John L. Hopkins
first of the watermen
Thames & Sea
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 that the known facts and the criteria of the healing art were not cultivated 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 insufficient. 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. Some Caele� Remedies have been prepared
and adopted as recent discoveries, which, although not used by
our immediate ancestors, have, on investigation, been proved there
been known and practiced 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 do 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
virtues 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 overcome
those difficulties. I must mention that this production must of
necessity be brief and limited, owing to my ignorance until lately
of the facts of my having to hand 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 doctrine on which
there has always been strong Contradictory opinions, and it has
formed a debatable subject for philosophers of both departments
of the Profession, as it stands on neutral ground, and is seen between
the provinces of Medicine and Surgery, and is therefore claimed
by both. The doctrine was known in the earliest days, and recognized
much in the same light as regards its danger to, as in the present day,
but
but still, although this is the case, there have always been a plenty of treatises published on the subject, as I may say that scarcely any disease has formed more subject of debate, and more, piecemeal, which of course renders it a difficult subject of study for the beginner. But to make any further general remarks on the subject, I may at once proceed with the first letter.

**Crysipelas** (from Greek words κρύος, κρύω, and δέρας, adjoining), called also Anthony's fire, and the Bole, is an inflammation of the integuments accompanied with heat, pain, redness and swelling; in the latter, or Phlegmonous, from the deeper parts, where the constant tissues are in it most probable that the latter form of it was meant by Allen, the denomination *Ignis Sacrum*, 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 primeval. Its symptoms are very various in their violence and acuteness, to which has been divided by most authors into three or four forms of degrees of intensity; and here scarcely any two authors agree in the nomenclature of the various forms, thus Dr. Waller divided Crysipelas into the Phlegmonous, Bilious and local, and Dr. Lawrence into Simple, Adenomatous, and Phlegmonous. But I think it is quite sufficient to speak of the two principal forms.
forms, viz. Simple and Phlegmonous. For in the remainder of this and many other diseases there is great superficiality, and in itself is very puzzling and confusing; this of Course isreflected 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 the merit of precision and observation. Yet the simplest division in my opinion, and how generally adopted, is into Erythema, Simple, and Phlegmonous Erysipelas. Each one of these may act its whole course without passing into being accompanied by the other forms, although this is a rare occurrence, because the time which the several forms attack, are situated near each other, are intimately connected. Erythema is the mildest form of the disease, and is attended with redness, and slight pain, but no rise and is merely an affection of the cuticle; the swelling accompanies it is very slight, is 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, had said that the difference consists in the one being a local affection, and the other a constitutional one. But it is very plain that the local appearance of Erythema is caused and proceeded by Constitutional symptoms,
symptoms; in fact it has been said by Bateman, that Syphilitic is a sympathetic affection, depending on general and also by Dr. Norwood that sometimes the local symptoms of inflammation in Erysipelas precede the general. Erysipelas spreads by continuity and is the effect of Constitutional disease especially of the primaiice; 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 ulceration occurs, and drying of the cuticle and desquamation follow. It may, on the other hand, pass into Erysipelas, or what may be called the second stage. Now the pain is more acute on pressure and effusion often occurs, in the Erysipelas. Thus says Mr. Lawrence frequently effusion takes place from the inflamed surface, elevating the cuticle into smaller or larger vesicles, or into Bullae, like those produced by blisters. Bullae has placed Erysipelas among the Exanthemata, which he describes as Contagious diseases and only occurring once in the life of those affected with them. But not so. 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 dependent 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 they are 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 portioning of the cellular membrane, fascia, and deeper seated parts. Thus according to the opinion of Mr. Heimseley 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 blanching desquamation of the cuticle, and the latter which may lead to death of a larger 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 latter may depend on circumstances totally
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 tenacity of the patient to effusion of fluidity also on the structure and position of the part involved. It is evident 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 subcutaneous adipose and cellular structures might be pleuradially involved. He, with many others, esteemed it a local affection producing constitutional symptoms. It is more probably dependent more on the general disorder of the body than upon the organization of any distinct part. Erysipelas in the purple form is attended with severe pain, as may be inferred from its part; it generally affecting the Cuts and, 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 thence deriving the pain. The swelling does not so much depend on the congestion of the blood-vessels, as upon the firmness of a cutaneous membrane, which, when situated in the Cuts, elevates the Cuts like a form of larger or smaller turgescences. But these are not always present, especially not of the disease be deeper seated, and
and affect the subcutaneous tissue chiefly; then the parts are soft and baggy to the touch, but no abscesses; the swelling is often very trivial, especially in the more superficial cases. There is often great redness, produced by the congestion of the vessels. This form of the disease may, like erysipelas, be brought to a favorable termination by prompt and effectual treatment. It may simply resolve, or, abscession having occurred, the muscles burst, or are artificially opened, and abscession occurs. This is called Resolution by abscession. The subcutaneous effusion is first absorbed. In neglected and badly treated cases, this absorption does not easily occur, and there sometimes arises a purulent discharge, somewhat resembling the phlegmonous variety, except that it is not an Early or dispersed 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 part as well as superficially, and may run on into the more dangerous form of the disease. If neglected, the deep-seated part, especially the muscous and serous membranes, may be affected, and the fascia of the muscles and their sheaths, and the affection becomes exerted in characters to resemble the phlegmonous form, the characteristic symptom of which is diffuse purulent infiltration of the cellular tissue.
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, or any small mechanical irritation of the skin, as the prick of a pin, or a small bite, or the like, is sometimes 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. Other external causes are Miasmas and putridity 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 Bronch and other Pulmonary affections, others on the contrary may be seized with Erysipelas; the, of course, depending entirely on Constitutional tendency or predisposition.

