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D I S S E R T A T I O

D E

ERYSIPELATE.

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It is not my purpose in this Essay to state the various opinions entertained on the description and treatment of this disease from the earliest date of the science of Medicine through successive generations down to the present day. It is well known ^{that} our remote ancestors cultivated the healing art with a tolerable degree of success and perfection, although in the present enlightened state of the world, their discoveries and observations must seem to be rude and inefficient. However we know that in many diseases the same treatment is now adopted as was used by

by our forefathers, even as far back as the time of Galen and Hippocrates - and even in some cases Remedies have been proposed and adopted as recent discoveries, which, although not used by our immediate ancestors, have, on investigation, been proved to have been known and practised at very remote periods. The History of Medicine has handed down to us the names of many philosophers of the highest talent; whose success in the Science has induced their posterity to make further explorations, and so to cherish the art, which was then in its infancy, as to bring it to the maturity, which we see in the present day. It is not my purpose to contemplate the exertions and industry of those who have shed so much light on the obscure difficulties of the Science, and who, even at great risk of life in many cases, by their explorations and observation, at length overcame those difficulties. I must mention that this production must of necessity be brief and limited, owing to my ignorance until lately of the fact of my having to send it in at the early period specified, which has consequently left me little time to do justice to the wide and important subject I have chosen. It is a disease on which there have always been very contradictory opinions, and it has formed a debatable subject for philosophers of both departments of the Profession, as it stands on neutral ground, as it were, between the provinces of Medicine and Surgery, and is therefore claimed by both. The disease was known in the earliest times, and recognised much in the same light as regards its danger &c, as in the present day.

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but still, although this is the case, there seem always to have been a paucity of entire works published on the subject, and I may say that scarcely any disease has formed more subjects of debate, as it were, piecemeal, which of course renders it a difficult subject of study for the beginner. But not to make any further general remarks on the subject, I may at once proceed to the disease itself - and first to the

Name, Definition, and Description of Erysipelas: — **Erysipelas** (from

Greek words ἐρύω, I draw, and πέλμα, adjoining), called also, Anthony's fire, and the Rose, is an inflammation of the cutaneous membrane accompanied with heat, pain, redness and swelling; in the furuncular or Phlegmonous form the deeper seated subcutaneous tissues are involved. It is most probable that the latter form of it was meant by Aetius, under the denomination 'Ignis Sacrus', though some have doubted this. It attacks the human frame without regard to age, sex, or place, and often has for its predisposing cause a peculiar state of the Constitution, or some disorder of the 'primevæ'. Its symptoms are very various in their violence and acuteness, in some instances it has been divided by most authors into three or four forms according to degrees of intensity; and here scarcely any two authors agree in the nomenclature of the various forms; thus Desault divides Erysipelas into the Phlegmonous, Bilious and local varieties. Mr. Lawrence into Simple, Eczematous, and Phlegmonous. But I think it is quite sufficient to speak of the two principal forms

forms, viz. Simple and Phlegmonous. For in the nomenclature
of this and many other diseases there is great superfluity, which
in itself is very puzzling and Confusing; this of Course is especially
the Case in the older Authors; Certainly for the sake of Simplicity
the Names should be as few and comprehensive as possible.
Nor that we can object at all to the terms used by the different
Authorities on the Subject, for they all contain something of the
merit of praise and observation. Yet the simplest division
in my opinion, and now generally adopted, is into Erythema
simple, and Phlegmonous Erysipelas. Each one of these may run
its whole Course without passing into, or being accompanied by the
other forms, although this is a rare occurrence; because the two
which the several forms attack, are situated near each other, and
are intimately connected. Erythema is the mildest form of the
disease, and is attended with redness, and slight pain, but no swelling
and is merely an affection of the Cuticle; the swelling accompanying
it is very slight, if present, and can scarcely be distinguished by
eye, but easily by the finger; on pressure the red blush disappears
for a moment, and a white mark is left. There has been great
question whether Erythema and true Erysipelas are distinct
diseases, or not; Cullen, for example, has said that the difference
consists in the one being a local affection, and the other a Con-
stitutional one. But it is very plain that the local appearance
of Erythema is caused and preceded by constitutional
Symptoms;

