MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. VII.

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Cases of Erysipelas—(Continued.)

XVI.—The youngest child of the Superintendent, 3 years old, living in the house, was ailing from the 19th of January, 1850. There was loss of appetite, restlessness, thirst, constipation and rapid pulse. At the beginning he got three doses of castor oil, without effect. Enemata of warm water on three successive days were followed by discharges of hardened faces.

Jan. 21st, he was lively and playful, appearing as well as usual. 22d, the upper lip began to swell. At noon it tense and thickened, and mouth open. It was supposed that herpes labialis was about to show itself. The lip was dressed with warm water through the day. 6, P.M.—Redness and swelling increasing.

Skin hot; tongue dry. Hard faecal dejection after an enema. Two leeches were applied to the lip, and a line of mercurial ointment made about seat of redness. A quarter of a grain of sulphate of quinia was ordered every two hours.

23d, 2, A.M.—Pulse 140. Skin cool. He slept well. The medicine has been omitted once only. Thirst less. The redness has left the lip. The swelling remains. Skin of right cheek, as far as the outer angle of the right eye, and the nose, are swollen, livid, and in parts vescicated. The ointment had not been used. The diseased surface was surrounded with a line, made by tincture of iodine. Quinine to be continued; beef-tea; enema.

5, P.M.—The medicine has been continued. Pulse 132. Continue quinia every three hours.

24th.—Pulse 103. Tongue moderately clean. The eruption has not passed over the iodine. The enema brought away a few balls of faecal matter. Quinia every six hours; beefsteak.

26th, was considered well, though the skin is still desquamating.

XVII.—E. P., hostler, age 46, entered the male hospital after, as he said, eleven days' illness, on Jan. 23d, 1850. Became delirious at night. Was ordered at entrance a grain of sulphate of quinia every two hours.

24th.—Erysipelas confined to face and front of scalp, passing upon, but not behind the ears. Face very much swollen and livid. Eyes closed. Nose and cheeks suppurating. Is very delirious. Painted left side of face with tincture of iodine, entirely covering it, and drew a line of the same around the whole diseased surface. Pulse 103. Skin cool. R. Quinia sulp., gr. ij., every two hours; vini 3ss. every four hours.

25th.—Slept well. No delirium last night. Pulse 92 and full. Skill cool. Diseased patch not enlarging. Continue medicine every three hours.

26th.—Pulse 160. No delirium. Medicine every four hours.
27th.—Patient is able partially to open right eye. Face desqua-
mating.
28th.—Face improving; still much swollen. New patch of ery-
sipelatous eruption on right elbow. No delirium. Pulse 100.
Medicine to be continued.
29th.—Muttering delirium. Subsultus tendinum. Wine 3 ss.
evry two hours. Omit quinia.
30th.—Answers intelligibly. Pulse 88, moderately full. Elbow
no worse. Lower lid of left eye much swollen. Right eye easily
opened. Continued thus till February 2d. Pulse 108. Both
lower lids swollen and projecting. Left eye closed. Right elbow
much swollen. Continue wine.
Feb. 3d.—Pulse 88. Opened the three tumors. Pus from all
three. From those in the orbits came, also, dark sloughy matter.
5th.—Openings in elbow and under left eye have closed, but the
tumors are red, tense and shining. Opened that in elbow to extent
of an inch, and that of left orbit to half an inch. Discharge of
pus. A tent was placed in each.
6th.—Both eyes open.
10th.—All the abscesses healed.
12th.—Treatment discontinued.
I have the impression that this man was reported, in a late num-er of the Journal, as at the Mass. Gen. Hospital, where he died.
XVIII.—Christopher Columbus, age one year, orphan. Entered
last week with marasmus.
Jan. 24th, 1850, 9, A.M.—Upper lip and face began to swell, as
in Case XVI. Eruption extended rapidly over face, affecting no
other part. Died in the night.
XIX.—L., a female, age 23. Under treatment for syphilis, for
three months, in room called the "shades," a name appropriate for
many reasons.
Jan. 21st, 1850, was operated upon for fistula in ano, by inci-
sion, extending from near the right tuberosity of the ischium to
above the external sphincter. She remained comfortable till the
night of the 24th, when she became feverish and restless. Mr.
Shaw found here with diffused redness about the nates, pulse 136,
and pain in the head. He directed one grain of sulphate of quin-
ina every two hours.
25th, 10½, A.M.—She has taken the medicine three times, reject-
ing it twice. Has great tenderness of the abdomen. The nates,
mans veneris, and external labia, are the seat of the erysipelas.
The latter are livid and swollen. Pulse 138, full. Skin hot and
moist. Tinctor of iodine was applied around the eruption. She
got a dose of oil. One grain of sulphate of quinia in 3 ss. of wine,
every three hours.
26th.—Erysipelas extending over the lower part of abdomen and
nates, and up the back. Pulse 132. Continue treatment.
27th.—Disease has not extended. Pulse 108. The discharges
from the vagina and rectum required the use of a solution of chlo-
28th.—Erysipelas has again crossed the line of iodine. Headache, but no delirium. Pulse 100, and full. Continue quinia every four hours, one grain at a dose.

