Thesis on恩吉佛拉斯.
by Alfred Seldon, M.B. + C.M.E.

"Dissatisfied. Pass — deserving much of approbation but not more.

Mr. H. M.
Introduction.

During the last three years I have had exceptional opportunities, as House-Surgeon to the Salop Infirmary, of studying typhus. This Infirmary during the last year became so unhealthy as to require to be closed. The Trustees have behaved in a most liberal manner, having already, at very great expense, completed such thorough alterations, that the building promises to become, after being a hotbed of septic disease, a very healthy hospital. I feel at liberty to express myself with freedom in regard to my experience of this Infirmary, because the history of the so-called epidemic of typhus has become public property. Public attention has been several times directed to the unfortunate condition of the Infirmary.

Alfred Adderley.
Salop Infirmary, April 20
1876.
Erysipelas

The chief subject of enquiry in this paper is the nature of this disease, regarding which there has always existed the greatest difference of opinion among medical men; some of whom have considered it to be a specific fever, highly contagious, while others have gone so far as to say that it is not contagious, and nothing more than simple inflammation. Among the earliest works in Medicine we find evidence of this disease having been recognized and treated. Hippocrates records an epidemic. After speaking of the general peculiarity of the season, he says: "Early in Spring, along with prevailing cold, there were many cases of erysipelas, some from a


manifest cause, and some not. They were of a malignant nature, and proved fatal to many, many had rose-throat, and loss of speech. A Hippocrates also gives a case in which the disease proved fatal in two days from its onset.

Aristotle speaks of a "strong swelling, or erysipelas" appearing upon the chest in Sympneuma, and of its being a favourable sign in such a case.

Paulus Aegineta says a good deal about the disease. After some remarks on Galen's division into "erysipelas inflammatory" and "inflammatory erysipelas" he says: 'Whatever division we adopt, it will make no great difference as to treatment, but it is proper to know that erysipelas is a most dangerous disease, more particularly about the head; so that if active treatment be not resorted to, it will sometimes prove fatal by suffocation.'

As we get among the more recent writers we perceive the confusion of opinions as regards the nature of erysipelas.
1. A Treatise on Scurfipes, by Thomas Jennerley. Introduction p. 3.
3. Dictionary of Practical Medicine, Scurfipes, 819.

and the position it should hold in the various classifications of diseases. Munnerley, in the introduction to his "Treatise on Erysipelas", points out this confusion.

2. William placed erysipelas under his order VI, Bulla, and divided the genera into Phlegmon, Adermatous, Soregencous, &c.

3. Copeland points out an evident fault of this division of William's, viz.: That phænomena may occur in either the first or second form, and therefore is not peculiar to any one state. He also objects to Albret & Ray's division into Simple, Phlegmonic, and Adermatous, as it excludes certain complications which should not be overlooked in treatment.


Munnerley, in perhaps the best work upon the subject, about the only single feature of importance, takes quite an opposite view to that of Weatherhead; and he is the more specific nature of the disease, he believes it is contagious; as every indeed seems now to agree is the case.

2. Id. p 206.
Campbell de Morgan sees the practical difficulty of separating erysypelas and erysipelas, but recommends that it should be done. He adopts Wm. Miller's division into simple or 'cutaneous', and phlegmonous or 'cellulocutaneous', and thinks a third, viz: "adenomatous" is admissible, and a fourth, viz: the "cellular, erysipelas of Murrinley". He shows the failure of Laurence's argument in favour of its specific nature, yet he, himself, thinks it is specific: he says: "It resembles the true erysypelas, in its being sometimes infectious and sometimes epidemic; its having its period of incubation, and a general tendency to definite duration. It differs from these chiefly in its liability to frequent recurrence."

The latter is an astonishing difference too, but I shall say more of this by and by.

The divisions adopted by various authors are endless to relate, I much prefer Murrinley, which Campbell de Morgan has adopted, but I see no reason why we want any more precise division of erysipelas, according to the part or depth of tissue.
affected, anywhere than if the parts were
affected by simple inflammation.
Mr. Frischow, like many others, speaks of
"erysipelasous inflammation" of a part. Thus,
at once, showing his view of its pathology;
and on that point I entirely agree with
him; yet I think the term erysipelas
should be used as a substantive, since
a patient suffering from erysipelas is not
to be classed among those with stomous
or simple inflammation. The fact of this
having to be isolated from such
establishes an important clinical
difference. A separate name for such
a disease is not a secondary consid-
eration, but very necessary; besides, erysipelas
includes the meaning of the term inflammation
as well as something more.
In many textbooks I find it stated that
erysipelas is a specific disease; a
statement which I cannot believe
is correct. I believe, yet I may be wrong,
that the contagious nature of the disease
has caused many, at once, to assume
that it must be due to a specific form.
Why should this follow? I certainly believe, and hope to be able to demonstrate from my experience (which has been exceptionally great in the last three years, as regards this disease) that erysipelas often originates from causes, among which it would seem almost folly to suggest that a specific virus played any part, as the case with the lymphanthema; yet, that a case having commenced, or from contagion, can, under some conditions, excite an attack in a second person, I quite believe. Erysipelas appears to me to be an acute inflammatory disease, in which the part inflamed is the seat of unhealthy, perverted action, in which molecular changes are taking place producing irritating morbid material, which does not organize, requires to be reabsorbed by the veins and lymphatic, and get rid of by the excretory channels. The morbid products being given off by the lungs, or bowels, or skin, or kidneys, or all together. What is more probable than that they may predispose or excite,
If predisposition already exist, similar action in a second person exposed to their influence?

