HAND WOUND WITH UNUSUAL BACTERIAL FLORA

BY

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The occurrence of normal commensals of the upper respiratory tract in a suppurating wound of the hand is sufficiently unusual to be worth recording.

CASE HISTORY

A young soldier was admitted to hospital late one night with a deep wound of the dorsum of his right hand, caused, he said, by a fall. (On subsequent questioning, the patient revealed that he had been involved in a fight, during the course of which he had struck his opponent in the mouth and received a bite.) The wound appeared clean at the time and was therefore primarily sutured. The patient was put on systemic penicillin as a precaution.

In spite of this, during the course of the next three days the patient's temperature rose and he complained of pain in his hand, which showed oedema, redness and pus round the sutures. The sutures were removed and the pus allowed free exit.

A swab of the pus was sent to the laboratory for bacteriological investigation.

BACTERIOLOGY

Direct smear showed numerous Gram-negative rods and cocci. The swab was cultured on blood agar and MacConkey's medium. The growth on the following day showed:

(1) A heavy mucoid growth of a Gram-negative, non-motile, encapsulated organism, which fermented glucose, mannite, saccharose, maltose, salicin and lactose, with gas production except in lactose, glucose and salicin; no fermentation of dulcitol; indole reaction negative. (Friedlander's bacillus.)

(2) A moderate growth of a Gram-negative coccus, which fermented glucose, saccharose, maltose and lactose. (*Neisseria crassus.*)

(3) A scanty growth of a Gram-positive coccus in clusters, which failed to ferment marnitol and which gave a negative coagulase test by both slide and tube methods. (*Staphylococcus saprophyticus.*)

The sensitivity of the organisms showed:

(1) The Friedlander bacillus was sensitive to chloromycetin, streptomycin and aureomycin, but insensitive to penicillin.

(2) The *Neisseria crassus* was sensitive to aureomycin only.

(3) The *Staph. saprophyticus* was sensitive to aureomycin, chloromycetin and streptomycin, but insensitive to penicillin.
As aureomycin was the only antibiotic to which all the organisms were sensitive it was suggested that he be started on a course of this drug.

FURTHER PROGRESS OF CASE

On aureomycin the wound rapidly healed. Slight stiffness of finger remained at time of report, but the patient was receiving physiotherapy for this.

COMMENT

Friedlander's bacillus is a commensal of the upper respiratory passages. It has been blamed for a small percentage of pneumonias and may occasionally be found in empyema, meningitis and otitis media. When injected subcutaneously in animals, an abscess may result. Neisseria are also commensals of the upper respiratory tract and are of low pathogenity. Staph. saprophyticus may also occur in the upper respiratory passages, but is also present in normal skin. Two or possibly three of the organisms of this wound could therefore have been derived from normal commensals of the upper respiratory tract. The interesting feature of this case was therefore the reproduction of a normal upper respiratory tract flora in a wound of the hand as a result of direct injection of human saliva.

I am indebted to Lieut.-Colonel A. J. N. Warrack, M.B.E., M.D., A.D.P., Eastern Command, for his help in preparing this note.

MESSING IN MILITARY HOSPITALS

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The supervision of messing arrangements in military hospitals requires the frequent attention of a number of different individuals in order to maintain a high standard throughout all messes and wards and to keep justifiable complaints down to a minimum.

There is, however, generally no officer engaged in full-time supervision of messing arrangements in our hospitals, and there would thus appear to be a strong case for the introduction of a dietician who would take control of all cooks and supervise the issue, preparation, cooking and serving of all food.

Under our system, too, we usually find it necessary to maintain separate kitchens for other rank patients, other rank staff, sergeants, officers and nursing officers even in the smaller hospitals. This system worked well in pre-war days when Regular cooks of many years' standing were available, and R.A.M.C. hospital cooks served in every hospital. These two categories of cook have been replaced by young cooks of another corps who, although trained at their depot