

CASES

ILLUSTRATING THE

CONTAGIOUS NATURE OF ERYSIPELAS,

AND ITS CONNECTION WITH A SEVERE AFFECTION OF THE THROAT.

By JOHN STEVENSON, M. D. Arbroath.

In a Letter to Dr THOMSON, late Regius Professor of Military Surgery.

MY DEAR SIR,

I ENCLOSE a short abstract of some of the cases which, in our late conversation, I mentioned to have occurred in my practice here, tending to prove the contagious nature of Erysipelas, and to shew its connection with a peculiar and severe affection of the throat, of which I do not recollect to have met with any description. This affection of the throat occurred so frequently in persons who had been much with erysipelatous patients, that I could not doubt their identity; and I came finally to the conclusion, that it was in reality erysipelas of the fauces, spreading occasionally to the adjacent parts in different directions. The febrile symptoms by which it was ushered in were generally severe, even in the milder

cases; very full and frequent pulse; severe pain of head and back; restlessness, and great heat of the surface. The period at which the affection of the throat came on, after the accession of the fever, varied from the second to the sixth day. It commonly began with a red or purplish blush, more or less extensive, over the velum pendulum and uvula, accompanied with very little tumefaction, but with considerable pain in swallowing; often, after a few days, excoriation of the inflamed surface followed, with superficial ulceration, which at times soon healed, but at other times spread and discharged a good deal of purulent matter. In many cases the disease terminated without extending farther than the parts mentioned, but in a few it spread to the larynx, producing a state of respiration very like that of idiopathic croup; in others it extended to the pharynx and œsophagus. When the last became affected, fluids and even solids could be partially swallowed without much apparent difficulty; but after a few seconds, pain was felt in the course of the gullet, an inverted action began, and they were wholly or partially returned to the mouth. In some protracted cases glandular swellings appeared in the neck, which suppurated externally.

This disease was readily distinguishable from cyanche tonsillaris, by the want of swelling, by the redness being more diffused, and by the pyrexia being generally greater than could have been expected from the degree of local affection. From croup, it was distinguishable by the larynx being affected in a

small proportion only of the cases, by the inflammation not commencing there, at least in any case which came under my observation, and by the age of the patients. From scarlatina, it was distinguishable by the absence of cutaneous eruption, and by its attacking persons who had already had that disease.

Copious and repeated bleeding, with brisk purgatives, and, in every case where the throat was severely affected, the application of a large number of leeches to the neck, appeared to me to be the mode of treatment which was most successful. All the cases that came under my management, both of the common erysipelas, and of the affection of the throat, were treated in this manner. I have stated the event of all those detailed, and it affords a fair specimen of the general results of the cases which came under my care.

I have been anxious to condense this communication as much as possible. I have selected such cases only as appeared to illustrate the connection between the two disorders in the most remarkable manner; though a great many more occurred in my practice, tending to support the same conclusion, but not perhaps so strikingly. Of those cases which occurred among my own relations, you will observe, that Mrs S. *jun.*, was seized precisely at the time I was most engaged in attending patients labouring under this disease. In her case, as in many others, external erysipelas supervened to the sore throat, but I saw no instance of the reverse. In several cases, when ul-

ceration did not take place, the redness speedily disappeared, seeming, as it spread to the contiguous parts, to leave those originally affected. This was remarkably exemplified in J. H. (No. 2.) No redness could be perceived on looking into his throat after the second or third day, though the disease lasted several weeks. No person, in seeing M. M., (No. 3.), or R. P. (No. 8.), could have given the complaint any other name than cynanche laryngea, and yet, taking all the circumstances into consideration, scarcely a doubt can exist of the inflammation in these cases being of the same kind with that in the others, only affecting parts, the structure and functions of which were different. I am, &c.

JOHN STEVENSON, M. D.

*Case 1.* Mrs H., October 26. 1821.—Erysipelas of face and head; severe case; high fever and delirium; no affection of the throat.—*Recovered.*

2. J. H., son to No. 1, November 7. 1821.—Throat affected in the manner described; tedious case; inflammation spread successively to the pharynx and œsophagus; slight erysipelas of the face came on during the second week, but soon subsided; but the affection of the throat continued a considerable time afterwards.—*Recovered.*

3. M. M. ætat. 50, attended on No. 1, November 23. 1821.—Severe affection of the throat, which soon spread to the larynx; the danger appeared im-

minent; the respiration resembling that of severe idiopathic croup; no external erysipelas.—*Recovered.*

4. H. H. daughter to No. 1, November 25.—Considerable pyrexia; slight affection of the throat, which did not spread nor ulcerate; no external erysipelas; soon got well.