I have noticed that, from taking into the stomach noxious food, or inhaling poisons, vapours or impure air, the sympathetic system is differently affected in different individuals and in the same individual at different times, sometimes violent headache results, or diarrhoea, or pitting, with functional disturbance of the heart. The strongest man sometimes fainting or suffering vertigo from the most trivial exciting cause, in some the vaso-motor system shows its perturbation of function externally by blushing or helle-cake, or red blotches over the abdomen, or burning sensation in one or both feizes. Why do these phenomena occur? The morbid material circulating, changed or unchange, in the blood, comes into contact with the cells of the nervous system, just as much as if any other tissue through which the blood carries it. The nervous system may be thus excited, prevented.
or paralyzed, according to the kind and quantity of the foreign material there is conveyed to it. I have added these remarks to show what I meant by the term peculiar as applied to the local inflammation of syphilis.

I hold that in Idiopathic cases the economy as a whole, perhaps especially the sympathetic system, is at fault; and that, under that condition, a very slight cause acting externally may excite inflammation, while in traumatic cases the constitutional affection may be purely the result of the local mischief. The rapidly spreading character of the inflammation must be an advantage for the first attack, acting as a counter-irritant & relieving that part, so probably preventing in most cases suppuration & sloughing, which would soon occur if such a destructive process went on unchecked any length of time at one effort.

The following I consider to have been a typical case of idiopathic syphilis. A gentleman who generally enjoyed good
health, was spending his holidays in the country in the spring of 1875. He was suffering from dyspepsia, and it was for its relief he was taking the holidays. One day he went for a long walk, during which he ascended a hill. When he reached the top, feeling hot and tired, he sat down to rest. At the time a cold east wind was blowing, which he said struck him in the face and made his cheeks feel stiff. He felt certain he had "caught cold," and he hurried back. Next day, owing to feeling worse, having a red and swollen cheek, he went home, where he suffered for several days from a rather severe attack of erysipelas. What was the cause and nature of this case? The sufferer told me, I believe, the whole matter; he was not accustomed to walking far, went too long without food and got a chill. I do not doubt but that, under the circumstances, the chill was the exciting cause. How would those who hold the specific view explain this case? When was the specific germ
aborted? When was the stage of incubation commenced? Some have said to me, "Oh! That was a case of erythema," surely no one will attempt to draw a line of distinction between the most typical case of erysipelas and the one I have just mentioned, in which all the characteristic signs and symptoms existed— rigor, fever, diffuse redness and swelling the redness having the peculiar spreading border so well known. I can recognise a difference of type between erythema and erysipelas, but a difference of kind, where the constitutional complaints are alike severe, I cannot, for the life of me, make out. Campbell de Morgan says:—"It is, perhaps, practically difficult to draw a line between them in all cases, though the real distinction is obvious. Erysipelas presupposes a specific determining cause, but those forms of cutaneous diffuse inflammation which arise from external causes only as stings, burning by chemical or other means, friction, or
I. Manuscript re Engraving: p. 39.
irritation produced by the introduction of indigestible food into the stomach, are in no way allied to it, and may be properly classed under the head of erythema.

I myself, have had many times erythema caused by stings, but I have also had an opportunity of observing a bad case of erysipelas occurring in consequence of a sting by a wasp in the face. The patient was a free liver, and appeared very plethoric before the occurrence. I do not think anyone could have called this a case of erythema, the constitutional complaint was so great. I have been lately told of a case similar to this occurring in a person who received very well before the sting was received, and of another case in which there was diffuse cellulitis in consequence of the sting, the true skin being scarcely affected.