symptoms; in fact it has been said by Batsman, that Ery-
 -thema is a sympathetic affection, depending on general causes.
 And also by W. Travers that sometimes the local symptoms
 of inflammation in Erysipelas precede the general. Erythema
 spreads by continuity - and is the effect of Constitutional disease
 especially of the 'primæviæ'; and, if not properly and promptly
 attended to, may pass into the more violent stage of Erysipelas.
 The ordinary termination of it is Resolution by desquamation
 or sometimes vesication occurs, and drying of the Cuticle and
 desquamation follow. It may, on the other hand, pass into true
 Erysipelas, or what may be called the second stage. Now the
 pain is more acute on pressure and Effusion often occurs, in
 the case of Erythema. Thus says W. Lawrence "Frequently per-
 effusion takes place from the inflamed surface, elevating
 the cuticle into smaller or larger vesicles, or into Bullæ,
 like those produced by blisters." Cullen has placed Erysipelas
 among the Exanthemata, which he describes as Contagious disease
 and only occurring once in the life of those affected with them
 but not so Erythema; he therefore considers them two distinct
 diseases - but he evidently contradicts this assertion afterwards
 by affirming that Erysipelas is not Contagious, and that it
 may affect a person more than once - He also says that it is
 a Specific disease, and therefore dependant on Constitutional
 Causes - But whether we say that the general Constitutional
 Causes

Causes produce the local disease, or that the local disease produces the general febrile disorder, we cannot be altogether borne out by the facts as shewn in practice, in the case of either assertion. It cannot be denied that there are great differences in the constitutions of individuals, and that the disease, which may be simply an affection of the cuticle in one person may in another proceed to diffuse inflammation and disintegration by shouging of the cellular membrane, fascia, and deeper seated parts. Thus according to the opinion of Mr. Nunnsley of Leeds, who says "Between an erythematous redness of the skin and a severe attack of Phlegmonous Erysipelas in which not only the skin and subcutaneous cellular tissue are involved, but in which also the fascia and intermuscular cellular tissue are affected there is an immense difference, which for practical purposes, it is very useful and proper to distinguish by separate names - and yet the two are so connected by every intervening shade of progression as to prove that the two are but the extremes of the same affection", the former, which may end in mere branny desquamation of the cuticle, and the other which may incur death of a large portion of cellular tissue and skin, are varieties of the same complaint, although of course there is a great distinction between the two forms. And these results may depend on circumstances totally

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totally unconnected with the nature of the disease, as the age, condition, and Constitution of the patient, the treatment employed, or the order of succession in the parts affected. The swelling may also depend much on the tendency of the patient to Effusion of serosity - also on the structure and position of the part involved. It is evidently not a specific disease, as Mr. Lawrence thought, who asserted as his opinion that Erysipelas was a disease affecting one texture especially, namely, the Skin, and that the sub-cutaneous adipose and cellular structures might be secondarily involved. He, with many others, esteemed it a local affection producing the Constitutional symptoms. It is more probably dependent more on the general disorder of the body than upon the organisation of any distinct part.

Erysipelas in the purple form is attended with severe pain, as may be inferred from its seat; it generally affecting the Cutis Vera, in which are situated a profusion of blood-vessels, and especially the papillae or sensitive parts of the skin - or in other words the ends of the Cutaneous nerves themselves. The swelling does not so much depend on the Congestion of the bloodvessels, as upon the serous Effusion, which when situated in the Cutis, elevates the Cuticle in the form of larger or smaller vesications. But these are not always present, especially not if the disease be deeper seated and

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and affect the subcutaneous tissue chiefly. Then the parts are soft and boggy to the touch. but no vesications; the swelling is often very trivial; especially in the more superficial cases. There is of course great redness, produced by the Congestion of the vessels. This form of the disease may, like Erythema, be brought to a favorable termination by prompt and effectual treatment. It may simply resolve, or, vesication having occurred, the vessels burst, or are artificially opened, and desiccation occurs. This is called Resolution by desiccation. The subcutaneous Effusion is absorbed. In neglected and badly treated cases, this Resolution does not readily occur, and there sometimes arises a purulent discharge, in some degree resembling the Phlegmonous variety, except that it is not an Early or diffused Suppuration, but merely an Inflammation, which may, as in other Circumstances, be followed by Suppuration and fibrinous formation. But this may also occur in the subcutaneous parts as well as superficially, and may run on into the more dangerous form of the disease. If neglected, the deep seated parts, especially the Mucous and Serous Membranes, may be affected, and the fasciae of the Muscles and their sheaths - and the affection becomes so altered in character, as to resemble the Phlegmonous form, the characteristic symptom of which is diffused purulent infiltration of the Cellular tissue.

