abdominal wound was closed without drainage; it opened a week later at the lower end and discharged pus freely for a time.

On November 26th she miscarried and was delivered of an anencephalic foetus. She then improved rapidly, the bowels being opened on November 27th; very persistent diarrhoea set in, which was difficult to control for several weeks, but at last ceased. She was discharged to a convalescent home early in January.

Kinking and twisting of isolated loops of small gut is not very uncommon as a cause of intestinal obstruction following the adhesions of peritonitis, whether due to appendicitis or other causes. Two cases are cited by Perrin and Lindsay, in the *British Journal of Surgery*, in their series of 400 cases of intussusception at the London Hospital, one being volvulus of the ileum, the other of ileum and caecum, following reduction; but such an extensive volvulus as this is, I think, unusual.

A lateral anastomosis, rather than an end-in-side, although taking longer to carry out, was thought to be the safer, as much less likely to leak; and the result appears to have justified this, as, in spite of infection of the abdominal wound from the gangrenous gut and the occurrence of very intractable diarrhoea, the patient made an uninterrupted recovery.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

MULTIPLE POLYPOSIS OF THE COLON.

At a meeting of the Royal Academy of Medicine in Ireland, reported in the *BRITISH MEDICAL JOURNAL* of January 3rd (p. 21), a paper was read by Sir W. de Courcy Wheeler on the condition known as polyposis of the colon, and interesting remarks were made as to its etiology and pathology. It was suggested that the polypi were the result of a chronic ulcerative colitis. The following cases in my experience throw an interesting light upon the etiology and show that in certain of these rare cases the cause is a congenital one.

When I was acting as house-surgeon in a London hospital a man was admitted, aged 30, who had for some years complained of the passage of bloody stools, and had lately been suffering from increasing constipation and rapid wasting. He was found to have a large fixed mass in the descending colon. It was decided to carry out complete removal, but he died on the second day after the operation. Upon opening the colon, the mucous surface was found thickly covered with small pedunculated polypi, and the malignant growth had evidently commenced in one of these.

About six months after I admitted his brother, aged about 32 years, with a similar history, and found a similar malignant growth in his left iliac fossa. In this case it was decided to perform colostomy; on opening the colon he was found to have a large number of pedunculated polypi of the same character as those found in the colon of his brother.

A third brother, aged 27, came to visit him while in hospital, and informed me that he frequently passed blood with his stools, but I had no opportunity of discovering whether the condition of his bowel resembled that of his brothers. He also told me that his mother died of cancer at an early age, and that his sister had died of carcinoma of the uterus at the age of 24.

Is it not probable that in these cases there was a family tendency to the formation of polypi upon the mucous surfaces and the malignant changes which are so usual in this condition of polyposis had taken place?

Saundersfoot.

D. H. PENNANT.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

OXFORD DIVISION.

THE first meeting of the year of the Oxford Division was held at the Radcliffe Infirmary on January 28th, when Dr. NEILL presided over a gathering of about fifty members.

Miss BIGGAR, matron of the Radcliffe Infirmary, read a paper on the various diets used in the hospital, with special reference to that employed in the treatment of diabetes. The items were carefully considered from the point of view of the expense to the patient, and it was shown that the diet of a patient on an average amount of insulin cost rather less than that of a patient treated without insulin. Various forms of enemata and their uses were described and details given of the method of colon irrigation for diagnostic and therapeutic purposes.

Mr. HAYWARD PINCH gave a lecture on radium therapy, illustrated with lantern slides. The remarkable results of a single application of radium in conditions like rodent ulcer were well seen in the photographs. Other conditions treated with success included psoriasis, lupus, keloid, and naevi, and relief of symptoms and prolongation of life might be expected in epitheliomata, inoperable cases of lymphosarcomata, and Paget's disease of the nipple. In the time at his disposal Mr. Hayward Pinch was only able to deal with more or less superficial lesions.

Mr. GIRDLESTONE asked for a diagnosis in the case of a woman of middle age who came to the orthopaedic department with a patient and who was noticed to have altered nutrition of the finger-nails and wasting of some of the smaller muscles of the hands, and who complained of sensory changes in the fingers. Acroparaesthesia and syringomyelia were suggested.

Dr. STOBIE showed a child, aged 19 months, who had been operated on twelve months previously by Mr. John Fraser of Edinburgh for hydrocephalus. At birth, which was uncomplicated, the child's head was of normal size, but when the baby was 4 months old the mother noticed that the eyes were peculiar and that the head was swelling. The latter increased rapidly in size until about six weeks before the child's admission to hospital, when it seemed to become fairly stationary. At that time the child was aged 9 months and looked well and bright. The head was uniformly enlarged, the sclera of both eyes showed prominently above the iris, the anterior fontanelle was bulging, and the pressure of the cerebro-spinal fluid was increased. The measurements of the head were: circumference 21 inches, vertical $13\frac{3}{4}$ inches. The result of investigations made in hospital showed the hydrocephalus to be extraventricular in type, due to pre-natal adhesions between the edge of the tentorium and the peduncles of the brain. The common carotid arteries were ligatured at an interval of two weeks, and the baby was discharged with the fontanelle pressure greatly reduced. The present state of the child was eminently satisfactory. The fontanelle remained depressed, the head could be held up well, attempts to walk with assistance were being made, and intelligence and talking appeared normal.

Dr. SUMMERHAYES asked for opinions as to diagnosis and treatment in the case of a woman, aged 50, with a swelling in the left popliteal space of fourteen days' duration, associated with pain. The diagnosis suggested by the surgeons present was an affection of the "semimembranosus bursa," and the treatment non-operative.

Mr. H. WHITELOCKE showed two cases: (1) A woman, aged 44, with a soft pedunculated tumour over the right eyebrow (noticed for the past thirty years) and a large mass of soft, non-adherent glands in the right preauricular and upper cervical region (present for eight years). It was agreed that a diagnosis could not be made until the tumour had been excised and examined microscopically. (2) A man, aged 59, epileptic, with recurrent dislocation of the right shoulder, to show the result of Clairmont's operation.

Dr. GIBSON showed a case of recurrence of symptoms of encephalitis lethargica of the Parkinsonian type in a boy of 15. The facies, attitude, and gait were typical; rigidity