Mr. Murray states the term erythema may be restricted to the local change, but that to apply it to the disease
"and distinct constitutional complaint appears to him "improper." The term erythema, no doubt, is convenient when used to signify superficial inflammation of the integuments, which may be simple or accompanied by such slight constitutional disturbance as not to deserve the name erysipelas. But that the former may develop into the latter there can be no doubt. The reason of this probably being that blood poisoning of various kinds—probably, I mean—some peculiarity of specific condition of the body—has been in operation before the occurrence of the local mischief or has resulted from it or been superadded. I have seen some cases of erythema nodosum which have made me lean rather to Rousseau's opinion, that it should not be considered as closely allied to what are spoken of as other forms of erythema. He, however, considers erythema nodosum a specific disease.

The last mentioned author would, as doubt,
have asked if I found any lesion of
the integument as a starting point
for the erysipelas, in the first case
I mentioned. He lays great stress upon
the importance of looking for such. I
looked very carefully, but discovered
neither inflamed pimple, abrasion or
chafed, and had I found the latter
I should probably have attributed
it to the effects of the cold wind, rather
than as affording, at any rate, a
point for inoculation, if a starting
point. I am certain that a lesion
of the integument, though generally present,
is by no means always the starting point
for an attack; that in the large majority
of cases it is so is what we should
expect, if we looked upon the disease
as, in its essence, an inflammation of a
part-modified, no matter by what constitutional
condition.
One patient in the
Infirmary had recovered from ecchymosis
of the elbow, and was on the point of
leaving home, when she suffered a
cold and had erysipelas of the hand.
on which there was no lesion. It spread up her arm, severely affected the elbow where the vein existed, rapidly spread upwards over the chest & neck, then it reached the external ear she died rapidly in a comatose condition.

The next case I will give more fully from my notes, as it is interesting and instructive. For brevity sake much detail will be omitted.

Jan 19th 1873. Mrs P., age 33, has been in the hospital 5 weeks, during which time several cases of erysipelas have sprung up around her. She has a sloughing ulcer over part of right clavicle & the sternum, part of the former being laid bare. She says she caught cold last night. The left cheek is swollen & red. Tongue white & flabby. Temp: 102°, had shivering, sweating, thirst & headache during the night. 20th & 21st, swelling & redness spreading, decidedly erysipelatous.

22nd Morning. Face better, she thinks
She caught such cold in the night from the draught from the window. She is sleeping in a bed between the fireplace and a window. During part of the night the ventilator was so set as to direct a current of very cold air. The night was very cold. Fixed down upon her head. She now complains of pain in the right side of the chest, and slight difficulty in breathing. There is dulness at the base, a distinct crepitation at the angle of the scapula.

2 p.m. Redness is very rapidly disappearing from the face, but swelling remains. Chest signs more marked.

8 p.m. Slight dyspnea, great pain in precordial region. Percussion causes much pain; still, I find the area of dulness is much increased.

23rd 10 a.m. Dying rapidly as though from exhaustion.

Post mortem, 48 hours after death. The cheeks are equal; the swelling of the affected one having quite disappeared before death. Right pleura contains...
a yellowish green fluid, in which float numerous flakes of soft lymph-coagulum, or fibrin, portions of which adhere loosely to the pleura in patches here and there.

The lung is voluminous, nowhere adherent to costal pleura. The substance of lung from apex to base is like a soaked sponge, and from it then cut escapes a brownish, thin, slightly purulent fluid. A piece from any part sinks in water.

There is no consolidation in any part of it.

The left lung seems slightly adherent; its pleura normal.

Pericardium contains 17 oz of light purulent fluid, in which floats a large quantity of soft white material, like that found in the pleura, having the firmness of butter on a warm day.

The heart looks perfectly white, being covered only to the depth of about a line with the soft material. The substance of the heart is pale. It contains no fluid blood, but simply very very small pinkish clots adhering
to the endocardium.

There seems to be no peculiar condition of any other visera.

In this case a wound existed, exposed to infection, but the mischief neither started from nor spread to it. I could not find any definite starting point about the face. Inflamed pimples are very common just inside the nostrils of the nose. I have operated upon two such pimples, causing purpura, this week.

This patient had none such, I could but think, and with was not parent of the thought, that the draught on the cold night was quite sufficient to start the inflammation, seeing that she was already septicemic, so to speak, from the hospital atmosphere. And being septicemic, no doubt little irritation would be sufficient to excite inflammation.

This case too illustrates what is called metastatic erysipelas, and further shows that in all probability erysipelas may attack any part, or tissue, of the body internally or externally. It appears...

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...It is not a good sign for an euryptilus spreading outwardly to be determined; but for it to be determined "outwards from within is good.

In his remarks on the epidemic, to which remarks I have already referred, he says: "When the inflammation and euryptilus disappeared, and when the abscess was formed, a great number of these died."

Then he refers to the wandering of the disease from part to part.

Alphonse 43. Sect V. (p. 745.) is well worthy the consideration of those particularly interested in the study of periperal fever. "If euryptilus of the wound seize a woman with child, it will probably prove fatal."

