A Thesis

On Epiglottis

By James Christie

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On Erysipelas

We may define Erysipelas to be an irregularly circumscripted yet diffused acute affection of the skin or thin and cellular tissue, prone to spread, and presenting the four constituent characters of inflammation—namely, pain, heat, redness, and swelling, and generally accompanied with fever. According to its seat, cause, and general character, the action exhibits marked variety in the symptoms and results; and various forms are in consequence enumerated. We shall treat of them in the same way as Professor Miller delivered them in his course of lectures. He divides them into the simple, phlegmatous, oedematous, phlegmonous and ulcerative forms.

1st Simple Erysipelas. The inflammation pervades the entire true skin, and is more violent than in Erythema. Redness is the most apparent local symptom; it generally begins by a small patch and gradually extends over a broader considerable and irregularly formed surface; absence at first, it soon becomes more apparent, its tint varies from the light to a deep red, or even light yellow, and it is frequently suffused with a yellowish tinge; it almost
Always disappears by pressure, and returns when the pressure is removed. If the skin alone be affected there is hardly any perceptible swelling, and no tension, yet some difference is perceived between the sound and the inflamed part by rubbing the finger over it. When effusion is not confined to the skin effusion soon takes place into the cellular tissue, causing a soft swelling, and this may be considerable, together with much tension and a shining surface. When a large part of the body, or an entire limb is involved, the inflamed part is hot and painful; at first there is a stinging or itching feel which soon becomes a sharp and burning sensation. With pain on pressure, the pain is not near so intense as in tegumentary eczemas, nor is it attended with throbbing. This kind of inflammation often ends by resolution, the redness and other symptoms disappearing, and the skin recovering its natural state without desquamation of the cuticle. Frequently some effusion takes place from the inflamed surface, elevating the cuticle into smaller or larger blisters, like those produced by blisters, i.e. raising it by a soft yellow jelly-like deposit, which remains slightly adherent to both.
Cuts and Cutsicles. In the Cutsicle, giving way upon
frequently as by puncture the second fluid escapes
usually with relief to the symptoms. The Contents
of these species are transparent, sometimes nearly
colorless, but more commonly yellowish; sometimes
they consist of a thin pus, or they may exhibit a
bloody or thick discoloration. Erysipelas sometimes
produces gangrene but this I believe is very rarely
the case, so long as the inflammation is confined
to the skin it does not produce suppuration; and
the affection of the Cellular tissue is too slight for
that termination in the greater number of Cases of
simple Erysipelas. It may however become more
dangerous at one point, and be sometimes perceive
the formation of an Abscess under the skin towards
the decline, or immediately after the disappearance
of the Erysipelaous redness; such Abscess only
forms in the more intense or neglected Cases of
simple Erysipelas. It is within early not diffuse
as in the Phlegmonous form, but surrounded by
the usual purulent deposit, and Consequently
amenable to the Ordinary treatment; if we should
delay our incision dressing of the integument
is not unlikely to follow, for the Cellular tissue
having been previously infiltrated by effused
from ready yields before the suppuration, as far as the limiting fibrous deposit permits; the skin is early undermined, and it being inflamed with great difficulty retains its vitality.

Causes of Erysipelas. It may arise from external irritants of all kinds. Contusion, wounds, fractures, surgical operations particularly when performed in eutrophic habits; the lecanization of punctures of ananeous limbs, punctures and the bites of insects, punctures of the skin, and the inoculation of putrid or infecte matter, the stings and bites of insects, the application of corrosive or acrid substances to the surface, particularly lanced oils and unguents, and the want of personal cleanliness.