Causes.

Causes.

The causes of Erysipelas are of two kinds. First, those which are inherent in the person's Constitution, and therefore called Constitutional or predisposing, and secondly, those which are external to the body or exciting. I shall speak first of

Predisposing causes. It is a well known fact that some people are far more easily affected than others; and that some, slight errors in diet &c, or any small mechanical irritation of the skin, as the prick of a pin, or a leech bite may be followed by Erysipelas. Those also who have once been affected with it, are more prone to its recurrence. Certain conditions of the atmosphere must also be numbered among the predisposing, that is, the external predisposing causes especially a very changeable condition of the weather, heat succeeded by cold; hence Erysipelas is far more common in Autumn and Spring than in Summer and Winter. Also other external causes are Miasmata and putridities existing in the air; and the living in close and ill-ventilated rooms and localities - Very often when a mild atmosphere is followed suddenly by cold North and East winds, while some people will become affected with Bronchitis and other Pulmonary affections, others on the contrary may be seized with Erysipelas; this, of course, depending entirely on Constitutional tendency or predisposition.

Among the chief Internal causes must be mentioned a disordered and depraved state of the viscera, especially

of the Stomach and Liver; derangement of these latter organs being the most common Constitutional Cause. Accordingly many Pathologists, especially of the Humoral School, after the opinions handed down from Galen and Hippocrates, who referred the origin of this disease to a Congested state of the bile, have given the name "Bilious" to a certain form of Erysipelas, which distinction by many, however, is esteemed quite unnecessary, inasmuch as it does not express the degree of violence of the disease, or the textures involved in it. However this may be, the term is often used at present, indicating a variety of the disease in which the biliary derangement precedes the local affection of the integument. It may characterize the simple Cutaneous or the Phlegmonous Cellular variety, but chiefly the former; in fact, this variety is generally very mild, the skin not even being much reddened, and the febrile symptoms very slight. Other very common predisposing Causes are previous habits of intemperance, and especially the Excessiveness of fermented liquors - this is a peculiarly frequent Cause. Those who are much addicted to these habits generally have a healthy appearance, but may be said to be always on the verge of disease, owing to the Congestion and Irritation constantly present on the surface of their bodies - and when, by some injury or surgical operation or other exciting Cause, this healthy balance is upset, they are

are very liable to be affected with a severe form of Erysipelas. Accordingly the draymen employed by Brewers (especially in London) are among the best examples of this fact. Similarity to Gout and Rheumatism have been thought to be predisposing Causes, but probably they are not so, further it arises from the fact that the tendency of these diseases is to weaken the tone of the system. So also the Cachectic Diathesis in the same way may be said to predispose to Erysipelas, as to other diseases. But in most cases where there is great predisposition to repeated attacks of Erysipelas, it probably depends on irritability of the Skin, and of the Mucous Membrane of the Alimentary Canal. So that it has been supposed to affect those of fair Complexion, and consequently of a more vascular and finer Skin, than those who are naturally dark. So also it is more liable to attack females than males. The Mucous irritation in the Alimentary Canal, of course, depends on the biliary and gastric disorder. The disease is very apt to arise in those who are continually exposed to a heated atmosphere, as Cooks &c, the Surface of whose bodies in time becomes preternaturally Congested; also in Coachmen from the fact of their being almost constantly ~~being~~ exposed to the severity of the weather (Cold and wet), it affects the head and face; but it is most especially apt to occur in those whose Constitutions have been weakened by dissipation, intemperance

or privation. The 'Exciting' causes may be very simple and slight; any mechanical or chemical irritation wounds of any sort; but more especially Contused and Lacerated wounds of the scalp. Blisters, leechbites, wounds inflicted in Surgical operations in any part of the body.

Fatigue, often seen in the march, and especially the retreat, armies, when in addition to the bodily fatigue, there is occasional anxiety and despondency of mind. The operation of amputation and the ligation of veins have often been followed by Erysipelas. There are certain periods when the disease is very prevalent, owing to some external cause present in the atmosphere; during these periods it becomes an Epidemic disease, that is to say, there exists a certain matter in the air acting as an exciting cause, and those individuals first become affected with it who are most predisposed. Then it may happen that the bodies of those attacked add a fresh morbid poison to the surrounding air, and in this way a whole ward may become infected with the disease. There has been a great question as to the fact of Erysipelas being contagious, or not, which exists even at the present day. It is certainly not contracted by personal contact, if the word be used in its strictest sense; but most authorities, among whom are Wells, Liston, Bateman, and Hutchinson, conclude from their experience that it may be infectious. Mr. Lawrence does

