TREATMENT OF ERYsipELAS.

From a Course of Lectures at the Middlesex Hospital, London, by Erasmus Wilson, Esq., Surgeon, &c.

The treatment of erysipelas offers for our consideration two general indications: the first to allay the constitutional fever; the second to reduce the local inflammation.

The constitutional treatment requires, in the first instance, the employment of means which are calculated to remove causes of irritation from the alimentary canal, and determine to the excreting organs; and, in the second place, such remedies as will support the powers of the nervous system and correct that tendency to debility which is so marked a character of erysipelas. To effect these objects you may commence with gentle laxatives, cooling and diaphoretic salines and diluents, together with a spare and unstimulating diet; and as soon as any symptoms of debility appear, have recourse to a more generous diet, tonics, and stimulants. In some instances it may be deemed advisable to commence the treatment with a bleeding from the arm and a purgative dose; but this can only be thought of in the robust and plethoric, and should be conducted with caution. Some practitioners are inclined to favor the use of an emetic at the outset of the disease, following it up with tartarized antimony in small doses until symptoms of debility declare themselves. I have seen this treatment rather largely pursued, and in my opinion the debility which succeeds to it is more severe than when the simple antiphlogistic and tonic practice is employed. Nausea and vomiting form sometimes a troublesome feature in erysipelas, and the emetic plan is calculated to induce this tendency in cases where it might not otherwise occur.

Dr. Robert Williams, whose treatment of erysipelas I regard as judicious and admirable, and well suited to become a standard for your imitation, explains his practice in the following words:—"The mode, then, in which I am in the habit of treating idiopathic erysipelas, whatever may be the part affected, or with whatever symptoms it may be accompanied, is as follows: the patient is put on milk diet, the bowels gently opened, and from four to six ounces of port wine, together with sago, allowed daily. This mode of treatment it is seldom necessary to vary throughout the whole course of the disease; for the delirium, if present,
is generally tranquillized; if absent, prevented; the tongue more rarely becomes brown or only continues so for a few hours, while the local disease seldom passes into suppuration or gangrene. In a word, all the symptoms are mitigated, and the course of the disease is shortened. I have pursued this system for several years, and I hardly remember a case in which it has not been successful.” Dr. Williams adds to this explanation of his plan of treatment, the detail of several cases, in which the most strikingly good effect resulted from the use of stimulants. In one case which terminated successfully, he increased the quantity of wine to eight ounces, and at the same time administered quinine. The effect of stimulants, selected so as to suit the taste of the patient, is sometimes truly astonishing. I recollect one case in particular in which a very severe attack of erysipelas of the head and face was cured entirely through the agency of some strong ale.

My friend, Dr. Granthan, of Crayford, to whose practice I have had frequent occasion to advert in the course of these lectures, has directed my attention to the importance of ascertaining the state of the urine in erysipelas, and regulating the therapeutic measures accordingly. “I begin,” says he, “with large doses of carbonate of ammonia, spirits of ammonia and camphor mixture, as an alkaline mode of treatment, which is generally indicated in the early stage of the inflammation, but towards the sequel of the disease a contrary mode of treatment is necessary, namely, small doses of sulphate of magnesia with full doses of the acidum sulphuricum aromaticum. The diet should be liquid and nutritive, with a full proportion of common salt; and narcotics should be avoided, unless indicated by an alkaline state of the urine.”

For the purpose of diminishing the restlessness and excitability which sometimes attend this disease, some of the family of sedatives may be used with advantage. Mr. Liston recommends and employs the extract of aconite, which possesses the power of reducing the heart’s action while it encourages sleep. With this object it is administered in half-grain doses every four hours. After aconite has accomplished its purpose, remarks Mr. Liston, the extract of belladonna, in doses of one sixteenth of a grain, is productive of the most beneficial effects. Hyoscyamus and morphia are two other sedatives which may be employed very beneficially in this disease, timing their use and dose to the existing indications of the case.

Counter-irritation is not to be forgotten when the inflammation attacks parts of great sensibility or importance. Hence, in erysipelas of the head and face, mustard should be used freely to the feet and legs as a revulsive agent.

In the local treatment of erysipelas you will find an efficient guide for your practice in the general principles of surgery. The inflamed parts are to be disposed in a favorable position for facilitating venous circulation; they are to be kept at rest, and the excitability of the cutaneous nerves is to be subdued either by evaporating lotions or fomentations, the temperature being determined by the feelings of the patient. Generally speaking warmth will be preferred, and we can then use the various customary forms of fomentation, of which those of poppy-heads, hops or
Treatment of Erysipelas.

Camomile flowers, are the best; or the warm-water dressing, substituting either of the above infusions for plain water. Mr. Grantham observes, "My plan is to relax the skin with hot water or steam fomentations, and after each fomentation to saturate the inflamed surface with hot lard, which is afterwards covered with wool."