29th.—Manifest improvement, which continued.

Discharged, March 20th.


J. S., age 19, entered from the Mass. Gen. Hospital with synovial disease of right knee, for which issues and incisions had been made. At the time of his entrance all the wounds were healed. He was put on generous diet, and croton oil was rubbed over the right knee with apparent benefit.

Jan. 23d.—Felt quite well, except slight pain under the ligamentum patellæ.

25th.—Violent headache. Pulse 120, full and strong. Cold applications do not relieve the headache, which came on after a severe chill last night. Face and surface of body generally, red with erysipelas. Perspiring freely. Sight and hearing normal. No inclination to sleep. No signs of disease about the chest or abdomen. No dejection for two days. Was bled in erect position to 3 iv., causing faintness, but without relief of pain. Pulse afterwards 100, and feeble. Sulphate of quinia, gr. j. every three hours.

26th.—Pulse 100. Pain as before. No other indication of disease but sleeplessness. In addition to the treatment, ten drops of croton oil were to be rubbed into right knee.

27th.—Discovered that the nurse had neglected to give the medicine since the first dose; a common occurrence in all institutions where the medical attendant has no power to discharge or punish; and where economy is the prime virtue of a superintendent. Erysipelatous redness extends from the irritated surface, upwards in front for two or three inches. Skin livid, and raised above the surrounding surface by infiltration. Pulse 108, and strong. Quinia to be taken, one grain every three hours.

28th.—Medicine has been taken. Tongue white and moist. Headache less. Vomits every thing. Pulse 96. Erysipelas extends above and below knee for twelve inches. Omit quinia. Ice to be taken every ten or fifteen minutes.

29th.—Vomits less. Pulse 112, feeble. Erysipelatous eruption covers nearly the whole surface, from the malleolus to three inches below the groin. Headache continues.

5, P.M.—Vomiting ceased. Has had no sleep. Dress limb with iced water. Ext. valerian, 3 j. every fifteen minutes.

30th.—More comfortable. No pain. Leg and thigh as yesterday. Took valerian once only, because it distressed him. Omit it. Iced water every half hour.

31st.—No vomiting. No pain. Feels very weak. Eruption extending a little upwards. Blister, an inch wide, to be put around the thigh above the eruption. May have wine.

Feb. 1st.—Face not flushed. Eruption has not crossed the blister. Tongue dry and white. Having had no dejection for three days, got pil. cathartic comp.
2d.—Right foot very much swollen and red. Redness leaving the knee. Fifteen grains of the comp. cathartic pill were taken without effect, till after an enema, which brought away large masses of faeces. Continue wine and water. Blister 6 x 4 to calf.

3d.—Has taken four ounces of wine. Is no worse. Continue the wine, and let him have a grain of quinia every three hours.

4th.—Pulse 92. Face desquamating. Swelling of thigh less. Foot more red, and swollen to the toes. No pain except in foot. Nose bleeds occasionally. Quinia nauseates, and is to be omitted. Within twenty-four hours has taken 3 viii. of brandy, but no wine.

5th.—Pulse 88. Sleeps well. Tongue clean and dry. Has taken 3 vj. of brandy.

6th.—Pulse 103. Has taken 3 iij. of brandy. Sleeps well. Tongue clean and moist.