The more general and internal causes are exposure to colds and moisture; in most cases of Erysipelas the bilious and digestive juices are less actively disordered, such disorder appearing sometimes to produce the cutaneous affection, sometimes to be excited sympathetically by it. The season exerts a considerable influence in producing the disease, and although Erysipelas is found at all seasons, Spring and Autumn especially the latter when preceded by a dry hot summer furnish a considerable predominance of the disease. Erysipelas is said
To be endemic in certain localities, in which ventilation is incomplete or the air loaded with foul effluvia, in persons strongly predisposed, and particularly in those who have experienced an attack, may suggest in diet, and indigestible meats, especially those as are apt to induce a panicle or acid change in the chyme; to operations to melt ligatures in cases may frequently induce a relapse on return of the disease. Injudicious modes of dressing, continued exercise of the affected part, and an insipid degree of general motion are frequent causes of Erysipelas, omitting plasters. A heating load of dressings and tight bandaging are common causes of Erysipelas, whether in cases of wounds or operations. Prognosis. There are various circumstances which should influence our opinion as to results in this disease; and determine us to give a guarded prognosis on all occasions. As long as the Erysipelas remains simple and superficial and of neither a deep, fiery, nor purple colour, although it may be extensive, and attended by delirium, it is not dangerous; unless it affect the face and head, and be accompanied with central disorder. If it follow the stings of insects, the application of acid substances
to the term, or uterine injuries, it is seldom attended by danger, unless in cachectic or aged persons, or those given to the use of spirituous liquors. The more extensive the superfi-cial, the greater are the constitutional symptoms and the more serious is the case; if the malady be situated on the head, throat, or genitals, it is more dangerous than on the extremities. If the constitutional symptoms are both antecedent and concomitant, and of a marked athermic type, the case is one of danger. If the patient be very young, old, infibulated, and habitually intemperate, one prognosis is very unfavourable. Stationary superficial superficial superficial is less to be dreaded than the crateric; for in the latter, there is greater risk of internal metastasis.

Treatment of Simple Superfi-cial.
In most cases the predisposing cause is arrange-ment of the prima reo. On the first occurrence of the symptoms, an emetic may be given. Composed of one teaspoon of echuanchahí with one grain of saltpetre of antimony, it ought to be followed by a purge, mixture of black man-"ric kind, say Colonel and Calap.
Diaphoretics and purgatives are most beneficial if exhibited so as to promote the deliberating or secreting functions. If the constitutional symptoms be chronic and inflammatory, antimony should be given moderately, if secretion in general, but more especially from the intestinal canal, threaten to remain of a putrid character, we should employ the hydrargyrum绘画. Eum ex peta as it appears useful to overcome the obstinacy any tongue, any skin, scanty urine, and confined bowels, with other signs of diminished secretion, which are commonly found after subsidence of the acute stage of the disorder. (Miller)

Local Measures. The local applications consist of warm fomentations and cold lotions, warm ointments. Fomentations will generally be found more soothing and are safer than cold applications; cold lotions are used when the heat is great, the Venous fluid is vivid and the pulse good, and especially in postcules of the head, but they must be avoided if the circulation is languid, or if the postcules is manifestly connected with gastric irritation, or any other intestinal disorder, when the tendency, heat, and pain of the joint
Surface are especially great, the lorn may be
indicated with acetate of lead and opium in
bath solution. In the ear, fruit the only
antiphlogistic use of the nitrate of silver is very
applicable, it sometimes puts a stop to epiphora
after proper constitutional remedies have been
used, whenever the action is from the first
centre, and, obviously, progressive, local
bleeding is advisable. For this purpose Leeches
are often employed. but punctures are equally
as good and perhaps preferable; they are more
painful at the time but the burning soon ceases,
the wounds usually adhere; and on the subsidence
of the swelling theicuties are so minute as to
be almost invisible; they permit the discharge of
considerable quantity of blood, and serum; the
number of punctures made at one time varies
according to the extent of the disease; the depth
and extent of each puncture may also according to
circumstances, being made deeper when the parts
are more tumid, yet more superficial when the tumour
is not so great. hot incisions are
frequently employed for some time after the
infection of the wounds, being favourable to
both indications. When punctures are to be made.
Upon the face, and mouth of young children, they should be made cautiously, for at that period of life, punctures and teeth often fissure, and leave indelible traces. When it is known whether during the acute progress of the disease or of secondary occurrence, an early opening should be made to save both skin and cellular tissue; so soon as the action has begun to subside, he must discontinue the antiphlogistic regimen, and have recourse to tonics to support the system, he may give a decoction or an infusion of Cinchona with the alkaline subcarbonate, or with the aqua ammonica nitritata, in case of manifest asthenia, or cachexia, either the sulphate of Quinine, or the Cinchona in substance with Camphor and aromatics may be prescribed; opium or other narcotics are often necessary, particularly when there is watchfulness, general irritability, and much pain, which are often the premonitions of, or even tend to induce delirium, but they should be given with great caution, they are hazardous means if prescribed before marked matters are evacuated, or where there is any tendency to coma.