does not quite agree with this notion, although he says
 "Erysipelas arises from many causes, among which it is
 doubtful if Contagion is to be included". He nevertheless
 remarks that Erysipelas of the head and face are some-
 times Contagious. Dr. Baillie (who was afterwards converted
 to the Non-contagious doctrine) mentions that in the year 1799
 -6 the wards of St. George's Hospital were particularly full
 of cases of Erysipelas, and that those patients who were admitted
 into a certain ward, in which many were lying affected with
 this disease, became Erysipelatous also. But the infection
 of many individuals at the same time may be explained by
 the operation of the same exciting cause upon them all, with-
 out entertaining the supposition of Contagion. I think that
 in many cases, however, we may refer the invasion of the
 disease to an ill ventilated condition of the apartment or
 ward, depravity in diet, and proneness in the Constitu-
 tions of the different individuals to this kind of disease, and
 not to a specific virus. Some have said that there is an
 intimate connection between Erysipelas and Typhus Fever,
 owing to the former often attacking patients recovering from
 the last mentioned Fever. However the question of Contagion
 may be looked upon, it behoves us as much as possible
 to guard against the possibility of contagion during any
 prevalence of the disease by the necessary precautions, as the
 violation

isolation of the Cases, good ventilation &c. and during these periods, Surgical Operations should be had recourse to in as few Cases as possible, on account of the danger of their being followed by Erysipelas; and that they should rather be postponed to a safer period.

Symptoms.

Erysipelas, if it be about to partake of the Pseudo-monous type, is ushered in by acute Inflammatory fever - loss of appetite - headache, pains in the loins and back - quickened pulse, foul tongue, Constipation of the bowels and the general symptoms of Fever. Delirium often takes place, especially when the disease attacks the face. There is great Effusion of liquor Sanguinis, causing swelling and Tension of the part. The limb affected attain to double its natural size; it appears shining, turgid and smooth - great pain arises on pressure. The skin becomes of a deep red, and gradually of a purplish hue; Blisters are often present, not generally of a military form, but tending to resemble blisters. The whole limb feels hard and Crawny. The Fever commences with a Rigor, followed by increased heat and languor, often Nausea and vomiting of bile, depending on the disorder of the Stomach. Generally about the second day after the Rigor (sometimes sooner) the local appearances take place. The Erysipeloid

Erysipeloid inflammation often extends to the face, the redness generally beginning there at the side of the nose and lower eyelid of one side, then continuing up over the scalp, and then generally begins on the other side. It extends over the scalp and down the back of the neck, where it generally, ... The Pain is of an itching or tingling character, accompanied with a sense of burning heat. During the affection of the scalp, the Membranes of the Brain are very liable to be affected, constituting one of the most serious Complications of the disease. Delirium and great headache are induced, the face having become very much swollen, and the features distorted. Vesications generally break out on the third or fourth day, succeeding the rigor. appearing ~~first~~ on the face and neck - often absent from the Extremities. In a favorable case, the inflammation seldom extends for more than six or seven days; then the signs of Resolution commence; the vesications discharge their serous Contents which form a brown crust on the surface; the Cuticle desquamates, leaving a raw red surface. In very mild forms the febrile symptoms abate soon after the appearance of local affection. In the Phlegmonoid form the fever is much more aggravated; the skin becomes very hot, bowels constipated, faeces abnormal; the secretions of the skin are diminished in quantity; also the urine becomes scanty and turbid. Whereas in the simple Erysipelas the Effusion is serous; in Phlegmonoid it is purulent.

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Phlegmonous form liquor sanguinis is effused beneath the skin. The vesications are larger than in the simple form. The Inflammation proceeds to Suppuration. Pustules form on the surface, and purulent infiltration of the subcutaneous cellular and adipose tissues takes place spreading by continuity, becoming diffuse. The Suppuration may extend down to the fascia of the Muscles; it seldom proceeds deeper, except in neglected cases. Sometimes the cellular tissue between the muscles suppurates. Even the tendons and muscles themselves may be involved. There may ensue sloughing of the periosteum and bones; and Amputation of the limb is rendered necessary, in order to preserve life. This form of the disease is attended with a great degree of irritative fever. At the commencement the skin pits on pressure, and there is left a white depression, which soon vanishes; soon afterwards the limb becomes hard, tense, and shining, or as it is generally called 'Brawny'. The skin loses its vitality and sloughs, except on the scalp and temples where in general there is merely sloughing of the cellular tissue between the pericranium and the Aponeurosis of the Occipito-frontalis; the skin in this situation preserves its vitality owing to the fact of its being more intimately supplied with nerves. In old persons the disease runs

