

CLINICAL REPORTS.

SOME NOTES ON A CASE OF ERYSIPELAS INVOLVING THE FRONTAL SINUS, ORBIT AND MENINGES.

BY NORTON L. WILSON, M.D., ELIZABETH, N. J.

Mr. W., aged 33, salesman. Robust until Thursday, July 25th, when he was taken with chill followed by fever, pain, redness and swelling on right side of nose. Friday, July 26th, Dr. W. was called to see the case, and upon examination found what he supposed was an abscess in the right nostril. He incised the swelling but failed to obtain pus. Patient continued under his treatment until July 30th, when he entered the Elizabeth General Hospital. Upon admission patient presented the following signs and symptoms: Right side of nose and face was red, tense and boggy. The eye-ball was pushed forward and its movements almost entirely destroyed. The eye-lids were markedly swollen and chemosis was very great. The temperature was $103\frac{3}{8}$, pulse 120, occasionally slight delirium. The case came under the care of Dr. M., who at once diagnosed an orbital abscess; he made an incision into the orbit through the upper lid, but found no pus. Upon inspecting the nostril he discovered what he supposed was an abscess, plunged a bistoury into it without obtaining the creamy fluid. In the afternoon of the same day I was asked to see the case. The temperature was still $103\frac{3}{8}$, pulse 120, but weaker than formerly. The man was restless and presented the appearance of one suffering from cerebral irritation. The lids were enormously swollen and the eye-ball fixed; it was pushed forward and the conjunctiva greatly swollen. The pupils were slightly contracted and did not respond to light.

The case had every appearance of an erysipelatous cellulitis of the orbit with involvement of the meninges. Owing to the swelling of the lids and the contraction of the pupil, a satisfactory ophthalmoscopic picture could not be obtained. The cornea began to lose its lustre, and fearing the intense pressure would cause a slough, I slit the lids at the outer angle, thus relieving the pressure. Iced cloths were then applied, and the next morning the swelling was not so great, but the patient had become comatose, and the temperature had risen to $105\frac{1}{8}$. The temperature was reduced to $95\frac{1}{8}$ by an ice-water enema—a drop of ten degrees. I could scarcely credit this, but my house physician assures me this is correct. I have seen the temperature in typhoid fever brought down several degrees by the use of cold water enematic.

The patient died on the afternoon of July 31st.

The autopsy showed a purulent Lepto meningitis of the convexity of the posterior lobes. The cellular tissue in the orbit was œdematous, but no pus was found. The mucous membrane of the frontal sinus was swollen and a small amount of pus was present. Unfortunately I was unable to have cultures made, but I think there is no doubt but that the streptococcus erysipelatosus entered the right nostril, invaded the frontal sinus, thence the orbit, as there is a direct opening from the sinus into the orbit in not a few skulls, and so on to the brain.

REPORT OF A CASE OF CHANCER OF THE TONSIL.

BY HAL FOSTER, A.B., M.D.,

Laryngologist to St. Margaret's Hospital, Kansas City, Mo.

On December 22, 1896, Mr. M., a stout, well-developed young man of 24, was referred to me by Dr. George Hamel of this city. This young man was employed in a grain office in the Exchange Building. He belonged to a good family in Kansas. Thanksgiving day a number of young men came to the city to visit and dine with him. He took his friends out to see the College foot-ball game in the afternoon. On the way to the grounds they took several drinks. During the evening he seemed to think that something else must be done for their enjoyment. This thought uppermost in his mind they visited a house of unsavory reputation. A wine supper was ordered immediately; this young man, being unaccustomed to strong drink, was soon badly intoxicated. The girls of this institution kissed him in the mouth. He was soon sleeping, knowing absolutely nothing until the next morning. About ten days later he called on Dr. Hamel and requested the doctor to give him a gargle, saying that he had taken cold. This treatment did not relieve the patient. December 22 he was referred to me. After a careful examination I diagnosed chancre of the tonsil. He at first was inclined to doubt the diagnosis, until the chest, limbs and abdomen were found to be covered by characteristic syphilides. The hair was also falling out. After seeing these he gave the history as related above. He was at once placed on large doses of iodide of potash three times daily. Mercury by injection was used for ten days. In a few days the hair ceased falling out. Dr. George Hamel assisted in the treatment of this young man. He made rapid improvement.

The condition was explained to him; he was informed not to marry until he was well. He was also told not to kiss any one until he had recovered. It is interesting to note the source of contagion (kissing) in this case. The virus of syphilis finds a splendid ground to take seed in the tonsillar crypts. The local treatment used was antiseptic applications. The constitutional treatment of iodide of potash was advised for one year daily.