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EPIDEMIC OF 1852-53 IN NEWTON AND VICINITY.

ERYSIPELAS, MALIGNANT PUSTULE, DIFFUSE PERITONITIS, PHLEBITIS, IRRITATIVE FEVER.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN regard to the cases related in my last communication, I may observe that several medical gentlemen to whom I described them, stated that they had seen nothing of the kind.

I have just found the following note from Dr. John Ware, to whom I had written an account of the earlier and slighter cases. His note is so much to the point, that I hope he will excuse me for copying it. It is dated March 5, 1852. He says:—

“I can make nothing of the cases which you describe, except to call them influenza of a somewhat peculiar form. I think I have met with cases more or less like them. A———’s disease, which took him down about eight weeks ago, was not very unlike in its general character and course—particularly he had the foul breath, and foul perspiration. The severe symptoms did not, however, yield so soon. Then he had clear physical signs of pneumonitis—but he had little cough and no sputa, so that except for a very careful examination he would never have been suspected to have this disease. The first day of the attack he had a *redness* and *swelling* of the face, which made me apprehend erysipelas, but it vanished soon.”

In proceeding to the epidemic of this season, I should premise that erysipelas is endemic here; particularly in the form of erysipelatous or malignant pustule. In vol. xxxv., page 505, of this Journal, I gave an account of the severest case I have ever witnessed, of erysipelatous or cellular inflammation; and which occurred in 1842. It originated in a blister on the joint of the fore-finger. From dressing this patient’s hand and arm, I contracted pustules and sores, such as I have fully described in the paper alluded to, and again in this Journal vol. xlv., page 169. They have been also fully described by Dr. Peirson in the last volume, page 75, in relation to the case of Mr. Robert Rantoul, whose disease commenced in this form of erysipelas.

These pustules or sores have since been very common here. They are attended with an immense amount of constitutional irritation; often

confining the patient to his bed for a longer or shorter period ; and threatening the loss of the limb, if not of life.

These pustules are so little generally understood, that it is the common practice of physicians, especially when they appear upon the end of the finger, to treat them as felons, and cut down to the bone, or even to *scrape the bone*. This treatment invariably makes them worse.

Dr. Peirson thinks that these pustules are the result of animal poison. I have thought that they might be produced here, by handling rags ; or by something used in the manufacture of paper. But they often appear in subjects not at all exposed to such causes, and who reside at a considerable distance from the paper mills.

They often appear, also, on parts protected by the clothing ; and under such circumstances that they must be attributed to miasm. I have recently had an ample opportunity of observing a fine crop of these pustules upon the epigastrium. They arise in the manner stated by Dr. Peirson, very much resemble the pustules of chicken-pox, and itch and burn, when one pustule will generally take the lead, the others remaining stationary for an indefinite length of time. Sydenham compared the pain of erysipelas to the stinging of bees ; but conceive a bee with a long sting extending from this pustule to the heart and to the stomach, either through the hand and arm, or direct from the epigastric surface ; and also imagine a fine iron wire heated to a red (not a white) heat, boring by the side of this sting ; and you may form a slight conception of the pain of these tubercles. Now if one of these occur in a subject of extreme susceptibility, or previously exhausted by fatigue and mental anxiety, is it wonderful if death ensues ?

Another variety, perhaps also a pustule of this nature, differing only in situation, I will allude to. Some years since, a female domestic, of fleshy and gross habit, came into my family. Shortly after, she complained of violent pain in the ear ; and there appeared diffuse inflammation of the external ear and the meatus externus, attended with excruciating suffering, lasting for several days. It finally was relieved by a discharge from the meatus. Subsequently another member of my family had the same affection, attended with similar suffering.

It may well be imagined that these pustules are exceedingly alarming, both to patient and physician, when met with for the first time. The loss of the hand or arm ; and, in severer cases, that of life, is predicted. Yet I have never known a graver result produced by those which occur in this neighborhood, than stiffness of the finger-joint, which occurred in two cases only ; and a slight deformity of the thumb in one. Cases like that of Mr. Rantoul, and even the more rapid ones which we sometimes hear of, probably require at least three conditions for their development :—a strong constitutional predisposition, a state of the system such as is produced by long-continued anxiety and fatigue, and a constitution of the atmosphere peculiarly favoring the development of the disease.

A simple bread and milk poultice will often allay the irritation, as promptly as opium does a pain in the bowels. Nitrate of silver, tho-

roughly and promptly applied on the inflamed and sound parts beyond, arrests the inflammation, and quinine hastens the cure.

If sent for in the first instance, I apply the nitrate to the part affected, have it instantly followed by a poultice, and give tr. sulphat. quinin., from eight to sixty drops, according to the age of the patient and the severity of the attack, three times a-day. This has frequently cut short the disease within twenty-four hours. But as they are generally regarded at first as matters of very little consequence, and neglected, the cure is long and protracted. It is a peculiarity of these pustules, that, after being entirely healed, they are always ready to break out upon very slight provocation; like the wounds inflicted by splinters from the lance of an elfin king, in days of yore.