a slower course, but is more dangerous in proportion to the old age, except in the case of young children. Death generally occurs from the internal complications or affections of the viscera; especially of the brain, by Coma. When the disease is about to terminate favorably, resolution is indicated by the pulse becoming slower, the secretions more normal in quantity and quality, especially the alvine, the mind becoming clearer, tongue less furred, urine increased and containing a sediment, and the mitigation of all the febrile symptoms.

Diagnosis.

This may be said to be comparatively easy; for although it has been affirmed, that there are two or three diseases from which Erysipelas must be discriminated with due care, still there seem to exist such wide distinctions between them that a mistake need scarcely be made. The diseases with which it is most apt to be confounded are the Exanthemata, and Phlegmonous Inflammation. From the former there can be little difficulty of diagnosis. In the Exanthemata the disease (i.e. Small Pox, Scarlet Fever, or Measles) affects an individual only once in life. Erysipelas, on the contrary, is more liable to recur in a person who has once been affected with it. The

the former the rash appears pretty regularly upon a certain day, is regular in form, and terminates after a certain course. In the latter the vesications may break out at any time from a few hours to four or five days after the appearance of the Constitutional symptoms; they are irregular in form, and run a very irregular course.

It may easily be diagnosed from Phlegmonous Inflammation. In Phlegmon, the swelling is greater, but is circumscribed by a boundary of Plastic Exudation. The swelling stands out in relief, as it were, from healthy surrounding parts; this being followed by healthy suppuration. The centre of the tumor, which becomes conical in form, points, and there is perfect fluctuation. In Erysipelas, on the other hand, the inflammation is diffused, and spreads by continuity; the entire part becomes swollen, and on pressure the deep color momentarily leaves the depressed part, which is not the case in Phlegmon. In the former the color is not of such a scarlet hue; there is no fluctuation or pointing, but a feeling of boggyness to the touch, owing to the infiltration of a fibrous structure. Then the pain in Phlegmon is dull and throbbing, the circulation more excited. In Erysipelas the pain is not so great and more of the nature of tingling and itching, with a fluxion of

burning heat - The former terminates in healthy sup-
 -puration; the latter often is diffuse purulent infiltration,
 causing great disintegration of the involved textures; the
 Pus never being confined in a circumscribed cavity. The
 Constitutional symptoms, in Erysipelas, precede the disease,
 and are more often attended with irritative fever, especially
 in the Phlegmonous form. In Phlegmonous inflammation
 the Constitutional disturbance is merely inflammatory
 and depending upon the local affection. The latter part
 of the Sthenic form; the former often tending to the
 Asthenic form of inflammation, or irritative fever. Phlegmon
 often requires depletion, and can tolerate it well. In Ery-
 -sipelas, on the contrary, depletion in most cases cannot
 be borne, and stimulants are often necessary at any early
 period. It is difficult to diagnose between the different
 forms of Erysipelas itself, unless when different textures
 are affected, as the skin, or cellular tissue, and the distinc-
 -tion well marked. But often the type is not easily distin-
 -guishable, and one form may come to resemble another, or
 suddenly pass into it. Erythema, however, may be easily
 discriminated from the other forms, as the redness and swelling,
 especially the latter, are not so well marked, and it is com-
 -paratively unaccompanied by Constitutional irritation.
 Also there are no vesications, and the form is soon followed
 by

desquamation of the Cuticle and resolution.

Prognosis.

In our prognosis we must consider to what form the disease assumes: for the pimple variety may be said, if properly treated, seldom to end fatally; the Phlegmonous variety occasions a less happy prognosis. The simple or cutaneous form is aggravated as regards danger by the extension of the disease to the head and face but even then is seldom fatal, unless unfavorable intercurrent symptoms arise on account of its proximity to the Brain. The Phlegmonous form is more apt to attack the Brain, & by immediate contiguity from the scalp, or from being transmitted by the numerous bloodvessels of the Cranium and its coverings; and death often occurs by the appearance of Coma; often the danger exists in proportion to the amount of scalp affected. If the disease appear in the immediate vicinity of the exciting cause, the prognosis is more favorable, than if it leaps to some distant part; also longer the interval before its appearance, the less is the danger. The disease may be looked upon with less anxiety if it proceeds along the affected limb gradually towards the trunk, than if the whole limb be affected at once. If the pulse become quickened, the tongue dry and covered with foides, and there arise nausea, vomiting of bile, with diarrhoea, the albino

