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Confinement Closely Following Erysipelas.*

REPORT OF A CASE, WITH SOME REMARKS ON SYMPTOMATOLOGY, ETIOLOGY AND TREATMENT.

BY EARNEST JOSEPH LUTZ, M.D.

GENTLEMEN:—In selecting my theme of confinement following an attack of erysipelas of the face and skull, I am prompted to report to the honorable fraternity a case which came under my observation only four weeks ago, and as the time is limited to only twenty minutes, I will relate the case as briefly as possible as it came before me.

Mrs. M., æt. 32, German desc., multipara, called me on April 30th, at 10 o'clock p. m. Upon my arrival I found the following condition: Fever 104.5 F., pulse 125, accelerated and bounding, respiration increased, tongue moist and covered with a white fur. Her face presented a peculiar flush, involving the upper lip, nose, both cheeks and ears, right eye and some of the portions over the frontal and temporal bones. The œdematous infilitration was especially marked about the right eyelid, disfiguring the patient in such a degree as to render her unrecognizable. Acute headache, inflammation of the throat, general malaise, accompanied with constipation and scanty elimination of urine, were some of the subjective symptoms present. The swelling of both ears resulted in difficult hearing, while the infilitration of the nasal cavities brought about oral breathing.

*Read before the Wyandotte County Medical Society.

Inquiring into the history of the patient, I found, besides the above mentioned symptoms, that the lady had received a previous wound in the right nostril from her fingernail, at which point the disease showed itself first, starting as a red, rose-colored spot on the right ala over the depressor alæ nasi and the junction of the lavator labii superioris alæque nasi muscles, spreading very rapidly to above named portions of the face and skull.

About thirty-six hours before the spot made its appearance, the patient had several chills, quickly followed by pyrexia, confusion of intellect and nausea. I diagnosed the case *erysipelas faciei*.

The lady further stated to me that she expected to be confined at any time, which latter fact horrified me, having learned through experience and statistics that the prognosis in such cases would be an unfavorable one. It therefore placed me on the alert, and I watched the case with double interest and utmost care. Being a young physician, I felt that my future success might be seriously imperiled were my apprehensions to be verified. But at the same time, having sufficient confidence in my teaching, I endeavored to do my best, instituting at once vigorous constitutional and local treatment combined with hygienic measures.

To lower the temperature, to promote rapid absorption of the infiltrated tissues and to relieve the intense pain, I gave—

℞ Antikamnia .....℥ j
Spirits Frumenti .....℥ iv

M. Sig.:—Tablespoonful every two to three hours.

Fluid Extract Pilocarpi was administered in full doses every one, two or three hours, to act upon the secretory and excretory glands. Knowing the emmenagogue properties which Tinctura Ferri Chlor. and Quini. Sulphas sometimes possess, those remedies were, in my mind, not indicated, and so omitted, but I should, under other circumstances, have held them in high esteem.

The constipation was relieved by an enema consisting of soap-suds, and the bowels were kept open by mild aperients during the entire course of the dermatitis. To support the strength of the patient and diminish the febrile movement, I ordered Spirits Frumenti to be taken *ad libitum*, but not using more than one pint daily.

After washing her thoroughly with soap and water, I applied over the whole affected surface (except skull), with a camel's hair brush, some of the following mixture :

℞ Collodii .....℥ xj
Ol. Ricini .....℥ v
Hydragr. Bichlor. Corros...gr. j

M.

This forming a complete protection, being also elastic, gave the required support to the swollen parts. Not only considering it valuable for its already specified effects, I added the Bichloride of Mercury for its antiseptic properties, and was not misled in my expectations. Upon the affected portions of the skull, a solution of Ferrum Sulphas was applied on compresses kept constantly wet. (The solution consisted of three and one-half drachms of the salt to the pint of water.) This treatment was highly recommended by M. Velpeau, the great French Surgeon, who tried the remedy successfully in forty cases, cutting the disease short in from thirty-six to forty-eight hours in almost every instance. (U. S. Dispensatory, page 685, fifteenth edition.)

Called again May 1st, at 11 a. m., when I found the patient seemingly improved. Temperature 101.5 F., pulse 96, respiration almost normal. The temperature I found rising and falling from 100 to 104.5 F. during the entire course of the disease.

The above named treatment was continued right along until the seventh day, when all at once labor set in. The lady had a so-called easy time, with only eight to ten regular pains, terminating in the birth of a healthy-looking baby.

Once more I insisted on the utmost care and cleanliness toward mother and child, ordering a linen rag dipped into a 1 to 1,000 solution of Hydrarg. Bi-chlor. Corros. (using Dr. Bernay's antiseptic tablets), to be applied over the outer surface of the mother's genital organs, and renewed every hour or two. For the child likewise, I directed a compress of a somewhat weaker solution, to be applied over the umbilicus.