Among the chief Internal Causes must be mentioned a disordered and depraved state of the intestines, 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 dyspepsia, which distinction by many, however, is deemed quite unnecessary, as much as it does not express the degree of violence of the disease, or the tissues involved in it. However, this may be the term most used at present, indicating a variety of the disease in which the biliousderangement precedes the local affection of the integuments. If they characterize the simple cutaneous or the phlegmonous cellulitis 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 habit of intemperance, 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 chronic form of Syphilis. Accordingly the styrians employed by Brewers (especially in London) are among the best examples of this fact. Sickness to Great and Spleen have been thought to be predisposing causes, but probably they are not so. Furthermore, it arises from the fact that the tendency of these diseases is to weaken the tone of the system. In the same way may be said to predispose to Syphilis, as to other diseases. But in most cases, where there is great predisposition to repeated attacks of Syphilis, 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 vascular and finer skin, than those who are naturally dark. 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, etc. The surface of whose bodies in time becomes preternaturally congested; also in Coaching from the fact of their being almost constantly exposed to the severity of the weather (Cold and Wet), it affects the hands and face, but it is most especially apt to occur in those who Constitutions have been weakened by dissipation, intemperance, or
or privation. The 'Exciting' Cause may be very sim-
ple and slight; any Mechanical or Chemical Irritati-
on round of any part, but more especially Contused and
lacerated wounds of the scalp. Blisters, ecchymose,
infected in Surgical operations in any part of the body.
Fatigue, often seen in the march, and especially the retreat of
armies, when in addition to the bodily fatigue, there is occa-
sioned anxiety and despondency of mind. The operation of
infection and the lifetime of being have often been followed
by Ergotism. 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
Infective portion to the surrounding air, and in this way,
a whole town may become infected with the disease. There
has been a great question as to the fact of Ergotism being
Contagious, or not, which existe 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 Yule, cotton, Batman, and Hutchinson, concluce
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 convevnced
to the Non-Contagious doctrine) mentions that in the year 1796
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 Erysipelas 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
and Entertaining the Supposition of Contagion. I think that
in Many cases, however, we may refer the invasion of the

disease to an ill-conditioned condition of the apartment or
ward, depravity in diet, and proneness in the Constitu-
tions of the different individuals to the kind of disease, and
not to a specific cause. 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

dislation.
Symptoms.