alvine secretions being abnormal and very offensive; and especially if the pulse continues to increase after the sixth or seventh day, the prognosis becomes exceedingly unfavorable. If, on the other hand, the circulation becomes improved, the mind clearer, the secretions of the bowels more healthy, the tongue moist, and the urine increased in quantity holding a latent deposit, we may prognose a favorable termination of the disease. But we must give much attention to the condition and constitution of the patient affected with Erysipelas; if it occur in a person, who has always been in the habit of consuming fermented liquors to a large extent, even though not often intoxicated, ⁱⁿ the case of the draymen of the London Breweries instanced above, an accident of any sort is very liable to be followed by a fatal attack of Erysipelas. Also if the disease occur in crowded and ill ventilated parts of cities, it is liable to be much more severe than when it occurs in the country; as in the former case it is so liable to be attended with a low asthenic type of fever; in fact the prognosis is more favorable in proportion as the fever assumes the asthenic type; as it is more probable that in these cases the suppuration will be more limited and laudable. In an epidemic also, the fever is very liable to be of the asthenic type. Then as regards age, it is more unfavorable in proportion to the old age of the person affected; except in the case of young children, in whom

whom the disease is often very severe, attacking infants in parts where cellular tissue is abundant, and the textures lax as the genital organs; in these cases it is very liable to be followed by gangrene. The prognosis is always more unfavorable as the internal organs and viscera become involved, especially the Brain; and it often requires great care and Experience to diagnose the Condition of the viscera, as these Complications are often unattended with any great amount of pain, until they become very severe. In very mild forms of Erysipelas, most probably the attack has naturally a salutary effect in relieving some internal disorder; so in the Erysipeloid inflammation of the face, it is likely that it is often caused by the internal affection. It is very probable that it often appears on the surface to avert the vehemence of disease of some internal organ. Of course the case generally is that the affection is transmitted by contiguity from the external to the internal locality, just in the same manner as a lesion of the integuments of the knee, for example, may call forth inflammation of the synovial membrane of the joint. Cullen says, speaking of Erysipelas of the face, "I have not seen any instance in which it did not appear to me that the affection of the Brain was merely a Communication of

of the external affection, as this continued increase
 at the same time with the internal. This of course
 must be allowed generally to be the case; but it is true
 that sometimes a mild form of Erysipelas is set up for
 very salutary end during inflammation of the Brain.
 Besides, if the former were always the case, it militated
 against the practice of Counter-irritation, which
 we hold to be a safeguard against many diseases of
 internal organs; for we know that the effect of Count-
 -irritation on the Surface is not to increase, but to cure
 the internal disorder. So Cullen says in another place
 speaking of Hepatitis (T. 1. p. 177) "It would seem to be
 sometimes cured by an Erysipelas appearing in some ex-
 -ternal part." Speaking of the affection of the brain
 Cullen says "The event of this disease may be foreseen
 from the state of the symptoms, which denote more or less
 affection of the Brain. If neither delirium nor Coma come
 on, the disease is seldom attended with any danger; but
 these symptoms appear early in the disease, and to a
 considerable degree, the utmost danger is to be
 apprehended." And now in the last place we ^{consider} miss
 the subject of treatment of Erysipelas.

Treatment.

On this subject, just as in the case of the
 of

of the nature and description of the disease, the opinions of various Authors widely differ, and contradict each other; some having recommended, especially by the older Authors, large depletion by Phlebotomy, even to loss of Consciousness; others again advocating the use of Tonics and Stimulants, and putting aside Blood-letting altogether. The Remedies to be used are of two kinds, and directed to two Conditions. First, to the part affected, or local treatment. Secondly, to the system generally, or Constitutional treatment. It is very seldom that Erysipelas can be cut short at its commencement, although sometimes, especially when treated before the third day, it has been stopped in its early progress. Some say, especially those who hold Erysipelas to be a specific disease, and resembling the Exanthemata of Cullen, that it must run its whole course, and that any attempt to abort it must prove unsuccessful. However this may be, we find that even in the same person, who has been the subject of many attacks of the disease, some of the attacks are much milder than others; some only reaching the state of an Exanthemata blush, while others proceed to the most dangerous forms. At all events the best plan of aborting the disease, if this is possible, is to attend early to the Constitutional symptoms, and especially

