

cases, and in four days they numbered eleven. One case preceded March 18th, and its nature was not recognized until other cases occurred later.

Several of the patients were so slightly affected that they were not obliged to give up, and it is possible that one or two cases may have escaped notice. Forty persons are known to have been affected. Twenty-seven were confined to their beds from half a day to ten days. Four of five among the nurses continued at work, though with much discomfort, and only by great exertion of will. Only sixteen can be said to have had the disease severely.

The first symptoms were generally, pain in head and back, with lassitude, often aching of the limbs. Sometimes the patient said she felt as if she had caught a severe cold.

About the same time with the above pains and aches, sometimes as the first noticeable symptom, the throat became sore. This was present in almost every case. There were only one or two cases without the sore throat. In thirteen patients this symptom was not severe, and closely resembled an ordinary sore throat. In only a few of these thirteen were the tonsils enlarged.

In the other twenty-seven cases the tonsils were enlarged, the follicles inflamed and filled with secretions. In some cases the white patches were very large covering half or more of a tonsil.

In many cases the soft palate was dotted over with bright red points or pimples, and later when the soft palate was uniformly red, this was of a very dark shade. In a few cases instead of the follicles being especially affected, the fauces as a whole, including the tonsils, the pillars, the soft palate and the posterior wall, was of a dark port-wine color.

In eleven cases the tonsils were very much swollen so as to interfere with deglutition, not only by the pain, but by their size. In such cases the voice had a nasal tone, and in a few cases this tone was noticeable where the tonsils were not very large, or it appeared a few days later when the swelling was subsiding, as if due to a weakness of the muscles.

In only one case was there an abscess found in the tonsil, and that appeared after the disease had nearly run its course, the initial tonsillitis had subsided, and was probably due to imprudence in exposure to draughts of air.

Another early and constant symptom was the fever, the temperature rose rapidly, within a few hours to 102° or higher. In one case at 6 P. M., the temperature was 99.8°; at 9, P. M. it was 101.8°. The highest temperature noticed was 103.8°. Within twenty-four or thirty-six hours of the onset, the temperature reached the highest point, then gradually it dropped. If the general affection was not severe the temperature fell quickly. If the other symptoms continued, the temperature remained between 100° and 102° for a few days, then dropped to normal. The pulse was rather rapid, 120 or more; sometimes lacked in strength. When the temperature subsided, the pulse usually fell to about 100.

Less constant than the symptoms already mentioned was coryza. This was noticed in many cases a few days after the beginning of the disease. It could scarcely be called an initial symptom.

Nine of the patients had an eruption, varying from a slight erythematous redness, affecting only the face, to a general eruption, affecting the body and limbs.

This did not appear before the fourth day, and was in some cases delayed a week. It resembled measles very closely, and was followed by enfoliation of the cuticle; in the severest cases the skin peeling off in large flakes.

An eruption of herpes on the lips was noticed in five or six cases. In two cases this was quite extensive.

Among later and rarer symptoms may be mentioned nausea and vomiting, in only a few, but in some very persistent and troublesome; cough, persisting through several days, in a larger number; oppression across the chest, in three or four.

More general later symptoms were weakness, continuing several days or weeks, but less extreme than a year ago; aching of the back and limbs continuing for many days after the other symptoms, except weakness, had ceased.

The lighter cases required but little treatment. The severer cases were relieved of pain and aching by phenacetin in ten or twenty grains. Throats were sprayed with a solution of iodoform in ether, which caused considerable smarting and irritation at first, but soothed the discomfort later. A gargle of chlorate of potassa or alum also gave relief to the throat, and was especially grateful after the tonsillitis had subsided. For general treatment it was simply necessary to sustain the patient's strength. Anointing with oil was used to relieve the annoyance caused by the eruption, but was not of much benefit.

Clinical Department.

CASE OF ACUTE LOCAL OEDEMA COMPLICATED WITH PURPURA AND SALIVATION.

REPORTED BY WALTER H. HOLMES, M.D., WATERBURY, CONN.

A CASE of that singular disease, acute local oedema, similar to those reported by Dr. Robert W. Lovett of Boston, in the JOURNAL of October 30, 1890, occurred lately in my practice, and, in view of the rarity and ill-understood nature of the disease, seems worth reporting.

Edward Gunning, a laborer, who up to that time had been in excellent health, was taken on April 1, 1891, with a sudden painless swelling of his left great toe, which was of a dark red color. Thirty-six hours later his whole left foot swelled to a little above the ankle and was swollen for five days.

I saw him on April 8th, by which time the swelling in his foot and ankle had completely subsided. There was then a swelling over the middle of the right ulna, sharply circumscribed, about the size of half a hen's egg. The left forearm was swollen to the elbow. These swellings had the color of the normal skin, were painless and would pit somewhat on pressure, the depression however, quickly filling up again. The next day both hands were swollen, the right arm to a little above the elbow, and there were many purpuric spots on the flexor sides of both elbows. Both lower extremities on the second day were covered with purpuric spots, varying from the size of the end of a finger to that of a silver dollar. There was at no time any blood in the urine nor any hæmoptysis. Both arms were bandaged snugly with flannel bandages cut on the bias. The arms were swollen for not more than two days, but the left hand for three.