Erysipelas, if it be about to partake of the Morbus, is ushered in by acute inflammatory fever, loss of appetite, headache, pain 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 blood, causing swelling and tenderness of the part. The limb affected attains double its natural size; it appears shining, and smooth; great pain arises on pressure. The skin is of a deep red, and gradually of a purplish hue; vesicles are often present, but generally of a milky form, and resemble blisters. The whole limb feels hard and heavy. The fever commences with a rigor, followed by increased heat and languor, often nausea and vomiting of bile, depending on the disorder of the liver or stomach. Generally about the second day after the rigor (or sometimes sooner) the local appearances take place. The
Encephaloid inflammation often extends to the face, the
swelling generally beginning there at the side of the nose and
lower eyelid of one side, then continuing up over the cheek
and then generally begins on the other side. It extends over
the scalp and down the back of the neck, where it generally
causes pain 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 affec-
ted, constituting one of the most serious complications of
disease. Delirium and great headache are induced, the
face becoming very much swollen, and the features dis-
formed. Vesicles 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 Absolution
commence; the vesicles discharge their purulent content,
which forms a brown crust on the surface; the cuticle de-
lames, leaving a raw red surface. In very mild form
the febrile symptoms abate soon after the appearance of
local affection. In the Phlegmonoid form the fever is more
aggravated; the skin becomes very hot, bowels constipated
in quantity; the secretions of the skin are diminished
in quantity; also the urine becomes scanty and turbid.
Whereas in the simple Encephaloid the effusion is scarce, in
Phlegmonous form, sequelae of inflammation, is diffused beneath the skin. The lesions are larger than in the purple form.

The inflammation proceeds to Suppuration. Pustule form on the surface, and purulent infiltration of the subcutaneous cellular and adipose tissue, tends to 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 suppures. Once the tendons and muscles themselves are involved, then may ensue staphyloma 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 feels on pressure, and there is left a white depression, which soon vanishes; soon afterwards, the limb becomes hard, tense, and shivering, or as it is generally called, Bravity. The skin loses its vitality and thoulges, except on the scalp and temple. Where in general there is merely staphyloma of the cellular tissue between the periboneum and the eponeum, of the Oecipito-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 is
a flower 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 effects of the brain, especially of the brain by coma. The disease is about to terminate favorably, resolution indicated by the pulse becoming slower, the respiration more normal in quantity and quality, especially the urine and the mind becoming clearer, tongue less puffed, tongue bed containing a sediment, and the mitigation of all 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 Encephalitis must be distinguished with due care, still there seem to be such wide distinctions between them that a mistake need rarely be made. The diseases with which it is most apt to be confounded are the Exanthemata, and Phlegmonous Inflammation. From the former 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. Encephalitis, on the contrary, is more liable to recur in a person who has once been affected with it. So the
the former the rash appears pretty regularly up to a certain day, is regular in form, and terminated after a certain course. In the latter the eruptions 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 Exudations, the swelling stands out in relief, as it were, from the surrounding parts; this being followed by healthy suppuration. The centre of the tumour, which becomes concave 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 firmness, but a feeling of tightness to the touch, owing to the infiltration of a fibrous structure. The pain in Phlegmon is dull and throbbing, the circulation more excited. In Erysipelas the pain is hot, protracted and more of the nature of tingling and itching, with a feel of
bathing heat. The former terminates in healthy expe-
ration; the latter often in diffuse prevalent infiltration,
causing great disintegration of the involved textures; the
Pus never being confined in a CIRCUMSCRIBED cavity. The
constitutional symptoms, in Drypipleas, 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 Athenee form, the former often attending to the
Atthies form of inflammation, or irritative fever. Phlegm
often requires depletion, and can tolerate it well. In Dry-
pipleas, 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 Drypipleas itself, unless when different textures
are affected, as the Skin, or cellular tissue, and the distinc-
tion is well marked. But often the type is not easily distin-
guishable, and one form may come to resemble another, or
suddenly pass into it. Drythema, however, may be easily
distinguished from the other forms, as the reddness and heat,
especially the latter, are not so well marked, and it is com-
paratively unaccompanied by Constitutional Irritation.
also, there are no delusions, and the form is soon followed
by
Prognosis.