Irritants, stimulants, and friction to the
Erysipelas: part has been landly advocated. According to Picard, the whole of the erysipelas surface, with a small edging of the healthy skin, should be lightly smeared over with recently prepared Mercureial Ointment, once a day is sufficient if the ointment be not rubbed off; but if this occurrence should take place, it will be necessary to repeat the incursion. As soon as the swelling subsides, and the epidermic wrinkles, although the redness and heat may still persist, the use of the ointment should be discontinued. As this circumstance is the signal of the diminution of the phenomenon of eruption, and of the tendency towards the establishing of the equilibrium between this function and the absorption. If he adds, the Mercureial applications be still persisted in, the absorption soon gets the ascendency, and accidents of Mercureial absorption, salivation, diarrhoea &c. may be determined.

Pressure is found to be a useful remedy, from the first, and however acute the action, when gentle and uniform, it is very useful after subsidence; but until, however carefully employed, it is more likely to aggravate than to relieve the disorder.
The Phlegmonous or Cellular Cutaneous Erysipelas

This is a true acute form of the disease, and in its surgical point of view the most important. The disease is intense and rapid in its progress, in the course of Phlegmonous Erysipelas the skin and cellular tissue are invaded by the inflammation, liqueur turgidissima is quickly formed and tension increased; the swelling is very great and rapid, the whole depth of the adipose and cellular tissue being loaded with effusion, so that a limb that is frequently enlarged to twice its normal size. The sensation of heat and pain at first slight is aggravated to a very severe degree, and may be accompanied with thrashing, the redness has often a brownish or dark red tint, and the discolouration is sometimes irregular, giving to the part a mottled appearance. The swollen part retains for some time the depression produced by the finger, but it soon loses this spongy consistence and is insensibly converted into marked tension, and solidity, without any appreciable oedema, and no longer susceptible of being indented by the finger. Vesications often minute form on the surface with pendent contents, but bleeding of the cellular tissue soon comes on, and the
While symptoms are aggravated. But usually when the tension is great the vascular action is further increased; and unless speedy relief arrive, suppuration occurs, the pus is ill contained, that handable, but thin and pale, the parts are not protected by any plastic effusion. Infiltation takes place rapidly and extensively; cellular tissue is broken up, ulcerates, and sloughs, and the skin is undermined and sloughed also. The systemic symptoms largely, inflammatory gaseous at first exists, often it is very intense, but on the occurrence of destructive infiltation a change is made to the form of Constitutional irritation, of a still more alarming character—probably first showing the type of irritative gases, then that of acute, ultimately that of prostration and collapse. (Miller) Frequently matter is deposited in small separate portions forming a kind of small abscessed which after sin irregularly in the cellular tissue, the substance turns grey, yellowish, or tawny, and sometimes appears like a dirty spongy substance filled with a turbid fluid, thus losing its vitality altogether it is converted into more or less considerable fibrous strands of various sizes which come away tucked with matter like a sponge. The integuments puce.
Large sloughs of this kind, being deprived of their vascular supply become hard and often lose their vitality. The suppurating and sloughing processes go on to a great extent when an entire limb is affected, sometimes completely attaching the skin and often separating it through a larger space, sometimes penetrating deeper, passing between the muscles causing inflammation of them, suppuration between them, and often sloughing of the tendons. In some forms of Phlegmous Erysipelas the inflammatory action may involve the fascia, and Subcutaneous cellular tissue, the tension which results from this is greater and more serious than from merely Subcutaneous infiltration; the periostium often inflames and suppurates takes place beneath it, bone inflames and perforates, joints are sometimes opened into, inflame, and suppurate, and inflammation, suppuration, and sloughing having at length involved almost every texture of the limb, we sometimes have recourse to amputation to save life, or death may ensue before we can perform our operation, but if however the patient should become after tedious suppurations, and discharge of slough, the parts which have been inflamed, be so changed in structure, the skin, fascia,
Muscles, bones &c. are in naturally agglutinated, and fixed, after the extensive destruction of the fibrous cellular tissue, that the motions of the part are permanently and seriously injured. The constitutional disturbance is often exceedingly severe; in the early stages of the disorder, the pulse is frequent, strong, and full; afterwards it increases in number, but its strength and fulness decline. The urinary and other evacuate. are suppressed, the abome evacuations stopped, the patient has very little sleep, there is excessive agitation of the nervous system, and frequently delirium; in the haemorrhagic and gangrenous state, the tongue becomes brown or sometimes black; at first it is moist, but afterwards dry, with great fulness of the gums and teeth, and fetor of the breath. If the disease assume a still more aggravated form, a bilious vomiting, as a diarrhoea, with involuntary discharge of fetid, dark coloured matter from the bowels may issue, followed by coma, or delirium and death.