As the disease seemed to have some resemblance to urticaria because of the sudden appearance and quick disappearance of the oedematous swellings, the patient was four days put upon an alkaline treatment, one ounce of citrate of potash in lemonade daily, but it had no effect on the course of the disease.

On the 10th and 11th there was profuse salivation, more than a quart being expectorated in a day. This salivation was doubtless due to the condition of the throat, the soft palate and uvula being swollen to three or four times their usual size, and both they and the posterior wall of the pharynx were of a dusky red color. One-sixtieth of a grain of atropine sulphate was given on the evening of the 11th, and checked the salivation in an hour; it did not again recur.

On the 13th the throat was well, and there was no swelling in the arms, but on each side of the abdomen there were large and considerably swollen patches which went down in a day under bandages. All these swellings were not of the skin only, but extended well down into the subcutaneous tissues.

On the 14th the right eye was closed, the lids being swollen many times their natural size. The next day the swelling was nearly gone from the right eye, but the left one was closed and the oedema extended over the greater part of the forehead and three or four inches into the hairy scalp. The forehead and scalp were quite tender on pressure. Otherwise, with the exception of the back, the disease was wholly painless and the patient hardly felt sick, though his tongue was coated and he had no appetite.

On the 19th and 20th, there was swelling of the back from the hips to the scapulae, and it pained him to straighten his back. After this there was no more swelling, and the patient, apart from weakness from not having eaten anything, was quite well. The purpuric spots faded away in five days more. There was no itching during his illness. The only time that there seemed to be any occasion for anxiety, was during the swelling of the throat; but fortunately there was no oedema of the larynx. The only symptom the patient now complains of is a little tenderness of his feet, but he expects to be able to work again in a day or two.

The nature of these curious attacks has been considered to bear some relation to those of urticaria, and in some cases to have something to do with rheumatism. This patient never had rheumatism, nor was there anything resembling it during his illness. Though no one swelling lasted nearly as long as the first one in Dr. Lovett's paper — four weeks — still all together, one attack succeeding another, the patient was ill for three weeks.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

REGULAR Meeting, Monday, February 23, 1891, the President, DR. FREDERICK I. KNIGHT, in the chair.

PATHOLOGICAL SPECIMENS.

DR. J. ORNE GREEN showed a series of osseous preparations illustrative of diseases of the ear, chiefly the results of suppuration of the tympanum. They comprised specimens of carious ossicles, sequestra of the labyrinth, and various forms of mastoid disease, more

especially showing the different degrees of osteo-sclerosis and the important bearing this has on mastoid operations.

DR. H. JACKSON presented a paper on

ALBUMINURIA, ITS ETIOLOGY AND PROGNOSIS.¹

DR. C. P. PUTNAM: All these cases have been either under Dr. Jackson's care or my own during the last few years, and it seems to me they are rather striking examples of the now pretty well-known fact that albuminuria and casts are to be regarded in a very different way from what they used to be. Not so very many years ago albuminuria and casts were considered the end of hope, but now it is by no means so. If I remember rightly, of those cases which have been mentioned by Dr. Jackson only one has died. The others are now living, and almost all of them in what may be called practically sound health. They are also examples of the fact which has been observed, that patients may have these signs of organic disease of the kidney without knowing anything about it. Perhaps they may suffer from general weakness, but not from any other symptoms of any kind. The boy whom Dr. Jackson referred to, in whom the disease was discovered about two years ago after an acute attack of nephritis, may perhaps have had it before that time, though there was not any sign of it at all. He had been out of town in the summer, made a visit to his grandfather in the fall, and then went to another grandfather in another town, and there was suddenly taken ill after a ride on a bicycle; but he was in the habit of riding. He had an attack of acute nephritis which did not cause any oedema, and some other severe symptoms were wanting. Since that time he has had a chronic affection of the kidneys, and in spite of this is playing in tennis matches and base-ball matches, from which he could only be restrained by main force.

I think the lady Dr. Jackson mentioned as having aortic murmurs and diabetes is an interesting case. At the time she applied to me she did not think of disease of any particular organ. She supposed there was something the matter with her skin, as her skin was burning hot whenever she made any exertion.

There are two cases where arsenic was associated, and though in neither of these can it be proved that arsenic was the cause of the trouble, I cannot help believing that it did in one case, that of a young man in college who had never been in the habit of taking any very violent exercise, was of good habits and rather studious. He spent the summer pleasantly in the mountains, and was not aware of any means by which he could have got such a disease as this, which came on very gradually with feelings of malaise. It was found that the papers he had had in his rooms in college were highly arsenical, and the rooms where he had been living since then were somewhat arsenical. The exposure was less than before, but he still had some arsenic in his urine. He has been improving, and seems likely to get well.

DR. WOOD: I have been very much interested in Dr. Jackson's paper and the cases which he has reported, and, so far as my experience has gone in the last fifteen or twenty years, it seems to me that anything which will either irritate the kidney, or any disease which will disturb the circulation of the kidney, is sure to produce albuminuria and casts; and anything which irritates the kidney, if that irritation continues

¹ See page 477.