Especially to look to the state of the Alimentary Canal; the best remedies therefore are an Emetic, especially Antimonial, followed by a purge; so as to produce vomiting and Catharsis, and remove the Congestion of the bilious system, or any irritating substance from the Stomach and Intestines; also to produce mild diaphoresis. If there is much fever or local inflammation present, we must direct our attention to the lessening of these symptoms. If the mucous surface of the Alimentary Canal is in a depraved state, it must be corrected. If there is much irritation present, it must be counteracted by soothing Remedies. Also we must look at the Condition of the patient; age, Constitution, and previous habits; also the Atmosphere, whether pure or vitiated; treatment and Regimen must be determined accordingly. The first point to be considered is, Is there any specific Remedy for Erysipelas, as in the case of Jews? One has been proposed, and found very successful, by Mr. G. H. Bell (vide Edinburgh Monthly Journal. June 1851) of which more afterwards. I shall now divide the subject and speak of the treatment of the two principal forms of Erysipelas. viz: Simple and Phlegmonous. And, first, the treatment of the simple or Cutaneous variety. Often this form may be subdued by the timely administration of

of an Emetic, followed by a saline purgative. The Antiphlogistic Regimen must be enjoined. Warm fomentations should be applied to the affected part; and if very tender and painful, they may with advantage be medicated, with Acetate of Lead or Opium. Repellent remedies are not to be used, as Cold lotions; because they are very liable to transfer the disease by Metastasis to some internal organ or mucous membrane; or probably may produce the cellular variety of Erysipelas by being transferred to the deeper layers of the integument and cellular tissue, nevertheless the Cold applications are useful afterwards, when the inflammation has almost subsided. The purge should be a mild Mercurial, as Calomel with Jalap. The secretions, if of a vitiated character, must be corrected by the use of alteratives; especially the Hydrag. c. Crota may be employed with success. If the disease under this treatment does not improve, but goes on increasing, depletion may be necessary, but we must first consider whether or not it will be well borne by the patient; for we must always bear in mind that, unless the Constitution of the patient be strong, it will in most cases remain for a long time, if not permanently, weakened by the loss of blood, even if the disease be satisfactorily cured; that he will not be as pound a man after he has emerged from the attack, as he was before its occurrence.

occurrence. Among the most determined advocates of venesection was Mr. Lawrence, who asserted "that he did not discover in Erysipelas those marks of debility which others so much insisted on", and he therefore recommended as a rule Phlebotomy, local bleeding, low diet, together with the emetic and purging Remedies above alluded to. It is plain, however, that no definite plan can be always followed; but that in some cases the Anti-phlogistic Course of treatment; in others the Stimulant mode must be adopted. The best mode of depletion when required is to make numerous small punctures with the Lancel, instead of leeching, for the reason that the bites often occasion much Irritation, and may lead to ulceration. The punctures should be for the most part slight, and not continued below the lowest layer of the Cutis; a few only should penetrate into the Cellular tissue, in order to allow of the Escape of any Effusion.

Painting the affected ^{part} over with Nitrate of Silver has been recommended, but in severe Cases, is very likely to produce Metastasis to some deeper seated texture. It is very useful when Employed for Circumscribing and limiting the disease in the Case of Erythema or mild Erysipelas; but it is not safe in the graver forms, or when it affects the head and face. Sometimes, when the parts are very painful, the sprinkling
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over them of some hair powder or fine flour is attended with relief; but this should only be done in the milder forms, as it produces a certain degree of heat and irritation of the part; moreover this proceeding, as well as the painting on of Nitrate of Silver is inconvenient, as it hides from view the Condition of the affected parts. In the after treatment hot fomentations should be applied to the wounds caused by the Knife, especially if more blood be required; this also relieves tension. The part should also be elevated, and bandaged, so as to prevent Congestion and Oedema. If the patient's Constitution be weak or broken, stimulents must be given, and general depletion must not be had recourse to; but the local use of Antiphlogistics is not here contra-indicated. Wine must be allowed, and nutritious, easily digestible food. But the treatment of Erysipelas now much adopted is that by the administration of the Tincture of the Muriate of Iron, in doses of from 20 to 30 drops every 2 or 3 hours for an adult, as proposed by Mr. Bell, and deemed an almost specific Remedy. The employment of this powerful tonic in Erysipelas, which is a disease occasioning so much fever and general Excitement he thus explains - and asserts as his opinion that "in Inflammation, the Capillary vessels having apparently lost the power of separating or electing the Component parts of