William thought that metastasis was generally due to bad treatment, I am afraid the case I have given rather bear out that opinion. The carelessness in arraigning the ventilator was possibly, very probably I should say, the cause of the attack in the thorax, which started as pneumonia of the right base.

Sydenham says positively "This disease..."
Vol. IV. p. 353.
"attacks any and all parts of the body, at any and all times of the year. The face, however, is its more particular part, and the summer its chief season."

Drouet-Bosseau gives a case of what he calls "erysipelas-pneumonous pneumonia"; a condition which probably accounts for many rapid deaths from pneumonia. I am inclined to attribute the death of a lady friend of mine to a similar condition of the right lung, which attacked her last Autumn. On the 3rd day from its onset her medical attendant considered she was passing very favourably, next day she died.

But, to return to the consideration of what is necessary as a starting point for the inflammation; for this is very important. I want to show that the exciting cause plays such an important part in the causation generally of erysipelas, that it will be difficult to believe in the existence of any specific virus, or efficient cause unless - as Campbell de Morgan expresses it, I feel that the term "efficient" is unnecessary - suggested
by theory, not by practice— and is better swallowed up in the terms exciting and predisposing, which are in themselves sufficiently difficult to define in most cases. A healthy farm-laborer was admitted into the infirmary at a time when erysipelas was prevalent in the building. He had to have all the fingers of his right hand amputated in consequence of having had them hopelessly crushed in a tongs-cutter. Two days after admission, he told me he had "caught cold," he was sure, from the draught coming from the window during the night; next day he had well-marked erysipelas of the face, on which several bullae rapidly formed. The local mischief started on the side of his face most exposed to the draught. In a week's time, he was apparently quite recovered from the attack. All this time the hand which had been operated upon kept on healing, though slowly, the edges of the incision being quite free from irritation. A fortnight later, redness appeared around the wound,
which had come to a standstill a day or two before I looked unhealthy. Very soon
was developed phlegmonous erysipelas of
the hand & forearm. After the disappearance
of the swelling the incisions from the operation
healed rapidly. Their rapid healing after erysipelas
has often been observed. How are these
attacks of erysipelas, first in the head &
then in the hand - to be accounted for?
I think thus:- Erysipelas was prevalent at the
time of the man's admission, he probably
soon felt the ill-effects of confinement to foul
air, being also upset by the accident -
Operation: he was unaccustomed to sleep
with the windows open, especially to having
a draught blowing directly upon his in
bed. I find it in my notes that a nurse
was to blame for the latter circumstance.
The blind had been allowed by her to
run down to the extent of 5 or 6 inches, &
conducted the cold air in a current upon
the patient's head from the partially opened
window, just in the manner that the
Ventilator had done in the case of Dr. P.,
given above. By care & proper treatment the
patient soon recovered from this attack: part of the treatment consisting of his removal from the little ward he was in, to a large airy ward reserved for infectious cases. When he recovered he was put among other surgical cases. It was soon after this that the second attack occurred, this time in the hand, evidently from irritation, perhaps inoculation, of the wound. In this attack at any rate the constitutional disturbance seemed to follow to be due to the inflammation of the wound. It is a point worth noticing, that the face is the part most exposed to chills, especially at night in bed, with, perhaps, a blazing fire, the window or door open, & the situation of the patient between them. I have not yet met with a case of erysipelas of which the exciting cause could not be pretty satisfactorily determined. Out of 44 cases coming under treatment in the dispensary between April 20th, 1874, & January 28th, 1875, all but seven had a wound or other definite starting point, most of these seven was at a loss to suggest a highly probable exciting cause.
I have carefully omitted from this number all those cases which were called erysipelus, & those which were not positively diagnosed as erysipelas. I mention these 44 cases only, because I can speak positively about them, though they do not fairly represent the very large number of cases which occurred in and about Shrewsbury, at and about that time—many of which I had an opportunity of inquiring into, outside the hospital.

In answer to several letters I wrote, I received replies which showed that Shrewsbury was by no means peculiar. In Chester, I was told, both by the House Surgeon & one of the Physicians to that Infirmary, that Erysipeles had occurred like an epidemic. In Sheffield it had also been serious, while in Derby very few cases had occurred.

It is stated that the disease is "infectious" and has a "stage of incubation," but can be no doubt as to the disease being incurable and contagious; but it is questionable whether the term infectious is applicable, at any rate in the sense in which it is applied.
to small-pox, measles, &c. As to the stage of incubation, I can only say that I have tried to make it out, but never succeeded; I should be driven to put it down as varying from 6 weeks to 6 hours, if bound to admit its existence at all. That the disease is under some conditions contagious, and even infectious within a limited radius from the base, we cannot but accept as fact. The following case gives us an opportune opportunity of observing this; I hesitate to use the word—fact.