In our prognosis we must consider the form the disease assumes. For the simple variety may, said, if properly treated, seldom to end fatally; the Pilemonous variety occasions a less happy prognosis. The simple or cutaneous form is aggravated as regards its danger by the extension of the disease to the head and face, but even then is seldom fatal, unless unfavorable symptoms arise on account of its proximity to the Brain.

The Pilemonous form is more apt to attack the Brain, by immediate Contiguity from the Scalp, or from being transmitted by the numerous blood vessels of the Cranium and its Coverings: and death often occurs by the appearance of Coma; after the danger exists in proportion to the amount of scalp affected. If the disease appears 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 proceed along the affected limb gradually towards the trunk, than if the whole limb be affected at once. If the pulse becomes quicker, the tongue dry and covered with swells, and there arise nausea, vomiting of bile, with diarrhoea, the
alvine secretions being abnormal and very offensive, and especially if the pulse continues to increase after the fifth 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 retention deposit, we may propose 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 the habit of consuming fermented liquors to a large extent, even though it be from time to time, or the case of the drayman of the London Brewery instance above, an accident of any sort is very liable to be followed by a fatal attack of erysipelas. Also if the disease occurs in crowded and ill ventilated parts of cities, it is liable to be much more florid than when it occurs in the country; as in the former case it is the more liable to be attacked 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 laconable. In an epidemiac also, the fever is very liable to be of the asthenic type. Then as regards age, it is more unfavourable in proportion to the old age of the person affected; except in the case of young children, in whom
When the disease is often extremely severe, attacking infants in part when cellular tissue is abundant, and the textures far 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 peculiarity effect in relieving some internal disorder; for in the erysipelas-like 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 assert the coexistence 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 the 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 paltry end during inflammation of the brain. Besides, if the former were always the case, it militates 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 counter-irritation on the surface is not to increase, but to cure the internal disorder. So Cullen says in another place speaking of hepatitis (T. I. p. 177) "It would seem to be sometimes cured by an erysipelas appearing in some external 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 brain or an affection of the brain. If neither delirium nor coma come, 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 he adds the subject of treatment of erysipelas.

Treatment. On this subject, just as in the Case of the
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 evacuation, severe 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 Syphilis 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 Syphilis to be a Specific disease, and resembling the Syphilis of Cullen, that it must run its whole course, and that any attempt to abort it must prove unsuccessful. However, this may be, the fact 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 Erysipematous Eruption, 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 aromatic, followed by a purge, so as to produce vomiting and Cattardes, 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 polluted; 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 Fevers? One has been proposed, and found very successful, by Mr. J. H. Bell (see Edinburgh Medical 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 cured by the timely administration of
of an enemic, followed by a saline purgative. The antifebrile -
getic regimen must be enjoined. Warm fomentations should
be applied to the affected part; and if being tender and
painful, they may with advantage be inunctioned, with
Dextrose 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 Lupules 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 Cidron with Jalap. The
secretions, if of a vitiated character, must be corrected by the
use of alteratives; especially the Hydragyl: Commay
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 sound a man
after he has emerged from the attack, as he was before its
occurrence.
occurrence. Among the most determined advocates of
excision was W. Lawrence, who asserted "that he
did not discover in Erysipelas those marks of debility
which others so much insisted on," and therefore
recommended as a rule Excision, local bleeding, low
diet, together with the Emetic and purging Remedies
alluded to. It is plain, however, that no definite plan
can be always followed; that in some cases the Anti-
phlogistic Course of treatment; in others the Stimulant
mode must be adopted. The best mode of depletion
required is to make numerous small punctures with the
lanced; instead of leeching, for the reason that the latter
often occasion much irritation, and may lead to alteration.
The punctures should be for the most part light, 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 with Nitrate of Silver has been
recommended, but in severe Cases, is very likely to produce
Metastases to some deeper seated texture. It is very useful
when employed for Avitaminoptasia 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
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 or of nitrate of silver is inconvenient, as it hides from view the condition of the affected parts. In the after-treatment, a lotion should be applied to the wound, 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 edema. If the patient's constitution be weak or broken, stimulants must be given, and general depletion must not be had recourse to, but the local use of antiphlogistics is not here contraindicated. Wine must be allowed, and nutritious, easily digestible food. But the treatment of Ergotism now much adopted is that by the administration of the fluid of the Manate of Iron, in doses of from 20 to 30 drops daily, 2 or 3 hours for an adult, as proposed by Dr. Bell, and deemed an almost specific remedy. The employment of this powerful tonic in Ergotism, which is a dilute solution to attack fever and general excitement it 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 tissues, a stream of blood is admitted for the circulation of which they are not calculated. In other words, I say, I consider the capillary vessels to be in an atonic state. That is, the system being rapidly purged with or brought under the influence of this drug, while the cerebral affection and other symptoms of fever subsist, the local pain is relieved, and redness and swelling gradually disappear. Then fact is well illustrated by the case he has brought forward. The remedy must be perfunctorily in sight and day. Every two or three hours, however high the fever and delirium may be, he also employs the local application of hair powder and cotton wadding. This drug does not produce headache, or any unpleasant symptoms, but rather tends to relieve them. It is especially successful in a little ulcer of the scalp. It is very probable that the success of this remedy also depends on its chalybeate action on the skin, its secretion, and general tonic action on the system. Dr. Balfour, of Crumlin, has also written in great praise of this, as appears therein, never-failing remedy. (Edin. Monthly Journal, May, 1853). The latter gentleman considers it as perfect a specific as any remedy which have this title, that it is useful in the most severe
fever, as well as the milder forms. The system must be saturated with it, and kept so for some time.