of the blood which are necessary for functional purposes, and become to a certain extent inert tubes, a stream of blood is admitted for the circulation of which they are not calculated". "In other words," he says "I consider the capillary vessels to be in an atonic state. That on the system being rapidly recharged with or brought under the influence of this drug, while the cerebral affection and other symptoms of fever subside, the local pain is relieved, and redness and swelling gradually disappear". These facts are well illustrated by the Cases he has brought forward. The remedy must be persevered in night and day every two or three hours, however high the fever and delirium may be. He also employed the local application of hair powder and cotton wadding. This drug does not produce headache, or any unpleasant symptom, but rather tends to relieve them. It is especially successful in infantile cases of Dyspepsia. It is very probable that the success of this remedy also depends on its chalybeate action on the biliary secretion, and general tonic action on the system. Dr. Balfour, of Cramond, has also written in great praise of this, as appears to him, never failing remedy. (Edin. Monthly Journal, May, 1853). The latter gentleman considers it as perfect a specific as any remedies which have this title. ~~But~~ it is useful in the most severe

Severe, as well as in the milder forms. The system must be saturated with it, and kept so for some time.

Treatment of the Phlegmonous form. The Constitutional treatment in this form of Erysipelas must be the same as in the simple variety. Antiphlogistic, but we must not proceed to the most heroic treatment of venesection, or even leeching, as the system will not bear it, the inflammation being often of the Asthenic type. We must clear the Alimentary Canal of any acid matter by Emetic and purge, just as in the Cutaneous form. These should be followed by small doses of Aconite and Belladonna alternately. The great tendency of this form of the disease is to the Effusion of Liguor Sanguinis, instead of serum, which must be evacuated; as it becomes degenerated into an ill conditioned purulent infiltration of the cellular tissue. We ought at this period to evacuate it by incisions made with the Bastoury; not by puncture with the lancet, as in the simple form. The incisions effect two beneficial indications: they cause a moderate loss of blood, so relieving the tense and overdistended skin; also cause escape of fluid or liguor sanguinis from the sub-cutaneous cellular tissue. Dr. Hutchinson of Deal Hospital in his observations on the treatment of the worse forms of Erysipelas advised that the incisions be prolonged down to the muscles

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in a longitudinal direction. Great benefit seems to have occurred from this treatment; as he affirms that before this was adopted in that Hospital the loss of life and limb was very great; but that after this treatment was adopted he thus tells the improvement - "For the last five years" "he says" that the treatment has been practised at this Establishment, I have never lost a case; nor was the recovery of the patients to perfect health protracted beyond a very limited period - When the parts have suppurated, and become red, tense and brawny, we must again evacuate. After the incisions have formed, are to be used. If there is too great a tendency to bleed, which is not generally the case, the limb must be elevated, and pressure or bandage be applied. After bleeding has ceased apply a poultice; this favors the healthy effusion of liquor sanguinis, and the case rapidly resolves. The incisions should be about 2 or 3 inches in length, and not as used to be, measured by the foot or yard. If the case is of a very asthenic type, and arising in an epidemic, we must make the incisions very small and shallow, so as not to lose much blood, which would be too great a shock to the system. The sloughs separate, and the wounds heal by granulation. The fatal termination of this variety is generally by purulent infiltration of the Cranial or Thoracic viscera. Great care should

should be observed in the patient's diet, as any error is liable to be followed by dangerous consequences. In making the incisions to evacuate the Pus, it is better to make them too large than, by making small openings, to be obliged to squeeze and coax the matter out, as it were. Wine and other Stimulants are often necessary, and also Tonics, especially ~~the~~ the aforesaid Malted Tincture of Iron, which is useful also in this form: but should not so early be had recourse to as in the simple form. Most die of this disease between the sixth and twelfth day, and generally of diffuse inflammations or purulent infiltrations of the internal organs: and so death occurs generally from Mechanical pressure, and not from their functions being impaired. We must always endeavor to keep Empiriculous disease from the viscera, and if Metastasis have occurred, to try and bring the disease to the surface by Counterirritation &c. The secretions of the body must be carefully attended to, and especially the disorder of the Stomach and Liver.

Finis.

John Lovell Arnott, Mar: 29th. 1862.