The first case, I will relate, bears a strong relation to the concluding one in my former communication.

CASE 1.—Somewhere about November, 1852, a patient, Mr. A., who resided about a mile and a half distant, called to see me with his grandson, a boy about 7 years old, whom he wished me to vaccinate. On my informing him that I had no vaccine matter, he said he hoped I could vaccinate him from matter taken from another grandchild two years before. He mentioned, also, that he called to pay his bill; a trifling one which he had paid about that same time. The lapse of time he seemed entirely to have forgotten.

I called at his house and vaccinated the child Nov. 23d; and on this, and my subsequent visit, Nov. 30th, Mr. A. was absent on his customary avocations. The vaccination did well, and there was no unusual soreness or inflammation.

Dec. 18th.—I was sent for to visit Mr. A. He came in from his barn, and I was informed that he had been for some time unwell, though he had continued to pursue his usual out-of-door avocations. He appeared dull and heavy, but could give no clear account of his ailments. His digestive functions were deranged; he was costive, and suffered much from earache. I prescribed laudanum for the ear, and a laxative.

20th.—I visited him again, and he sat down, intending, as I supposed, to give me an account of his symptoms; but he went off into a detail of a surgical case which happened some years since in Maine. When I came to inquire into his own symptoms, he could give me no clear account of them. His ear was better; but his throat was now troublesome. On examining the throat, I found very considerable inflammation and swelling of both tonsils. I prescribed a gargle of muriatic acid with confection of roses; Dover's powders at night, and advised his keeping house.

22d.—Finding that his throat did not improve, I commenced applying the nitrate of silver daily. The left tonsil suppurated, and he extracted the slough or core with forceps. A foul ulcer formed. The application of the nitrate gave temporary relief; but, on the whole, he continued stationary.

His breath was very foul, and I now learned that his perspiration, which was generally considerable at night, was also very foul, rendering the linen quite offensive. His pulse varied very much. It was small and

not generally accelerated, at my morning visit, but I was told he had fever turns during the day.

I always found him sitting up and dressed, but dull and silent, answering questions with great difficulty, as if from mental stupor. He objected to hearty food, at first from fear of its creating fever, and afterwards from the idea that he could not swallow it. When urged, however, he could swallow without difficulty. He made the same objections to the medicines, which, nevertheless, he took, though with great reluctance.

My treatment at first consisted in laxatives, when absolutely required by costiveness, the gargle and nitrate as I have mentioned, and nourishing food. To this I added elixir of vitriol in water, and on yellowness of the skin coming on, one grain of blue pill with half a grain of opium for a night or two. Subsequently I added quinine to the vitriol, and then omitted the vitriol, giving quinine only.

He had at times pain in the head; wandering pains in the limbs and bowels. There was about as much fulness of the abdomen and tympanitis as in typhoid fever. There was no tenderness on pressure, nor were there spots of any kind. The circulation was torpid, the pulse continued slow and small, and he had coldness of the extremities. There was great restlessness at night; and he could not sleep well during the latter part of his sickness, even under the influence of opiates. There was at no time any absolute difficulty of getting down food; and the swelling of the tonsils did not essentially obstruct the breathing, though the liquids were sometimes regurgitated through the nostrils. His diet, through the whole, was nourishing; and, during the latter part of the time, I rigidly enforced the regular administration of broth, beef-tea and wine.

He very gradually became feebler, and his nights still more restless. The heaviness of mind and failure of memory increased. Still he could answer questions correctly, and was perfectly rational when roused. He died January 16th, retaining his consciousness to the very last moment.

The affection of the ear in the commencement of the disease, and its attacking the throat on leaving the ear, together with many of the symptoms, show its relation to the other cases which I have related, and which I am about to relate. The question might be asked whether the disease of the mind, or at least of the memory, preceded, or whether it was induced by the disease in question?

Mr. Nunneley, in considering the question whether erysipelas attacks the arachnoid membrane of the brain, describes two kinds of inflammation affecting this membrane. One is violent, attended with full pulse, &c.; in the other, the mind is rendered dull, and there is a depression of the mental powers; the pulse is rapid, neither full nor hard, and all the secretions more deranged than in the former case, especially the abdominal. In the former the secretions are often suppressed; in the latter, perverted. This description, with the exception of the rapid pulse, corresponds very closely with the symptoms above described; and as we know the long duration of the pustules in many cases, there can be no difficulty in conceiving diffuse inflammation of the arachnoid of a chro-

nic character. Perhaps the most wonderful characteristic of erysipelas, is its great rapidity in some instances, and its extreme sluggishness in others.