5. J. S., January 18. 1822.—Throat affected severely, very high fever; had visited several times a neighbour who died of erysipelas of face and head; larynx a little affected; erysipelas of the face of a mild description, came on about the 8th day, when the other complaint was declining.—*Recovered.*

6. Mrs N. frequently visited No. 5, January 25. 1822.—Severe and tedious case of erysipelas of face and head, with a high fever and delirium; throat not affected.—*Recovered.*

7. Mrs H., February 5. 1822, frequently visited No. 6.—Affection of the throat as described; tedious case, but not severe; lasted five or six weeks; no external erysipelas.—*Recovered.*

8. R. F., *ætat.* 60, frequently visited No. 5, who wrought in the same tanyard with him, February 5. 1822.—Affection of the throat as above, appeared slight at first, but spread to the larynx on the third day, and he died on the fifth, with all the appearances of a child in severe croup.

9. — S., attended on No. 7, February 15.—Severe affection of throat, but of short duration; no external erysipelas.—*Recovered.*

As soon as this patient was taken ill, she went.

home to her parents, who resided at some distance. I afterwards learnt that they were very soon seized successively with similar complaints, and that the mother died a few days after being attacked.

10. M. S., attended on No. 7. after S.'s seizure, February 25. 1822.—Severe erysipelas of one arm; high fever and delirium; no affection of the throat. *Recovered.*

11. Mrs T., August 12. 1822.—Severe erysipelas of arm and shoulder, terminating in extensive suppuration of the whole cellular membrane, and death.

12. P. K., son-in-law to No. 11, August 30. 1822.—Severe affection of the throat, chiefly of the pharynx and œsophagus.—*Recovered.*

13. Mrs R., sister to No. 11, September 17. 1822.—Affection of the throat, chiefly of the pharynx; tedious, but not severe.—*Recovered.*

14. J. R., son to No. 13, November 1. 1822.—Severe case of erysipelas of face and head; very high fever and delirium; no sore throat.—*Recovered.*

15. December 1. 1822.—I was called to W. R., father of the last patient, and found him affected with a sore-throat, exactly similar to that of the others. He had been seized with a rigor a few days before, and the throat was felt painful next day. The febrile symptoms less severe than in the generality of cases.

The following cases occurred among my own relations.

16. Mrs S. *jun.*, February 6. 1822.—Rigor; intense pain of head and loins; very high fever. Second day, severe sore-throat, with total inability to swallow. Seventh day, erysipelas of the face gradually spreading over the whole head; considerable purulent discharge from throat. Fifteenth day, critical sweat.—*Recovered.*

This was the severest case I had an opportunity to see, of the external erysipelas supervening to the sore-throat. The erysipelas in most other cases was mild, and not attended with much burning pain; generally commencing when the fever began to subside.

17. M. S., attended on No. 16. during the first week of her illness, February 14. 1822.—Rigor; high fever; delirium and stupor from the commencement; erysipelas of face, head, neck and shoulders, extending down over part of the trunk; no sore-throat. Died on the 13th day.

18. C. S., much with both Nos. 16. and 17, March 2. 1822.—No rigor; severe pain of loins; no head-ach; very high fever for a week; pulse after that period continued about 105 or 110 beats in the minute, till the disease terminated; sore-throat as described, began on the fifth day, ulcerated, and discharged pus for several weeks; a blister, applied to the neck about the seventeenth day, produced erysipelatous inflammation over the whole thorax, but healed readily; disease lasted near nine weeks.—*Recovered.*

19. Mrs S. *sen.*, constantly with the above, April 3. 1822.—Severe case of erysipelas of face and head;

high fever, delirium and stupor; no sore-throat; crisis on the 10th day.—*Recovered.*

20. Mrs S., much with all the above, April 10. 1822.—Very high fever; severe sore-throat; larynx became affected on the 5th day; no external erysipelas. The disease in this case appeared to be cut short by large bleeding. After two copious venesections, 20 leeches were applied round the neck, on the appearance of the laryngeal symptoms, and bled so long and violently, as to excite considerable alarm. She was much weakened, but the disease subsided immediately afterwards.

21. M. G., much with Nos. 2. and 3, April 10. 1822.—High fever for a few days, with slight affection of the throat.—*Recovered.*

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N. B.—When this paper was read, (July 7. 1824), several Members of the Society mentioned having observed similar facts within the last few years, although the succession of cases, where communication with persons already affected had taken place, had not been traced to so great an extent. Several members had seen the affection of the throat here described, supervene on the erysipelas, even in its later stages. In three cases, mentioned by Dr Abercrombie, Dr Hay, and Mr Bryce, the inflammation appeared to have spread from the fauces to the external surface, by the membrane lining the internal nares, the part of the skin first affected having been, in the first two cases, at the orifice of the nostrils, and in the last at the orifice of one of the lachrymal ducts.