In August of '74, at a time when no fresh case had occurred for 3 weeks, we began to hope that we may have seen to last of the series, a farm labourer, applied for admission; he had a recommendation from a surgeon, in consequence of which he was at once sent to a board. He had received an injury to the forearm a week before, I followed him as he walked into the board, and I knew as a fact that no one touched his wound but himself.
while he was in hospital; I was on the point of doing so, when I was driven back by the fatigue of his breath, which had a prescience to just as, at once, to raise my suspicions. I stepped back and made the following remark to a dresser:

"That fellow strikes me enough to poison every patient in a ward; if he were not so strong, I should say he had 'pyrexia'. He removed a poultice from his arm and at once deployed pleuritic erysipelas of the hand or forearm. Fortunately, he did not wish to stay in the dispensary, and went home to get the attendance of his club surgeon. He was in the ward about ten minutes. Two of the beds in the ward, which contained eight, were occupied at the time by patients--one by a man with fractured spine, the other by a case of simple fracture of the leg. The case of erysipelas, while being examined, was close to the former patient, who, for some time had been febrile. The next day the poor fellow was seized with more erysipelas of the head. It seemed as though..."
he was in a condition for an attack, that there, although the actual wound existed anywhere, the mere approach of the infected individual was sufficient to complete the constitutional disturbance. It may certainly have been a mere coincidence that the erysipelas occurred in the following morning, but it looked very much like cause and effect.

All specific fevers by one attack seem to tend to prevent a second in the same person.

One boy, who is at present under treatment for furuncles, has had to my knowledge two attacks, and I am told had one attack before admission. He may be said to have had erythema several times besides. Another patient had two attacks separated by a period of 6 weeks, and I have already mentioned a similar instance in which the interval was only a fortnight. One attack of erysipelas seems no more to prevent a second than a simple catarrh does, which no one would dream of calling
Medical Diagnosis, Ferrerick
specific; and, yet, a simple cataract has its
premonitory symptoms, and just as much a
period of incubation and, under favourable
circumstances, just as much a definite
duration. Some authors are very of cataract,
that it has a tendency to attack the same
person repeatedly. In the face of these facts
it seems difficult to use too strong language
in disapproval of the plan of arranging
cyclical, small-pox, scarlet fever & measles
in one order, even though it be for convenience
of diagnosis as is done by Henoch. I
mention this author because he has
compiled a book which is a great
favourite with most medical students, and
on that account should not contain unad-
specifically supported theories in the guise of
fact. Henoch says - "These fevers are all
infectious; there is a definite period between
the exposure to infection and
the onset of the fever termed "the stage of
incubation"... The further - "As a general rule
a person can only once in his life be attacked
by each of these diseases." Had the writer
of these remarks watched cases closely in
the country, where the least sources of error have to be taken into account, he probably would never have so committed himself with regard to erysipelas. Though his book is one on diagnosis, he does not mention one common and important sign of the disease viz. the spreading with a peculiar border, which is raised and has, so to speak, a serrated Locness of outline. At the time when erysipelas was appearing frequently in this part of the country and about Shrewsbury, especially in May and June of 1874, many of our out-patients suffred from it. Most of those_clicked over some trifling wound to become offensive. One out-patient came to me with erysipelas of the hand & forearm, evidently excited by a blister at the base of the index finger. I opened the abscess, and from that day the disease rapidly disappeared. I have often, of course, met with blisters causing great swelling & redness of the hand, which I am not in to call erysipelas; but the case I here describe
had all the diagnostic signs of symptoms, and yet one stroke of the knife put an end to the mischief. Is it possible to think that a specific disease could be so cured?