Malignant Hypertrophied is sometimes the consequence of fever, but more frequently of injuries, especially if punctured or contused wounds, compound fractures, neglected or violatile bleeds,
The boil of felonious nature, or sphenula, received in dissection, it sometimes follows the juncture of the Janet in an operation. Phlegmonous Erysipelas is often attended with inflammation of the adjacent glands, and with streaks of painful, thickened, inflamed lymphatics running up to them, as is frequently observed in phlegmonous Erysipelas of the leg and forearm. Phlegmonous Erysipelas of the legs has a greater tendency to terminate in suppuration, and a gangrenous destruction of the subcutaneous cellular tissue, than the same disease in most other parts of the body. Here the Cellular tissue of the limb, suppures as readily as that of the eyelids or scrotum, and the pus is not collected into one cavity, but diffused.

Treatment of Phlegmonous Erysipelas

Phlegmonous Erysipelas presents various forms. Indications of treatment according to the stage of the disease, and it is consequently of the utmost importance to distinguish its different grades. In the first grade, the indication is to effect the resolation of the inflammation, and thus prevent suppuration. The various general means, heat, the horizontal or even elevated position of the limb, diet, emetics, purgatives &c., are recommended.
In the treatment of simple suppurations, find here their useful application, and should be applied to the same conditions that had directed their choice in simple suppurations, but these means contribute less to fulfill the immediate indications of phlegmonous suppurations, than to combat the more constitutional condition that may accompany alement, and aggravate the local affection. Depletion is the first means to be directed to, and resection should be first and largely effected, and promptly followed by the application of leeches to the centre of the suppuration, we should apply them according to the strength, age, &c. of the patient, and to the violence and extent of the disease. General depletion should always precede the local abstraction of blood; for otherwise the application of leeches would but determine the flow of blood to the parts, and increase the violence. If the violence of the symptoms persist, bleeding and leeches should be again resorted to, and even repeated according to the case. Full depletion effected at the onset of the disease often succeeds in calming the malignant phlegmon, but its chances of success diminish in proportion to the length of time.
the disease has existed. The effect of depletion will be powerfully encouraged by the application of warm fomentations, if the action advances, swelling rapidly increases, and tension with aggravation of pain comes on. The cellular tissue is becoming more and more clogged with fluid, and suppuration and gangrene of that tissue would be likely to follow the continuance of such treatment; then the indication requiring prompt attention, is to make a sufficient number of punctures or incisions, so as to discharge from the cellular tissue the great quantity of fluid which distends it, when matter has formed, or sloughs have occurred. All surgeons have long since come to the conclusion that the best way of getting rid of it, is to make five incisions; but incisions should be made according to the extent of the Lippolus. The principal object is to afford an easy outlet to morbid products, and thus limit the diffusion of fluid; and the judgment of the practitioners should guide him both as to the number and extent of incisions necessary to fully accomplish this purpose; in elderly patients, or in those of a weak vitiated habit, one must be guarded as to the extent of
incision; it should be limited as much as possible. The incision should penetrate into the cellular tissue, and should be made on the skin and of the extremities, in the direction of the long axis of the limb; but if the diffusion of this has become subaponeurotic the incision of this expansion should be crucial. In making these incisions care should be taken to avoid those parts, such as large vessels and nerves, the injury of which might be attended with grievous consequences. Hemorrhage might plunge the patient into a state of collapse, and when considerable it should be promptly stopped; if venous, by the raised position of the limb; antiseptics and compression; and if it be arterial hemorrhage it should be stopped by torsion or ligature.

