

hiccup; bowels not moved for last twenty-four hours. Hydrargyrum cum creta, ten grains; aromatic powder, three grains—mix, and give now; to be followed in two hours by half an ounce of castor oil. Eight p. m.—Much the same; disease extending over cheeks and forehead; says he would give a great deal for a night's sleep. Extract of henbane; extract of hemlock, of each four grains; mucilage, two drachms; solution of acetate of ammonia, two drachms; camphor mixture, half an ounce—mix, and give now; to be repeated in four hours, if not asleep.

31st.—Upon the whole passed a better night than any previous one; has had several naps of half an hour's duration. The disease extending along forehead and temples on scalp; throat and nose are now much better; can swallow and breathe pretty freely. Fancies mixture disagrees with him; discontinue it. Let his head be shaved. Continue lotion.

Feb. 1st.—Passed a very restless night. Disease has extended over all face, and is spreading on scalp; eyes shut; pulse 124; weak. Let him have half an ounce of wine in sago gruel every two hours. Eight p. m.—Pulse 130, weak; made three or four attempts to go to stool, but passed nothing satisfactory. Hydrargyrum cum creta, ten grains; aromatic powder, four grains—mix, and give now. Extract of hemlock, extract of henbane, of each four grains; compound spirit of sulphuric ether, half a drachm; syrup of poppies, one drachm; camphor mixture, one ounce—mix, give in one hour, and repeat in four hours if not asleep. Continue wine, beef tea, and warm fofus.

2nd, ten a. m.—Passed another restless night—was delirious. Disease now covers three fourth of scalp; is subsiding on face, with the exception of eyes, which are still closed; pulse 130; weak; subsultus tendinum; tongue dry; the uncomfortable feeling at stomach still continues, and makes occasional efforts to retch. One scruple calcied magnesia, immediately. Increase wine to one ounce every two hours; and let him have a table spoonful of the following mixture, also, every second hour.—Sulphate of quinine, twelve grains; dilute sulphuric acid, fifteen minims; tincture of cardamoms, half an ounce; water two ounces and a half. Mix. Ordered fofus to be discontinued, except to eyelids; and painted scalp with iodine. Seven p. m.—Is much better; has had two or three naps in course of day; retching ceased; two free motions from bowels; pulse 120, of good volume.

3rd, ten a. m.—Did not sleep well, but feels, upon the whole, much better, and is evidently improving; eyes open, and swelling of face diminished; pulse 120;

tongue clean. The disease has now travelled nearly all over scalp. Repeat iodine paint on scalp. Continue mixture and wine.

4th.—Decidedly better; disease has met on scalp, and is not extending in any other direction; pulse 98. Omit quinine; continue wine, &c.

From this date the patient, without any thing worthy of remark, went on improving.

REMARKS.

This case is chiefly interesting on account of the disease originating in the throat, as it is not usual for erysipelas to originate in a mucous membrane; in the majority of cases affecting the head, it first shows itself about the ears or cheeks, and thence extends over the face to the scalp, and occasionally over the nostrils and lips to the fauces and pharynx. In the above case, it, on the contrary, first declared itself in the throat, and extended not only through the nose to the face and scalp, but the symptoms also indicated its extension to the larynx and esophagus, which was the chief cause of the patient's distress and imminent danger. I may mention, as another illustration, that erysipelas occasionally originates in mucous membranes, that during the winter of 1842, an epidemic, first affecting the throat, prevailed extensively in many parts of this continent.

The exciting cause was apparently cold, as erysipelas was not epidemic at the time; the most prevailing complaint was a species of catarrh accompanied with sore throat. This appeared for the first few days to be, and probably was the patient's case, but owing to some predisposition, the local inflammation assumed an erysipelalous action, which appeared to me to have propagated itself to one of the patient's children, and to a friend living in the same house.

Opposite plans of treatment have been, and still are advocated by authors of the greatest respectability—depletion by the one, and stimulants and tonics by the other. In the above case, owing to the intensity of the inflammation of the throat and larynx, the treatment was necessarily very active; the patient was twice bled and once leeches, before the disease declared itself on the skin. The effects of such active treatment in erysipelas are worthy of remark. These may be divided into primary or immediate, and secondary or remote effects.

1. The immediate effects of the venesection were most grateful, relieving pain by moderating the inflammation, and the patient stood it well.

2. The secondary effects were not so satisfactory; although moderated in its action, the disease was neither arrested in its progress nor was its duration shortened;