The following case is strongly opposed to the specific theory. A boy was admitted into the infirmary for severe injuries of the right ankle-joint. A successful attempt was made to save the joint. He was in the infirmary 9 weeks, during which time several cases of erysipelas sprang up around him. He was made an out-patient when the building was vacated of patients, with a view to its thorough cleansing & attention, which had become compulsory from the persistence of erysipelas within its walls. The boy went home to a clean healthy cottage, quite isolated, in the country. In less than 5 weeks he had erysipelas of the foot badly, while, however, deemed to have caused the pustules to heal. While the boy was in the infirmary, though exposed to contagion, his health remained fairly good, and the wound, which I treated with the utmost care,
for nearly the whole of the time antiseptically
remained quite free from irritation. Soon
after he went home I heard that the wound
was "looking angry." I heard next that he
was very ill with erysipelas. Now, if
specifics or highly infectious, why did not
the disease develop in the hospital, if
he had plenty of time for incubation there?
Does it not, at least, seem strange that it
should have occurred 5 weeks, all but 2 days,
after his removal from an atmosphere
which must have been swarming with
shreds of particles emanating from the
cases of erysipelas and being inhaled in
unknown quantities by him.
During the last few months a case has occurred
under somewhat peculiar circumstances, for
my purpose a little important. A servant maid,
living in the house of a country gentleman
(a very model of a house), cut her finger rather
severely, yet went on with her work. For several
days the wound made little progress. On the
21st of Dec., her medical attendant was called
in. He gave her directions & dressed the finger.
And from that time things went on more
Satisfactorily. On the 23rd one of the young ladies of the house came home suffering from Scarlet Fever. This servant being at once declared to act as nurse. On the 1st of May, after complaining of feeling ill for 2 or 3 days, the servant was seized with erysipelas, starting from the forehead on the finger. The hand and forearm became so seriously affected as to require numerous pruriences. The attack was very formidable and recovery rather protracted. Had it so happened that the young lady had come home from school with erysipelas, what a delightful case of contagion this would have afforded! Nothing could have appeared plainer. For health until exposure to contagion, then 3 days or 20 incubation + perhaps, 2 days of premonitory symptoms. E. D. But as the disease was scarlet from the collection is not so easy, at least for those who would, that in the case of erysipelas, there was a specific determining cause. Nothing seems easier than to explain the case by the non-specific virus. The servant was not acclimatized.
Elyceopedia of Practical Medicine, Licensad
Dick Chambers, living, as she had done childhood, in country air. Perhaps the specific poison of scarlet-fever had something to do with the constitutional disturbance; although there was no sign of that disease. I should not dream of maintaining the possibility of the interchangement of the two maladies under any circumstances. I should not have been surprised if scarlet-fever and erysipelas had both attacked the girl. This suggestion leads to my noticing Hunter's doctrine as to the incompatibility of deceased actions with each other, and of Eulger's remarks thereon in his article on Erysipelas in Lieussen's Cyclopaedia of Practical Medicine. Eulger evidently thinks much of the specific notion of Erysipelas; he says: "The occurrence of Erysipelas as a specific affection in typhus, for instance, can no longer be considered strange, now that Hunter's doctrine, that two so-called specific affections cannot coexist in the same organism, has been 'refuted.' I can call to mind several instances of erysipelas attacking persons without..."
The time suffering from a specific disorder. To take a typical case—syphilis. Patients with syphilis seem very prone at any stage to take the disease in towns. Perhaps Tschudy thinks that he has adduced further proof of the error of Hunter's doctrine. Hunter, as far as I can see, never looked upon syphilis as specific—and if he did away with the supposition that it is so, Tschudy has no case against the said doctrine. John Hunter was so careful an observer, so honest a recorder of facts, and so shrewd a reasoner, that his expressed theories or opinions merit more than the casual glance that is the desert of many a modern writer. When we understand more about specific diseases, I am inclined to think that Hunter's doctrine may prove to be nearer the truth than is at present generally supposed. I suspect that Hunter's views upon this subject have been read by few, and carefully dissected by fewer.

I have never seen purpuras accompany typhus, or enteric typhus (typhoid), but if any local external inflammation occurred I should...
expect it to take the erysipelasiform, or erysipela, as I think it, for erysipelas may induce a condition resembling the typhoid. When it was so common here, as one step towards its prevention, the poultices and dressings were burnt by the engineer man in the boiler fire. The man was strong and healthy; he willingly undertook the task, saying he had no fear of catching anything. He performed his task for a week only, then he was obliged to leave work altogether for some time, on account of violent diarrhea, feverishness, and inflammation. I do not know that this deserved the name typhoid, I was unable to watch the case, but it looked very like it.

Erysipelas attacked a syphilitic case under the following circumstances. The sufferer was a man who had been attending for some time as an out-patient for tertiary syphilis, and previously on several occasions. He was employed for two days to help in pulling to pieces the horse-hair mattresses used by the patient.
in order to have the horse-lair thoroughly cleansed. On the 2nd evening he felt ill, the next morning had erysipelas of the face, with decided redness, swelling & fulness, commencing at the site of a wigia (or chypia). He gave up the work, of course, and stayed at home in bed for a few days, making a good recovery.