After the incisions are made we should cover the entire surface with warm salinet jomutations to promote the disengaging of the parts; or with refrigerant sedative lotions to allay irritation and stop hemorrhage as may be deemed advisable; at each dressing the pus should be carefully pressed out, and whenever it may accumulate be tend to suppress, new incisions should be made to give issue to it.
If the general surface early support by uniform bandaging is expedient, at first the application should be gentle, otherwise the stimulus of pressure, coming with the support, may reinduce vascular action; and in those cases in which suppuration has occurred, cellular tissue thinned, and then been to some extent undermined, caution in bandaging is most necessary throughout, at the same time that local support becomes expedient to keep up front of the system, and in many cases of the phlegmonous, as of the simple ophthalmia, the general tonic system of treatment is required at an earlier period while locally antiphlogistics are still in use; we must be upon our guard against the occurrence of secondary abscess. As in simple ophthalmia, if it should take place, early openings are advisable to save both skin and cellular tissue. The difference of opinion that exists with regard to the Contagious nature of phlegmonous ophthalmia, would tend to prove the influence that climate and habits of life, exist in modifying even the nature of the disease, but it is as well for us to help in the safe side in practice treating the disease with care.
Precaution against Communication.

Adenoma lymphaticum is simply lymphaticum with Adema of the subjacent cellular tissue, nothing is more common than in the latter stages of simple lymphaticum, and in the first stage of Phlegmonicous lymphaticum, it is indeed a constant attendant on lymphaticum of the eye lids, breast, penis, etc., it is also not infrequent in lymphaticum of the lower extremities, where the elasticity of the parts impede the easy return of the circulating fluids. All Cutaneous eruptions affected a cachetic subject may produce this form of the disease, even in the simple distension of the integuments, by the accumulated serum of Adema is sufficient for its production; but it is more frequently brought on by punctures made to draw off the serum of anaesthetic limbs, or by subcutaneous topics applied to them, at first there may be no change of colour of the part, in the eruption is pale and yellowish with a smooth glossy surface, which persists for some time the impression made by the finger. The heat is also less than usual, as well as the pain, which is sometimes however, Considerable.
though especially to the touch. Vesicles on
the skin are less common in this, than the
other varieties of *Erysipelas*, and if they occur
at all it is usually between the third and
fifth day; they are small and flattened,
and on breaking, are followed by thin dense
mucous incrustations. Adenomatous *Erysipelas*
sometimes disappears in a few days without
more gravity than in the simple form,
especially when the disease has commenced
by the cutaneous inflammation, but when
infiltration, particularly of old standing, has
preceded the eruption, a suppuration of a bad
nature readily ensues, dead form an adjacent
parts of the surface, the cellular tissue partakes
of the same irritation, rapid exhaustion is
induced, and death generally closes the scene
in the midst of circumstances of local atrophy,
gangrene and hectic fever.