Treatment of the Phlegmonous form. The Constitutional treatment of this form of Erysipelas must be the same as in the simple variety, viz. Antiphlogistic, but we must not proceed to the most heroic treatment of incision, or even leeching, as the system will not bear it, the inflammation being often of the Asthenic type. We must clear the Blas-

matory Canal of any acrid matter by purgation and purge, just as in the Cutaneous form. These should be followed by small doses of Belladonna and Belladonna alternately. The great tendency of this form of the disease is to the effusion of Liquor Sanguinosis, instead of serum, which must be evacuated; as it becomes degenerated into an ill-conditioned purulent infiltration of the cellular tissue. Thought at this period to evacuate it by incisions made with the Blasmary, 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 liquor sanguinosis from the subcutaneous Cellular tissue. Dr. Hutchinson of Deal Hospital in his observations on the treatment of the more severe forms of Erysipelas ad-
vised that the incisions be prolonged down to the muscles.
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 limbs was very great; but that after this treatment was adopted he thus tells the improvement: "For the last five years, I have never lost a case; nor was the recovery of the patients to perfect health practised beyond a very limited period." When the parts have supported, and become red, tense, and dry, we must again evacuate. After the ligatures have been tied, there is 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 exsudation of exudae sanguinei, and the case rapidly resolves. The ligatures 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 acutaneous type, and arising in an epidemic, we must make the ligatures very small and shallow, so as not to lose much blood, which would be too great a shock to the system. The wounds separate, and the wounds heal by granulation. The fatal termination of this variety is generally by peritoneal infiltration of the cranial or thoracic viscerae. 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 initiatives to evacuate the Pus, it is better to make them too large than, by making small openings, to be obliged to squeeze and crowd the matter out; as it were, Wine and other stimulants are often necessary, and also tonics, especially the aforesaid Macerated Tincture of Iron, which is useful also in this form. But should not as early as had recourse to as in the simple form. Most die of this disease between the first and twelfth day, and generally of diffuse inflammations or purulent infilbrations of the internal organs, and death occurs generally from Mechanical pressure, and not from their functions being impaired. We must always endeavor to keep Exsiccated tissue decline from the bladder, and if Necroses have occurred, to try and bring the disease to the surface by Counterirritation. The secretions of the body must be carefully attended to, and especially the disorder of the Stomach and Liver.

Finis.

John Lovell Arnold, Mar. 29th, 1863.