Holding the non-specific view so strongly as I do, I was very pleased to find, on looking over the reports of the discussion on puerperal fever before the obstetrical society of London, that the following words had fallen from so distinguished a man as M. Jonathan Hutchinson. "I will "say," said he— with regard to erysipelas, that "it is a disease which is of great importance "in regard to puerperal fever, since we have "the worst of proof concerning it that the "estimates from it is one which is potent "in the induction of the local inflammation "which produces puerperal fever. I express, "in the most unqualified terms, my belief "that erysipelas is not a specific fever, that "it is only a local form of inflammation.
"That this local form of inflammation may vary in intensity, may vary in duration, may be induced by many different causes, may undoubtedly be produced by contagion from the secretions of an eruptifatus patient, but may also be produced by other causes, and that the purpurial symptoms and general disturbance are secondary to the local eruptifatus action that exists. I have expressed this opinion on many occasions. It is the opinion, I believe, originally stated by Mr. Higginbottom of Nottingham, and I suspect that the majority of our systematic works still, without defending the position of eruptifatus, to rank as a specific disease, still so define it. Authorities, still state respecting it, that it has a stage of incubation and this I wish definitely to deny. It has a stage of development; certainly, there is, it is true, a day or two during which the patient may feel ill before the redness appears; the disease wants a little time to develop, but there is no true stage of incubation, when we know that it arises from contagion it will develop in a day or two if the virus being applied, within twenty
four hours, and that is fatal to its claim to rank as a disease due to specific poison, then we never see it prevail symmetrically in the two halves of the body, as it certainly would do if it were due to the introduction of a specific poison, which would develop in the blood in the same manner as we know the specific poisons of small-pox, scarlet-fever, measles, etc. I add to my belief that typhus may be checked at any stage; that appropriate treatment will stop it at a very early stage in a manner which would be utterly impossible if we were dealing with a specific fever. After working hard at the study of typhus for several months I came, almost by accident, upon these remarks, and at once perceived that all my observations and deductions had been anticipated, and that one point of the greatest importance had escaped my notice. Mr. Hutchinson would say, in the disease itself.
The point more deserves consideration. Can erysipelas occur in other deceased conditions, recognized as different clinically and pathologically? If so, surely this is quite opposed to its specific nature. The condition known as pyaemia can be produced from it. A nurse in an asylum, where erysipelas was prevalent, at the same time as our outbreak was as serious, died of pyaemia resulting from dressing a lenticular head which was affected with erysipelas, chiefly incrusting a fresh cut on her finger, which was insufficiently guarded. Septicaemia, varying from a slight to a deadly attack, I have seen several times produced by it. This condition always seems to me to be like erysipelas, minus the local mischief. Perhaps minus the ability to set up inflammation. I have seen, occurring at the same time, pyaemia attack a small pneumonia wound in the patient. Erysipelas attack the patient in the next bed in an old wound in which the disease had occurred before. I thought at the time that
The poison was the same, but that the different characters of the wound and manner of absorption of the virus perhaps made the difference, or in other words that the virus of erysipelas was the result of putrefaction and non-specific.

During the prevalence of erysipelas in the army I noticed that almost all the inmates were either attacked by croup, sore throat, or diarrhoea, at one time or another. Several of the croup, sore throat, appeared of the same kind. The fauces were very red and slightly adherent, and on the mucous membrane of the back of the pharynx, and in one case on the mucous membrane just behind the last lower molar, were oval or round desquamated patches, varying from 1/2 to 1/4 of an inch in diameter, covered thinly by finely granular greyish material. The surface was flat. I wonder if they corresponded to blisters on the skin, having burst. The throat felt hot, the fauces very tender. I had my throat so affected I very ill I felt for three days. A brisk purge, stimulants, a jarful of Condy's fluid and water, & more quinine cured me very soon. The nurse who attended the female
Erysipelas cases had a temperature of 105.4. The second night after a rigor, + complaining of fast pain in the throat, which had the same appearance as the other cases, but was more adecuated.

While erysipelas eruptions and pustuations can then produce, or induce, recognized forms of blood-poisoning, differing, after all, from it chiefly in the one local sign, it can also apparently, under some circumstances, be checked in its progress by certain other local actions, being induced as it were in its place, e.g. A child was seized with erysipelas about the incision, after lithotomy. The erysipelas blisters had spread in two days as far as 4 inches to the left + somewhat less to the right of the incision. Notwithstanding the greatest care, as to cleanliness, the wound took on the destructive process of hospital gangrene. The erysipelas not only stopped suddenly, but rapidly disappeared from that moment. The wound was then dressed over with firming nitric acid, and though phagedenic action was
checked thereby, the erysipelas did not reappear. I venture to think that we may yet find that Hospital jaunee + erysipelas are not so widely different in regard to their causes, if not their poison.

