PHLEGMASIA DOLENS?

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By CALVIN G. PAGE, M.D., of Boston.

THE fourth pregnancy of Mrs. R., aged 33, was to terminate in the latter part of March, 1867. She had been perfectly well since conception. During February and March she had been much fatigued by constant attendance on a sick child. I was called upon March 23d, at 2, P.M., and informed that she had labor pains quite slight, and that I had better see her during the afternoon. I got to the patient at 3, P.M., and found the child born, after two or three hard pains. There was more flowing than in her previous labors, but the uterus had contracted well, and the placenta and membranes were removed at once without difficulty. The child, a boy, weighed five pounds. On the 24th, she was doing well, had slept considerably, and was perfectly comfortable. She was not seen on the 25th. On the 26th, during my visit, she had a chill. She had been placed on her feet the day before by her attendant, while her bed was being made, and felt somewhat uncomfortable in the afternoon. There was much abdominal pain, tenderness and heat, with cold extremities and rapid pulse. An immediate application was made to the abdomen of a large mustard paste well sprinkled with turpentine, with heat to the extremities; ten grains of Dover's powder were directed to be given every four hours. On the 27th, she was better; some heat of skin, some perspiration; had some sleep. Took four powders.

28th.—No medicine since yesterday. No pain; some soreness over abdomen; feels weak, and is without appetite.

29th.—She slept well. Feels better; has some soreness and fever, though the tongue is clean. To take thirty drops of spirits of nitre every four hours if fever continues.

30th.—Not seen.

31st.—Has used nitre. Is much better; no soreness detected; milk abundant. I now congratulated myself that the case had terminated with a mild, sub-acute peritonitis, which had passed off. But, on the 6th of April, I was sent for, and found her with a pulse of 96, considerable fever, milk very scanty, much pain on motion in the bed, but no tenderness anywhere, restless, and without sleep the previous night; some headache and much perspiration. She was still flowing. Gave Hoffman's anodyne, with spirits of lavender, and applied mustard and turpentine to abdomen and back.

7th.—There is headache, fever and slight delirium; pulse 120; tongue moist and white; no soreness. To get a wineglassful of beef-tea every two hours, and to be bathed with hot run.

8th.—Pulse 100; feels badly about the head, and touches a tender spot near the right mastoid process. Continue beef-tea; omit anodyne, on account of dislike of patient. Give ten grains of lupulin

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every two hours, and Dover's powder at night, and apply ice to the head.

9th.—She feels better. Took 100 grains of lupulin and one Dover's powder. Slept well. Some fever and headache.

10th.—Removed to more airy room. Lupulin omitted. Dover's powder p. r. n.

11th.—Not seen.

12th.—Pulse 104; feels very weak; tongue coated, but moist; much headache; no tenderness. To use beef-tea freely and Dover's powder p. r. n.

13th.—Not seen.

14th.—Pulse 86, small; tongue coated; no appetite; very feeble; profuse perspiration; slightly delirious. Champagne every two hours.

15th.—To-day, reports a chill on the 13th, not mentioned yesterday, and one yesterday, after my visit. To get two grains of quinine every four hours, and stimulant.

16th, A.M.—Slept well; slightly stronger; pulse 100; tongue cleaning at edges. P.M.—Patient in rigor, lasting half an hour; pulse 120. The skin was hot over the whole body and extremities during the rigor.

The case for the next few days may be briefly stated. There was a chill on the 17th, 19th, 20th and 21st. There was noted then a slight swelling of the left foot, which had been present for two days, but being painless and not tender, my attention was not called to it. On careful inquiry, no tender or sore spot could be found, although the patient moved in bed as if in pain. Consultation desired, but declined by family.

22d, P.M.—Feels better; no fever; pulse 88. Ate some oysters and drank milk with relish. Natural dejection this morning. During visit, a rigor lasting ten minutes, with much chattering of teeth. Skin very hot all over.

23d.—Better. No chill.

24th.—Slight chill; pulse 100. Relished beef-steak. Right wrist feels lame.

25th.—Dr. Minot saw the patient in consultation. There is slight tenderness over left femoral vein and left groin, and some swelling of foot; and sharp pain in the right wrist over the ulnar side. Pulse 86 to 92; tongue quite clean; urine dark, but clear. Slight rigor at 2, P.M., easily controlled, but followed by profuse perspiration, about which she is much alarmed. Dr. Minot advised the quinine to be pushed, and eight grains were directed every four hours. There is a disagreeable drain smell from the lower part of the house.

26th.—Pain in wrist great—has to place it on a pillow; also, pain in left shoulder, which is very sore. Laudanum to wrist and shoulder. Continue quinine.

27th.—Slight rigor; pulse 86; pain continues. Natural dejection. Urine more free.

29th.—Sitting up. Pulse 84; tongue clean; still pain in right wrist and left shoulder; also in left foot at night. Continue quinine pills.

May 1st, P.M.—No chill for two days; one natural dejection; pulse 100; had a fainting turn this A.M.; wrist and shoulder still painful; left leg tender on pressure along femoral vessels; groin glands tender.

3d.—Pulse 88; less pain in wrist and shoulder; more appetite; no chill; both legs tender, with a dead, heavy feeling.

6th.—Pain only in left leg; pulse 88; tongue clean; fair appetite; sleep good. Omit quinine.

9th.—Still pain and soreness of left leg; no swelling; appetite better; good sleep.

15th.—Decidedly better; can exert herself, and get out of bed; cannot walk without help; can get across the room by pushing a chair in front of her. She walks upon the toes of her left foot, because it hurts her to stretch out the leg. Appetite good, and patient very cheerful.

20th.—Feels well and cheerful. Rode out on the 17th; leg felt worse from too much exertion. Appetite excellent; sleep good; pain gone from wrist and shoulder, but present on full extension of left leg; slight tenderness remains over femoral vessels; still walks on toes of left foot.

[The following was received subsequently to the above.—EDS.]

June 3d.—For the past three days the patient has been able to walk firmly on the foot; tenderness all gone; some slight swelling about the ankle, which disappears when the posture is recumbent.

CONTRIBUTIONS TO DERMATOLOGY.

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ECZEMA of the eyelids (eczema tarsi, ophthalmia tarsi, tinea ciliarum, psoriasis tarsi) is often met with in children and adults. The affection is apt to be regarded as evidence of a scrofulous diathesis, but without good reason. It is simply a local variety of eczema, and undergoes the same changes here as in other localities, viz., inflammation, itching, thickening of the lids—that is, infiltration. Not unfrequently, minute pustules arise and form (eczema impetiginodes of some writers) incrustations or delicate scales, which impart to this variety of eczema some of the features of pityriasis or psoriasis. But the disease should, amid all these phases, be recognized as an eczema. And it will generally be found associated with some other form of the same eruption in a distant or adjacent region. Chronicity is one of the most common attributes of this local affec-