**Treatment of Adenomatous *Erysipelas***:
The Adenomatous form of *Erysipelas* is rarely
accompanied with constitutional excitement;
sufficient to justify depletion, it is particularly
in this variety that tonic medicines and
sometimes saline may be prescribed with
advantage, Periwlial punctures and uniform compression are usefully employed in conjunction with the internal use of medicated, and mild evacuants, the part may be fomented with a decoction of Chamomile flowers, to which may be added a proportion of camphorated spirit. In this form of Chevipulat, the parts will not bear injuries without risk of Gangrene.

The quantity of fluid however, sometimes few

acid punctures indispensable, but they need to few in number; for slight loss of blood will suffice to moderate the action, and not many punctures are necessary for effectually draining off the fevers; in Adematosus Chev-

ipulat especially of the lower extremities and when preceded by long standing ana-

sthesia; we should not have recourse to puncture or Reehs as Gangrene too frequently follows the application of these Means.

Wilius Chevipulat. This term is applied to those Cases in which the Symptoms of Sepsis or straining not only precede local action in a marked form, but are throughout the whole progress of the Case, as a very

prominent character, before the
Appearance of the local malady and sometimes during several previous days the patient experiences considerable indisposition; loses his appetite, has threers and pain in his head, accompanied sometimes with vomiting, and always with weakness and dejection. Frequently bilious complaints occur attended with a bitter taste in the mouth, and fetid excretions from the stomach, foul dry tongue; the patient afterwards has a dry parched skin, constipation, an accelerated pulse, thirst and other common symptoms of fever. In other cases the circulation and the nervous system are not much affected, but there is pain in the epigastric region, foul tongue, with bad taste in the mouth, nausea and constipation, urine scanty, and depositing a copious turbid sediment; so many indications of disorder in stomach and intestinal canal, to which, as its cause the local affection must be referred; locally the ordinary signs of the inflammatory process are but slight, and the disease is almost merged in the prevailing yellow discoloration of the integument.

Treatment of Bilious Colypirula. The treatment of bilious Colypirula should be principally directed
against the arrangement of the patient's life, when those symptoms that we have enumerated, present themselves. On notice given early in the disease, if the head be not seriously affected, is usually of service: after its operation a full dose of Calomel, purgatives, laxative enemata, cliophories, and the other measures already recommended. According to the external character of the disease, and the states of general and local vascular action, and of vital power, should be prescribed, and repeated as circumstances may require. Whenever tenderness of the epigastrium exists in connection with the nausea or vomiting, local depilations in the vicinity, blisters, liniments placed over the region will be of essential service. Treatment of the part is but a secondary matter; and it is, as in proportion to the action for which it is demanded, febrifugia, rest, bandaging; seldom abstraction of blood.

Catarrh Epigastrius. Characterized by the simplicity of its symptoms, and the facility of its displacement. Even to a considerable distance, it is always simple as to its seat, tending merely to stupe the surface it attacks. It is easy to see that Pneumonic and Epigastrius once established is not susceptible
of this malady. The action is invariably slight, after little more than a mere dyspepsia. Considered solely as dyspepsia, there is no danger to be apprehended from it as long as it remains fixed to the skin, but it is otherwise when the displacement is affected to the intestine. And the danger is then, in proportion to the importance of the organ affected, and the violence of the attack.

Treatment of Sporadic Dyspepsia. The part must be kept at rest and hot applications applied, and if the disease has a tendency to spread towards the face or scalp, it may be diverted into another course by the use of the nitrate of silver, we must pay attention to the system, perhaps we will have to give stimulants and tonics, when sickness has threatened. Turpentine given by both mouth and rectum will be found an excellent remedy.