

# Post-Graduate Medical Journal

LONDON, SEPTEMBER, 1942

## Focal Infection

The theory of focal infection was first seriously worked out in 1912 in connection with arthritis and nephritis. Since then a great deal of work has been done all over the world, and the variety of findings is well shown in that CECIL *et al*<sup>1</sup> in 1927 found focal infection in cases of arthritis to be extremely common, and noted that the tonsils were the site of infection in 61 per cent of the cases, the teeth in 33 per cent, and the sinuses in 15 per cent. They based their judgment as to the importance of the various foci on infection found in them and the effect of their removal. In 1938 R. L. CECIL, working with D. M. ANGEVINE,<sup>2</sup> found focal sepsis to be of importance in only 20 per cent of the cases, and also noted that removal of the foci rarely led to improvement. They expressed the opinion that foci of infection were not more common in infective arthritis than in other diseases.

In the case of infective poly-arthritis published by DAVIDSON this month there was apparently a focus of infection in the lungs, and he notes that treatment directed towards this focus led to improvement in the arthritis.

It is extremely difficult to assess the importance of these observations because improvement in the general health will by itself often lead to improvement in the joint condition, and it is therefore of interest to note that no attempt is made definitely to incriminate the lungs as a focus of infection, but rather to bring to the notice of the reader the fact that the two conditions were associated and that the relief of one led to the relief of the other.

The question of a white blood count is also of interest, because the white count may be raised, and very often is in cases of bronchiectasis, but probably the tendency is for the count to rise in proportion as the pus is locked in different bronchi, and when postural drainage has been instituted and is working satisfactorily the white count will very often be found to drop to near normal, even though the amount of drainage each day shows no substantial decrease. The height of the white count in infective poly-arthritis is variable, but, rather roughly speaking, it may be said that unless the joint condition is associated with pyrexia and is of an acute nature the white count is seldom raised above 10,000, and when it is raised it is not, as a rule, the polymorphonuclears which show the greatest increase. It used to be said that those cases of infective arthritis associated with a definite focus which showed exacerbations were associated with a flare-up in the focus. It is generally said that the larger joints are involved in these cases, and that where the finger joints are involved the tendency is for the swelling to be of a nodular shape rather than fusiform. It was also thought that these cases were the ones which showed fever and leucocytosis. Actually the difference is very difficult to draw, and we are rather inclined to think that their importance has been over-emphasised.

The association of poly-arthritis with bronchiectasis is not a very common condition, and we are glad to publish a case which has been so well worked out.

<sup>1</sup> CECIL, R. L. *et al* (1927), *Am. J. Med. Sci.*, 173, 258.

<sup>2</sup> CECIL, R. L., and ANGEVINE, D. M. (1938), *Ann. Int. Med.*, 12, 577.

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# POST-GRADUATE MEDICAL JOURNAL

*Official Organ of the Fellowship of Medicine*

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VOLUME XVIII

NUMBER 202

SEPTEMBER 1942

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