That erysipelas secretions can give rise to presumptive fever as one, I suppose, doubt. I find from my notes that, in 9 months, from April 20th 74 to Aug. 75, 40 cases of erysipelas originated among patients who were resident in the Infirmary at the time of seizures; also, one case of Diphtheria, one of Hospital jaunee, one of Pneumonia, two fatal cases of leprosyemia—there were many cases which I considered slight cases of leprosyemia. How many cases of hospital one-throat + diarrhea occurs I cannot say. They were of very frequent occurrence when erysipelas +... I mean what Mr. Lincoln considers due to Hospitalism, remain in an institution for any length of time we are naturally curious to find an explanation of occurrence. The difficulty of destroying the specific germs of the diseases by disinfectants, no matter how carefully + thoroughly the latter be employed, is the
(2) Dr. H. J. C. E. by J. S. B. It is a good

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reason that suggests itself to the minds of some — evidently itself among the number. How, if the supposed specific particle, be so difficult to destroy, how was it that typhus fever attacked the occupant of two certain beds when a soil-pipe, which was found to be pitted throughout at any, allowing the escape of gas, had been set right? Kuley gives the particulars of this occurrence in a hospital. Every patient who came to occupy either of the two beds in question was seized with the disease until the cause was done away with: yet, there is no explanation offered with regard to the disposal of the long-lived genius; they may have lurked about the ward, and fallen upon wound after wound, entered living after living, according to his view, yet he offers no explanation as to their inability or indisposition to do so after the soil-pipe had been healed.

Then let us observe the case given by C. de Morgan, referred to by Mr. Siddon in his published lectures on Hospitalism. (2) In this case, a duel-bone was discovered to have been on more than one occasion, the cause
of clysypular. The duct-bow was discovered to attended to, the clysypular cleared. What became of the indescendible genus then? So far from the genus being so inperishable, as formidable, it seems as if the truth were just the reverse. When the atmosphere is the vehicle the poison seems capable of acting only through a very limited area, or, in other words, the atmosphere soon deprives the matter of its noxious character. The part the atmosphere no doubt the sooner this epidem...
scourge progressed most assuredly because
the root of the evil, though close at hand, had
yet to be realized. The reason of such
partial measures being adopted was easy
to see, if I mistake not. The specific theory
was the badger. I was frequently told
by non-professional people that the scourge
could be stayed by any power of mine. The
again we see the view of the impenetrable specific
your presented to us, the most readily conceived
view by the popular mind—"it's catching; it's in
the air; you can't stop it." Why, it's all over the
country." Better, I would ask, the slightest
proof of its specific nature? I submit
that it is in no manner proof of such a
view. Are not cataracts, bronchitis, pneumonia,
infectious diarrhoea, &c. often exceptionally
common at a given season. May not the
whole member of one family, in rotation,
suffer from cataract &c. Yet do one
dreams, on that account, of looking for
this explanation in a specific germ.
Depend upon it, if typhoid, pyemia
is septicemia an of common occurrence
over a limited area, the local cause is
The Causes of erysipelas have necessarily been somewhat dwelt upon in the preceding pages, I will simply here enumerate some sources of mischief which, I believe, may be found to be operating when a hospital is breeding case after case of septic, or putrid, acute inflammatory disorders.

1. Bad construction of hospital, now an old subject well worn.
2. Bad ventilation, or no ventilation without draught.
3. Imperfect drains, either from faults in construction or from being worn out. The detail of this question may not here occupy more space.
4. Metal water bottles, & greater abstraction can scarcely be imagined than a neglected & stinking, corroded urine-bottle just by the patient's nose.
5. Dirty sheets, pillows, mattresses & bedding of beds. Coloured blankets I have seen
used, certainly only for a short period of time, for no purpose that I could see but to hide the dirt! and save washing! I have seen nurses carefully scrubbing the top of the bed-sacking, leaving the underside to look out for itself. The result being a large accumulation of filth in small moist stalactites!

6. Hard chores generally & dressing of wounds, especially during the first week or so after an accident or operation. If not carefully watched, a careless or ignorant nurse will allow a patient to lie upon a really dirty bed, & yet make the external appearance of things look highly satisfactory to the superficial observer. Conscientious conduct on the part of a trained nurse is one of the greatest blessings a man can receive.

7. Dirty linen stored in unfortunate shops, such as at Oxford Infirmary, during an epidemic which occurred there, there it was found to have been stored close to the entrance of a fresh-air shaft.

8. Washing the wards with soap & hot water while the patients remain in the wards! I ha...
Sure is frequently painful.
I am inclined to believe that a thoroughly well ventilated yet draughty building will breed more erysipelas - while a hospital, badly ventilated yet well warmed, will breed more pyaemia + septicemia; The latter rather tending to the quicker putrefaction of wounds, + the lesser supply of oxygen, + the greater chance of more choleric absorption of blood-poison.

To purify the air of a ward I have been over-zeal displayed, the windows being open, + erysipelas occurring, so far as I could judge, as a consequence. It is most painful to see that, though warmed velke air, in cold weather + on cold nights, is what we want and can have by proper appliances, or heating apparatus; we scarcely ever see it obtained.