

Additional Case. By JOHN WARE,
M. D.

IN connexion with the preceding case, it will perhaps be interesting to relate one having some points of resemblance with it, particularly as it respects the appearances on dissection.

William Parsons, aged 25, was admitted into the Boston Alms-House July 16th, 1824, in a state of great distress. He had received an injury upon the right side of the chest some time since, which had been followed by his present complaint. His symptoms were those of an advanced stage of unrelieved pneumonitis or pleurisy. The pain in the side was most excruciating; the respiration was short, laborious, hurried, was carried on with great agony, and could not be maintained in the horizontal posture without much distress. The pulse were very quick. The cheeks, lips and tongue livid; the extremities livid and cold. The stethoscope was not applied, but upon percussion the left side of the chest gave the natural sound, whilst the right resounded as if it were hollow. This patient was bled, blistered, and treated by mercurials. He was relieved in some measure of his distress, and was able in some degree to lie down; but died July 19th.

On dissection, when the skin had been removed and the cartilages of the ribs cut through, there was a great escape from the right side of a very fetid gas. When the sternum was removed, the right cavity of the thorax seemed to be half full of a dirty, whey-like sort of pus, with shreds of lymph floating in it. The lungs seemed at first to have entirely

disappeared, and the remaining part of the cavity of the chest had been occupied by the gas which had escaped. On a more particular examination, the remains of the lungs were found at the upper part of the cavity, without any breach of surface whatever, or actual loss of substance by ulceration, but compressed by the effusion of fluid and gas into the cavity of the pleura, to a size not larger than that of a man's fist. The form, relative size, &c. of the several lobes were perfectly distinct, although they had shrunk away into the appearance of little shrivelled knobs, and looked very nearly as they would have done after soaking for a long time in a strong alcoholic solution of corrosive sublimate. The pleura lining the chest had been highly inflamed, and was covered by a layer of dark colored coagulable lymph.

II.

A Case of Malignant Chickenpox.

By D. HUMPHREYS STOREY, M.D.

ON the 29th of April, between 8 and 9 o'clock, A. M., I was called to visit a child of Mr. James Spear, in Front Street. The child, a boy eight months old, was found lying in its mother's arms, in a comatose state. Before an opportunity was afforded me of making any inquiries, the mother very anxiously desired my opinion of the disease. Several *vibices* situated on the forehead and left temple, four or five in number, one or two of the size of a fourpence, and varying in color from a light brown to the darkest venous blood, first claimed my attention. It being impossible to

distinguish the nature of the original eruption from these appearances, the mother was requested to undress the child. Upon examination, the body presented great marks of exhaustion. The glutei were found covered over their entire surface with *petechiæ*, most of them quite small, of a dark purple color. Upon each hypogastrium several vibices were observed, three or four of the size of a half cent, surrounded with a bright red areola,—in one or two instances nearly an inch in diameter, and in hardness and external appearance resembling the inflamed surface around the vaccine vesicle. Surface of extremities presented no unusual appearance: breast and back of shoulders covered with well-marked vesicles of chickenpox. The extremities were cold: the temperature of the trunk of the body was considerably diminished. The radial arteries were scarcely perceptible to the touch. Some nausea was present, and slight hic-cough. Upon being told the child was affected with chickenpox, the mother's anxiety was somewhat diminished, and from her I was enabled to collect the following history of the case.

Two of her children had just recovered from this affection, which was quite prevalent in the neighborhood at the time. Both of these children suffered but slightly—no more than children generally, with this disease. Symptoms of disease first showed themselves in my patient on the morning of the 27th, when the vesicles appeared in every respect similar to those of the other children, with the exception of a greater degree of redness. During the day and night of the 27th, and the

day of the 28th, no peculiar appearances were noticed; no increased febrile affection was observed; the breast was taken readily, and the excretions were natural. On the evening of the 28th, the vesicles on the forehead and abdomen began to change to a deeper red; and with this change in the appearance of the eruption, increased heat on the surface of the body, refusal of the breast, and incessant restlessness, were remarked. These symptoms continued until six in the morning, when the child appeared better, became more quiet, and nursed with some avidity. Between six and eight, however, the anxiety of the parents was increased by a return of heat and restlessness. During the night several evacuations of a natural appearance had occurred from the bowels: no urine was passed during the night, but between six and eight in the morning, the bladder was two or three times evacuated; urine presented no peculiarity.

I determined immediately to endeavor to bring about a reaction by emetics; and accordingly wrote for an antimonial. As, however, during the few moments necessarily occupied by the examination, my patient evidently became more comatose, and the probability of relief less, I felt desirous for a consultation. Dr. George Hayward was called. The case was considered by him an uncommon one; he expressed his opinion decidedly, that unless the system could be aroused within a short time, my patient must sink. He advised the wine of ipecacuanha in conjunction with the warm bath. I remained with the child till between one and two o'clock. The exhibition of

three ounces of the wine of ipecacuanha, and four grains of tartarized antimony in divided doses, with every effort to procure vomiting by irritating the fauces, applying pressure to the epigastrium, and making frequent changes in the position of the body, produced no effect. The bowels were freely opened during the forenoon; evacuations therefrom, natural. Finding it impossible to excite the system by emetics, as a dernier resort cordials were ordered freely, and sinapisms were applied to the extremities. My patient gradually sunk, and expired at 10, P. M.

No alteration for the worse was observed in the petechiæ, or vibices, after 11 o'clock, A. M. I say, *for the worse*; a slight change did take place after the first application of the warm bath, which gave us some hope: the purplish tinge seemed to change to a lighter shade, as if vitality had not entirely ceased there. This alteration, however, was observed but for a few moments; the parts soon presented their former morbid characters.

The body was examined twelve hours after death, in presence of my friends Drs. Robinson and John Flint. No appearance of derangement could be seen in the lungs or heart. The abdomen being opened, the liver was found healthy, gall-bladder full of bile, spleen presented nothing peculiar. The stomach was considerably distended with flatus, containing no liquid whatever; its villous coat at the pylorus redder than at any other part, but not unusually so. The vessels of the mucous membrane of the duodenum, to the extent of three or four inches, were considerably injected, probably owing to the irritation pro-

duced by emetic substances, which had passed through the stomach, and lodged there. The kidneys, *in situ*, presented somewhat of a singular appearance, being rather larger than usual, and very black, looking like clots of blood. Being removed from the body and their substance cut into, the parietes of the pelvis were found considerably hardened; cavities of the pelvis empty; ureters and bladder were seen perfectly healthy. Upon removing the scalp from the cranium, its inner surface was found considerably injected, those parts particularly, over the parietal bones. Between the integuments and cranium some water was effused: water was also effused under the arachnoid membrane. There was a slight degree of congestion in the vessels on the surface of the brain. The ventricles contained no unusual quantity of fluid. The substance of the brain showed no marks of disease.

Remarks.

It is worthy of remark, that the patient in whom this affection made its appearance, was a remarkably healthy, fine looking child,—the most robust of the family.

I am acquainted with no author who speaks of a similar termination of this disease. Heberden refers to an eruption which he conceives may be a "malignant sort of chickenpox;" but which differs from the case above described, in the severity of the febrile affection preceding the disease, in the length of the disease itself, and in the vitality of the system not being exhausted; in a word, which resembles this case only in being an aggravated form of this affection.

Boston, May, 1828.