9th.—Pulse 88. Fluctuation perceived in knee joint.

13th.—Pain in knee intense. Looks very haggard. Unable to sleep.

14th.—Since yesterday A. M., has had five grains of opium, with very slight relief. Laid open the knee joint on the inner side. Large discharge of pus. Condyles of femur denuded and rough. Brandy p. r. n.

16th.—Outer surface of knee, in seat of old cicatriz, has sloughed. Continue brandy.

18th.—A new slough commencing over the malleolus externus of the same side.

22d.—Got yesterday 5 viij. of Madeira (?) wine; and gr. v. of opium last night, without sleep.

23d.—Amputated thigh at 11, A. M., by circular incision at middle. Several arteries and the femoral vein were tied. 6, P. M. Pulse 120. Has not slept. To have 1-4 gr. of sulphate of morphia every hour, till he sleeps, and wine whey (5 viij. of wine to O. iij. of milk), ad lib.

24th.—Pulse 120 at 9, A. M. Drank O. iij. of whey, and took one dose of morphia last night.

25th.—In last 24 hours has taken 5 viij. of wine instead of the whey. Pulse 112, feeble.

27th.—Pulse more feeble, 100. No appetite.

March 1st.—Two ligatures came away.

2d.—Third ligature came away. Comfortable last night. Got 3 xi. of wine, with beef and crackers. Wound granulating, as all wounds used to do in that house. I do not remember ever to have seen union of a whole cut by first intention; and when it commenced, sloughing usually followed within forty-eight hours.

3d.—The fourth ligature came away—the fifth and sixth, the next day. Wound filling fast.

5th.—The last ligature came away.

13th.—A small sinus is all that is left of the wound. Was up and dressed on the 15th.

XXI.—Ann G., age 20, was admitted to the Female Hospit-
tal from South Bennet street, where she had been sick with crysipelas for four days. Got, on entrance, a grain of quinia, to be repeated every two hours, and Mr. Herrick [Dr. J. E. Herrick, of this city], surrounded the eruption, which was confined to the face below the forehead, with a line of tinct. iodini.

Jan. 27th.—Eruption has passed the line, and now covers the whole face, including the forehead and ears. Left eye closed. Right eye partially open. Surface dark-red, but no great infiltration of the cellular tissue. Pulse 116. One dejection. Continue treatment.

28th.—Whole face swollen and dusky. A patch on one cheek has blistered. The iodine does not confine the disease. Both eyes are a little open. No delirium. Pulse 116 and full. Continue the quinia at intervals of four hours.

29th.—Pulse 96. Slight delirium last night. Feels well. Desquamating. Quinia once in six hours.

30th.—Pulse 88.

31st.—Medicine omitted.

Feb. 6th.—Discharged well.

Bibliographical Notices.


This is an "Abstract of a paper read before the Philadelphia County Medical Society;" is exceeding well written, and evinces extensive and accurate research, the results of which are perhaps all the more available in their very condensed form.

It is useless, at the present day, to expect that long and tedious treatises upon cholera will be read to any extent. Already we have a vast number of them in which, after all, theory holds the chief place. The essential cause of the disease still eludes us; we cannot make it tangible; indeed we may never have a thorough and undoubted explanation of it.

Research, however, should not be abandoned—but the most practical direction possible should be given to it,—and we think Dr. Hartshorne had such an object in view whilst composing his instructive paper.

Although not prepared to adopt his idea that "animal decomposition" is "the chief promotive cause of cholera," we think he has made out quite a strong case, and are glad to see that he has attacked one limb only, of the etiology of the disease. For by isolation of the subjects of inquiry and studious investigation of them, we shall be more likely to attain true results.

We commend in an especial manner the writer's concluding paragraph, and transcribe it for the benefit of "all concerned."

"Whatever the theory, the lesson from all the facts is one (often told but not yet well learned) of hygiene and prevention. Cities should be built and regulated to prevent epidemics, as they should be to afford security from conflagrations. The laws of public benevolence, like those of private morality, are an essential part of the morality of the world. As personal vice brings misery, by the violation of physical laws, so the aggregate vice of communities, and the neglect of the higher classes to do their best for those.