

ERYSIPELAS; CASES ILLUSTRATING ITS NATURAL HISTORY.

[Read before the Boston Society for Medical Improvement, May 14th, 1866, by B. E. COTTING, M.D.]

CASE I.—A. B., aged 28, unmarried. Convalescent from severe tonsillitis.

1st day.—At noon of day after nurse left, a red, erysipelatous spot appeared on left side of nose, which spread completely over the whole nose by nightfall.

2d day.—Left cheek covered with several vesications of half an inch or more in diameter. Feverish.

3d day.—Whole of left and large part of right cheek occupied by the disease. Increased fever.

4th day.—The forehead invaded. Fever quite high. Pulse 100. Great restlessness, with pains in various parts of the body and limbs.

5th day.—The whole face and ears involved; the eyes completely closed. Constitutional symptoms severe. Pulse 120.

6th day.—A portion of the scalp behind and above the left ear occupied. Vesications dried up, and the lower part of the face much improved.

7th day.—No further progress of the disease. Exfoliation general. Convalescent.

CASE II.—Y. Z., aged 33, married. Materfamilias.

1st day.—P. M. Soreness in front of right ear. Small red spot on right side of nose, just below angle of eye. Pains in bones, and general discomfort.

2d day.—Erysipelatous blush over upper part of face, and a little on forehead; demarcation well marked on upper edge, imperfectly on lower border. Restlessness, general pains. Fever. Pulse 100. Slight delirium on dozing.

3d day.—Whole face involved—disease on scalp extending to coronal suture. Left ear slightly affected. Eyes closed. Many small vesicles. General symptoms as before.

4th day.—Disease reached the occipital suture. Left ear tensely swollen. Face begins to exfoliate. No other change of importance.

5th day.—No further progress of the disease. A general subsidence of all its symptoms.

VOL. LXXIV.—No. 19

Treatment.—No attempt was made to arrest the disease in either case by internal medicines or external applications. In the first case, an anodyne syrup of gum acacia, of the strength of poppy syrup, was given, in drachm-doses, on the evening of the third day, and on the fourth and fifth days every four hours. In the second case, five grains of Dover's powder were administered the second night. Both patients were allowed fractions of Seidlitz powders, say one-tenth to one-sixth at a time, with from four to six hours interval, as a grateful effervescing draught. In the first case a whole Seidlitz was taken in the morning of the third, fourth and fifth days. Acidulated drinks and pure water were permitted, as desired. For an external application, the first patient preferred warm water; and the second, cool milk and water. They used these whenever and as they pleased. The diet consisted of broths, gruel, milk, &c. The rest of the treatment may be included under the general head of good nursing.

These cases, though severe and confining the patients to the bed, are not presented as very extraordinary. Many such occur on all sides every season. But as instances of spontaneous progress and termination of the disease, they may be worth preserving. They have occurred, too, since the last paper the writer read to this Society, a few weeks since, and he hopes that the treatment adopted in these may receive the same sanction here as that in the former cases.* He believes also that the results compare well with those following highly extolled "remedies." During the fashion some years ago, he, in common with others, resorted to painting with iodine. He had previously used nitrate of silver, and other measures transitorily popular, but had failed to see their advantages. The iodine produced no better results; the disease invariably, in his estimation, going to its natural limits. Once, about that time, having two cases of the disease, in middle-aged members of the same family, both beginning in the nose—the one, treated with cool water only, ended on the cheek; while the other progressed until it extended over the head and down the back to the hips, unchecked by iodine, nitrate of silver, and other harsher applications. In neither of these cases was the disease apparently influenced in its natural course and event by the treatment. Ten years ago the writer reported quite a number of similar cases to this Society.† If we knew more of the natural history of this and other common diseases, we could better judge how far active interference at any time may be serviceable. Such investigations, though less obnoxious to censure than formerly, are none the less worthy the attention of our ablest men at the present time, for "it may now be affirmed that practitioners of the present day are, speaking generally, almost as uninformed in this particular as were their predecessors fifty or a hundred years back."‡

* See report of this meeting, when published in this JOURNAL.

† See Society's Records, vol. ii. pp. 284 and 328.

‡ Sir John Forbes. *Nature and Art in the Cure of Disease*, p. 5.