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 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.