FOUR CASES OF ERYSIPELAS TREATED
BY MILK INJECTIONS

BY

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Following upon Dr. Sayed's article in the *British Medical Journal* of February 13th, and Dr. Semon's letter in the following number, it may be of interest to record four consecutive recent cases of erysipelas which were treated by the intramuscular injection of aolan, the detoxicated milk protein prepared by Beiersdorf.

CASE I

H. M., aged 15, suffering from osteomyelitis of the lower end of the left femur of six months' duration, developed

erysipelas, which commenced in the vicinity of a discharging sinus. This was accompanied by high fever up to 105° F., which persisted for a fortnight in spite of various local applications. An intramuscular injection of aolan, 10 c.c.m., was given on the fifteenth day, and again on the seventeenth, and coinciding with the second injection the temperature fell from 102.6° to 96.4°, and remained subnormal.

CASE II

Mrs. M. K., aged 76, suffering from a large sebaceous adenoma of the scalp, developed facial erysipelas associated with trigeminal neuralgia and

irregular fever. Following an intramuscular injection of aolan, 10 c.c.m., on the fourth day, the temperature became normal, but the local spread continued. A further injection of 10 c.c.m. on the eighth day was followed by two sharp

risers in temperature to 101.8° and 104.6° F., after which the pyrexia ceased and the local condition subsided.

CASE III

Miss X, a nurse, aged 23, was admitted on January 11th, 1932, for

incision of an acute mammary abscess. Two days later the onset of erysipelas was heralded by a sudden rise in temperature to 102.6° F. An intramuscular injection of aolan, 10 c.c.m., on the fourth day of the fever produced only a slight fall in temperature, while a second injection on the sixth day was associated with a fall from 103.8° to 98.6°, after which she remained afebrile.

CASE IV

Miss B. B., aged 17, was run over by a bus on July 29th, 1931, sustaining a fractured femur and severe contusion of the muscles and skin of the thigh. On January 14th, 1932, erysipelas commenced in the vicinity of an unhealed area, with a temperature of 101° F., and spread up to the groin and down to below the knee. Aolan, 10 c.c.m., was injected on the second day, and again on the third day, after which the temperature became normal and the rash ceased to spread.

On February 4th there was a recurrence, with a rise in temperature to 100°. An injection of aolan, 10 c.c.m., on the same day apparently determined the cessation of the attack.

The results in this small number of cases would appear to indicate that this form of non-specific therapy has a beneficial effect in erysipelas. At any rate, they are sufficiently encouraging to justify its use in further cases.

I have to thank Mr. A. J. Couzens and Mr. R. S. Corbett for permission to publish Cases I and III and Cases II and IV respectively; and I wish to acknowledge our indebtedness to Dr. Henry Semon, who drew our attention to the value of this form of treatment.

Memoranda
MEDICAL, SURGICAL, OBSTETRICAL

A CASE OF PERFORATED DIVERTICULITIS

The following case presents some unusual features, and may, I think, be of interest.

An indoor labourer, aged 69 years, was admitted to hospital on the evening of December 7th, 1931, suffering from severe abdominal pain. He had always been a perfectly healthy man, except for an attack of "indigestion" fifteen years ago, which at the time was thought to be due to a duodenal ulcer.

His history was that after tea on the day before admission he had been seized with sudden abdominal pain, most marked in the lower half of the abdomen, and had sent to his doctor, who had prescribed Dover's powder x grains. At 10 p.m. the doctor called to see him, and found him in bed and asleep, his family saying that he was better. On the following morning the doctor visited him, and saw him in bed. His temperature was then 98.2°, pulse 76; he had no pain, and the abdomen was quite soft on palpation. As a precautionary measure he was kept in bed, but at 5 p.m. the same day the doctor was again called, and found that the pain had returned, and was general over the abdomen, which was rigid all over. The patient was flushed; temperature was then 99.6° and pulse 86. He had vomited mucus and gastric juice. He was at once removed to hospital, where I saw him and advised immediate operation. Temperature 100.6°, pulse 132; liver dullness absent.

A diagnosis of rupture of a hollow viscus was made, the history of indigestion fifteen years previously suggesting that the duodenum might be the site of the lesion, though the age of the patient, the temperature, pulse, and the original low distribution of the pain were against it; and the possibility of perforated diverticulitis was borne in mind.

In view of these facts a small right paramedian incision was made, three inches long, and centred on a point half an inch above the level of the umbilicus. A small opening was made in the peritoneum, a little gas escaped, and a milky peritoneal exudate in no great quantity was seen. There was absolutely no odour. No stomach contents were seen, but as the patient had had no solid food for over twenty-four hours this fact was considered to be without significance, and since the peritoneal exudate appeared to be typical of that found in cases of duodenal perforation the incision was extended upward. Upon the stomach and duodenum, as well as upon the small intestine, were numerous flakes of fibrinous lymph, but there was no ulcer or perforation or lesion of any kind. Appendix, gall-bladder, and pancreas were examined,