

## SCARLET FEVER.

TREATED WITH ANTISTREPTOCOCCIC SERUM; RECOVERY.

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On Feb. 2, 1899, I was called to see a two-year-old child who had been ill for four days, without medical attention, and found I had to deal with a grave case of scarlet fever. The temperature was 105 F.; there was a severe angina with the characteristic exudate in the pharynx, on the tonsils and soft palate, and the cervical glands were moderately enlarged. The subsequent course of the disease was severe. The pharyngeal exudate extended into the posterior nares and, finally, into the middle ear, with perforation of both tympani; accompanied by a profuse purulent discharge from the external auditory canals and from the nose. The rectal temperature was alone taken, and ranged from 104 to 105, and, Feb. 15, rose as high as 106.5.

The treatment consisted of frequently administered baths, each of fifteen minutes' duration, and gradually cooled from 100 to 90, or even 85 degrees, during the last five minutes, the patient being sustained with milk and whisky. Ammonium carbonate and phenacetin were prescribed, but no other special medication was employed. The nares, anterior and posterior, were flushed with a boric acid solution, by means of a No. 4 Nélaton catheter and a fountain syringe, followed by hydrogen peroxid. The auditory canals were cleansed with peroxid introduced by means of a dropper.

On the 15th, the temperature reached 106.5, the child became very drowsy and refused to take food. With the consent of the parents, I then decided to use antistreptococcic serum,<sup>1</sup> and injected, under strict aseptic conditions, 10 c.c., about 9:30 A.M. The results were surprising. At the time of my afternoon visit, at 3:30, I found that the temperature had fallen to 100 without any untoward symptoms. The discharge from the nose and ears had materially lessened, and the somnolence had disappeared; the child was bright and taking its food. In fact, the whole aspect of the case had changed for the better. Although the little patient passed a comfortable night, I found that the temperature had again risen to 104 by the following morning, and the ears were discharging quite freely, so I again injected 10 c.c. of the serum, with a result equally as gratifying as in the first instance. The temperature the same afternoon registered only 99.5, and remained at that point during the night and following day (February 17). The succeeding night was not so restful, and on the morning of February 18 I found a temperature of 102.5, with the ears again discharging freely, but the nose scarcely at all. I again injected 10 c.c., with the usual happy effect upon the aural discharge and the temperature. From this time on the latter did not rise above 100, finally reaching the normal on the morning of February 22.

The patient rapidly convalesced, gaining in strength, recovering the appetite, becoming bright and sprightly and resting well at night. The ear discharge is of a much thinner consistence and still continues, as might be expected in scarlatinal otitis media suppurativa. Frequent examinations of the urine during the height of the disease, and subsequently, failed to discover albuminuria. I was unable to learn of any unpleasant symptoms following the use of the serum, while I

observed that the sites of the injections were not as tender as when antitoxin was used.

This is one case. But, in the past, having seen all remedial agents fail in similar cases, I can not refrain from relating my experience in this instance, especially since a severe form of scarlatina is now prevailing in Chicago.

Although no bacteriologic examination was made in this case there is no room for doubting the accuracy of the diagnosis, and I, therefore, consider that the result of the use of the antistreptococcic serum is convincing.

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## BLASTODERMIC DERMATITIS.\*

(ABSTRACT.)

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The paper states that the yeasts as disease-producers have recently gained some prominence, but that the literature is still limited, and that Dr. C. T. Gilchrist of Johns Hopkins Hospital was the first writer to report cases from this country.

A description of a case in the practice of the author is then given. A healthy man was slightly cut in the neck by a barber, while shaving. The wound healed in a few days, followed by the development of a small nodule which remained in a stationary condition for nearly three months, when it suppurated. The pus contained no bacteria, but yeast-cells were found and similar organisms developed in culture-tubes.

The yeast was obtained in pure culture from the beginning; it grows readily in all ordinary culture-media and without the formation of carbon dioxide. In the course of time and under certain conditions a higher development takes place—the characteristic fungus form appears. In the pus the yeast-cells were found chiefly in the interior of the corpuscles; they were in the budding stage. In size they are as large as a nucleus of a polynuclear leucocyte, from which they can readily be distinguished on appropriate staining. Experiments are being carried on to determine the exact botanic position of the organism and its pathogenesis.

The abscess, after discharging, healed over in a few days, leaving behind a large amount of scar tissue, large in proportion to the size of the abscess and in comparison to a similar inflammation due to the ordinary pus-formers.

Inflammations due to pathogenic yeasts seem to be characterized by their slow evolution and their chronicity.

Inoculations on animals are being carried on, but so far the results have been negative.

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**Habitual Luxation of Shoulder.**—Dehner of Würzburg recently operated an obstinate case of this kind with remarkably satisfactory results by merely taking up a fold in the very loose capsule and stitching it through with four medium silk stitches. Incision in the deltoid, vertical, 15 cm. long, started at the posterior angle of the acromion. This disclosed the posterior wall of the capsule and showed that the tendons of the supraspinatus and infraspinatus had become detached from the capsule and retracted; no drainage.—*Vienna Klin. Rund.*, February 19.

<sup>1</sup> Parke, Davis & Co.