CASE II.—Dec. 30th. I was called in the night to the grandchild, above mentioned, of Mr. A. I found him in the same room with the latter. He had been unwell with a cold for several days, and was now violently seized with symptoms of croup. He was a boy about 7 years old—large for his age. I found him in extreme distress; cough and croupy breathing were very strongly marked. Being a *grandchild*, I could not succeed in examining his throat, but I was enabled once to pass the probang with nitrate of silver. I gave him syrup of ipecac., which vomited him; and this was repeated several times through the night. I directed warm applications to be made to the throat, and the room to be kept warm and moist.

The next morning I found him greatly relieved. He now took an expectorant mixture of squills, ipecac., &c.; and in two or three days was perfectly well.

Here was a case, the infectious origin of which was evident, and greatly resembling case No. IX. in my former paper. In that case the patient was much younger, and more delicate both from sex and constitution, and already debilitated by previous disease. The superior vigor of the boy's system saved him.

CASE III.—Dec. 2d. A young married lady, who had a child of about five months old, after walking in the garden in a raw day, was suddenly seized with symptoms of a very violent character. She had severe chills, violent pain in the side, difficult breathing, &c. Her friends administered a purgative, a warm bath, mustard poultices, and subsequently an emetic of ipecac., and such other remedies as they could think of; but finding her not relieved, sent for me about twenty-four hours after her seizure.

Her appearance was unfavorable. Countenance sallow and anxious, forehead contracted as with pain, difficult breathing, and dry cough, with pain in the right side. The bowels were full; perhaps not more so than is common in typhoid fever. The physical signs indicated considerable difficulty upon the right side. The skin was moist, and the pulse rather rapid, but not full. It was not the pulse of common inflammation; but this might be accounted for by the course of medication which she had gone through.

I prescribed antimon. tart., gr. iv., in four ounces of water, a teaspoonful every four hours, increasing gradually to two teaspoonsful, if it produced no nausea. A blister to the right side; morphine at night.

Dec. 4th.—Found her much relieved; the pain in the side is entirely gone, and her breathing is easier. She has borne the antimony well, and it is now increased to two teaspoonsful.

5th.—Took two doses of the solution after I saw her, and some vomiting ensued; since which she cannot retain food, and has frequent alvine evacuations. Both nausea and the looseness of the bowels were readily checked by effervescing soda water, and a small dose of morphine. She now expectorates freely, her cough is easy, and she has no pain or

tenderness upon the right side ; but complains of pain in her left. Her voice is strong but interrupted, and her muscular strength good. I directed a blister to the left side ; an expectorant mixture ; morphine at night.

6th.—Found her nearly the same.

7th.—Cough continues easy, and expectoration free. Complaints of no pain. She lies on her back, with her head low ; and upon attempting to move, contracts her forehead in the manner seen in organic disease. But on being questioned says she has no pain of any consequence. There is no pain upon pressure. She has a mucous rattle in the throat, but temporary. Abdomen very full, and a great deal of flatus.

8th.—Mucous rattle gone: Appears as well. Asks if there is any chance for her. Had some wandering of mind last night, and great restlessness. She now lies with her feet drawn up in bed ; is restless, but complains of no pain. There is still no tenderness upon pressure. Cough and expectoration continue free. She has had free perspirations during her whole sickness.

9th.—Has had a bad night. A good deal of restlessness. This morning is more comfortable. Voice is strong, but somewhat interrupted ; muscular strength good. 10, P.M.—Pulse fluttering, restlessness increased ; mucous rattle in the throat has returned.

10th.—Early part of the night very restless. Had an opiate injection ; and this not relieving her, she had a quarter of a grain of morphine in a pill. After this she slept, and continued to sleep until morning ; readily roused, retaining her senses perfectly, and knowing those around her. In this state I found her on my visit ; and was informed that she had just been roused and had spoken to her husband. She was now, however, pulseless, and on attempting to rouse her, I found it impossible. She died during my visit.

After death, I found the abdomen immensely distended. There was at first much discoloration, but this disappeared and the body resumed a natural color.

In this case, despite of some bad appearances through the whole, the pleuritic symptoms were so much relieved, that I hoped for a favorable issue. The pain in the side had gone, the cough was easy, and expectoration free. There was nothing to call my attention particularly to the abdomen. Diffuse peritonitis, however, must have supervened one or two days before death.

[To be continued.]

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Médicale*—Translated from the French by D. D. SLADF, M.D., Boston, and communicated for the Boston Medical and Surgical Journal.

TWENTY-SECOND LETTER.

MY DEAR FRIEND,—I had a great desire to say a word to you upon the treatment of chancre, but according to the plan which we have adopted, I cannot in this connection enter into great detail.

Perhaps you will permit me to say to you first something upon the