Mother and child seemingly were doing well, although in the former there was a rise in temperature and elevated pulse for the first and part of the second day, noticeable. When I called at that time, the lady complained of headache and uneasiness; the eyes were sparkling, pulse being 108, the thermometer registering 103 F., and meteorism being present. Upon digital examination I detected great heat and tenderness in both iliac fossæ, extending upward to the uterus, which latter was soft and flabby; the lochia was decidedly offensive.

This condition leading me to the following treatment: Antikamnia in five grain doses every three hours for its antipyretic effects, and

℞ Potassi Chloratis.....℥ ss
Aquæ Bullientis.....℥ iv

M. Sig.:—Teaspoonful every two to three hours.

The medical properties of the potash in this case I cannot explain fully as yet. But it is taught that under the use of this drug all the blood of the body becomes florid, as it was long supposed that the salt acts upon the system as an oxidizing agent. Dr. Moorehead, of Keokuk, Iowa, called my attention to this drug about two years ago, stating the fact that he met with the best of success in similar cases, and in all cases of retained placenta or puerperal fever, and such statement was verified in six of my own cases, which happened during my stay with Dr. Lambert last summer. The latter gentleman has one case on hand at present, on which he has used the same treatment with excellent results.

Besides the internal medication, I used uterine and vaginal irrigations of a 1 to 1,000 and 1 to 500 solution of Creoline, respectively. The former was executed twice daily with an uterine irrigator by myself, the latter done every two hours by the nurse.

Visited the patient again the same evening, and found her resting well, but pulse and temperature the same as in the morning.

The before-mentioned treatment was kept up for the next four days following, when the patient felt about normal, although weak, and fearing no more danger, I did away with the internal and external treatment gradually. The lady never complained of any other symptoms afterward, and to-day she is up and about again.

Looking over the statistics, I found one similar case recorded in Ashhurst's International Encyclopædia of Surgery, Vol. I, page 174. It says: "In 1857, Dr. Duncan, of York, Pa., related a case of a lady in whom an attack of puerperal fever

occurred simultaneously with erysipelas of the face, while her infant suffered from erysipelas of the umbilicus." Regarding this statement as incomplete as to the result, I thought it a warning in my case, and therefore instituted vigorous treatment on the part of the lady as well as on the baby.

Below I will give a table showing the temperature, pulse, respiration, specific gravity and condition of urine on the different days:

Date. Month.	Day.	Morning. Evening.	Temperature.	Pulse.	Respiration.	Condition of Urine.	Specific Gravity.
April	30	E	104,5	125	24		
May	1	M	101,5	96	21		
"	1	E	102,3	104	22	Dist. Album.	1018
"	2	M	101,5	100	21	Traces of Album.	1017
"	2	E	102,7	106	24	Dist. Album.	1020
"	3	M	102	102	24	Scant, High Color.	1019
"	3	E	102,8	109	23	"	1017
"	4	M	102,6	99	21	"	1016
"	4	E	103,5	110	25	"	1020
"	5	M	100,3	96	21	Traces of Album.	1020
"	5	E	100,5	96	22	No Album.	1022
"	6	M	100	96	21	"	1022
"	6	E	100,2	114	21	"	1022
"	7	M	102	105	23	"	1022
"	7	E	102	110	24	Scant, High Color.	
"	8	M	103	108	26	"	
"	8	E	103,5	108	25	"	
"	9	M	103	110	23	"	
"	10	M	103,6	104	23	"	
"	12	M	100	94	20	Normal.	
"	14	E	98,6	90	19	"	
"	15	E	98,6	86	19	"	

This constitutes the whole of my case, but before closing, I would like to develop some ideas through the following: On my second visit my attention was called to the elimination of the urine. Noticed particularly, as the temperature was low, only traces of albumen were found, and as the temperature increased, so likewise the quantity of albumen increased and specific gravity lessened.

Now the question in my mind arises. What was the cause of the erysipelas? Certainly in many cases erysipelas of the face follows exposure to cold, but how far cold may be regarded as an essential cause, I cannot say. In the same manner, cachectic conditions favor the development of the disease, but probably only by lessening resistance to the morbid poison on which the disease more directly depends, and it would seem that albuminuria, in a special manner, constitutes such a predisposition.

Albuminuria generally occurs in pregnant women; transient albuminuria of pregnant women disappears about the eighth month of pregnancy, and is accompanied by no kidney change; but if albumen is persistent in varying quantity in women who are far advanced in pregnancy, it generally constitutes a disease.

Summing up my report with the idea that erysipelas in this particular case was due to a certain predisposition, which latter was facilitated by the persistent albuminuria, I leave it to the medical profession to settle this fact in their own mind.

I thank you for your kind attention.

Concordia, Mo.