Whenever the inflammation is attended with congestion in a high degree, great benefit will be derived from unloading the capillary vessels by means of numerous punctures. This plan has been long practised by Sir Richard Dobson at the Greenwich Hospital, and has been adopted with equal success by other eminent surgeons. Sir Richard Dobson is in the habit of making from ten to fifty punctures, about a quarter of an inch in depth, through the inflamed skin, and repeating the operation as frequently as the congestion recurs, often twice and three times in the day. He observes with regard to this practice, that he never saw it followed by unpleasant consequences, that it is equally applicable to every part of the surface of the body, and that the punctures heal in the course of a few hours. In my own practice I have pursued this plan extensively, and generally with the most satisfactory results; the tension, pain and swelling of the part are reduced almost under the eye of the operator, and the tissues are placed in a more favorable condition for the promotion of cure. It must be admitted that the remedy is applied to an effect rather than the cause, and consequently that it is neither so universally applicable or necessary as its warmer advocates would lead us to believe.

The nitrate of silver has been much praised as a topical application in erysipelas. Mr. Higginbottom recommended its employment in weak solution, while others have used it in the form of ointment. The action of this remedy may be twofold: firstly, it may constringe the inflamed tissues, and in this manner reduce the congestion more speedily than by the emollient plan; and, secondly, it may excite a new action in the part.

It is with the former intention, I apprehend, that Mr. Higginbottom proposed its employment, and if it could be depended upon for effecting this object it would be an invaluable therapeutic agent; but this unfortunately is not the case, it is liable to excite increased irritation, and therefore is not to be trusted to. Again, it is only in cases where the inflammation is quite superficial that it can be expected to be beneficial, being inapplicable and useless when the inflammatory action is more deeply seated. The strength of the solution may vary from five to fifteen grains to the ounce of distilled water, the manner of its application being to pencil it freely on the inflamed surface. So far as my experience is concerned, I fear that the caustic solution will disappoint the expectations of the practitioner, and in some few instances I have seen dangerous and extensive sub-cutaneous suppuration follow its use. Nitrate of silver is also used to circumscribe erysipelatous inflammation, and limit it to the spot on which it originally appeared. This is effected by drawing a line with the wetted nitrate, either around the inflamed part or around the member on which it is seated, and it is usually found that this simple operation is successful in preventing the spread of the inflammation. The defensive cordon of nitrate of silver is particularly serviceable in the erratic form of the disease.
Treatment of Erysipelas.

The eminent French Surgeon Velpeau, has been engaged during several years in determining by experiment the relative value of the therapeutic agents generally recommended for erysipelas, and in making essays with other medicinal substances. Of all the remedies whose virtues he has tried during the progress of this inquiry, the most efficacious he considers to be sulphate of iron, which may be used either in the form of solution or ointment; the solution containing an ounce of the salt dissolved in a pint of water, and the ointment one drachm to the ounce of lard. A speedy improvement follows the application of this medicine, and in a day or two the inflammation subsides and disappears.

The sub-varieties of erysipelas have each their corresponding variation of management as respects their peculiarities, the general principle of treatment being the same in all. Thus, for example, the wandering disposition of the erratic variety is to be kept in check by the cordon of nitrate of silver, and if this should be insufficient it may possibly be fixed by the application of a blister. It is by means of a blister and mustard plasters, again, that we endeavor to recall the metastatic form when it has disappeared. In the phlyctenoid variety the vesicles should be punctured, and their contents collected by a sponge, while the epidermis is carefully preserved entire. This mode of managing the blisters is greatly superior to the old plan of dusting the surface with absorbent powders, which cannot fail to irritate. In the oedematous form of erysipelas the advantages of position are especially manifest; we may aid the return of the fluids, also, most efficiently by a bandage, and frequently puncturing the skin previously to the application of a bandage will be attended with benefit. Erysipelas of the scalp is generally of the phlegmonoid character, and is best relieved by a free incision carried down to the bone.

Treatment of Erysipelas Phlegmonodes.—As the phlegmonoid variety of erysipelas is more violent in its attack than the simple kind, the treatment required must be more active, its precise nature being determined by the strength of constitution of the patient. When he is robust and strong the inflammatory action may be suddenly checked by a free bleeding from the arm, but you must be wary in your general abstraction of blood. The period will come when tonics will be needed, and the necessity for these remedies will be greater or less in proportion to your judgment in general bleeding. Cases continually occur in which general bleeding would be highly improper, and, as far as I have seen, these cases are more frequent than those of an opposite kind. Under all circumstances the alimentary canal should be relieved of its contents and stimulated by an active purgative, repeated from time to time according to the circumstances of the case, and seconded by the usual antiphlogistic regimen. For extreme pain and sleeplessness you may have recourse to sedatives.

In pursuing the local treatment of the disease you must be guided by the general principles of management of inflammation; the part affected must be placed in a favorable position for the return of the current of venous blood; it must be kept at rest; leeches in numbers proportioned to the strength of the patient must be applied, and the bleeding encou-
Treatment of Consumption by Naphtha.


Considering the fatal nature of tuberculous consumption, and the frequency of its occurrence, it is not surprising that new remedies and new systems of treatment should, from time to time, be brought under the notice of the profession. Almost every organic or inorganic matter, in an endless round of combinations, has been used with the hope of checking this scourge to our race. Yet, before we abandon the subject as hopeless, let us persevere until we have exhausted all untried means we possess, as there are not wanting individuals who believe that treatment, yet to be investigated, will bring this disease under the control of medicine, and that which is now regarded as a fatal affection will be looked upon with no more apprehension than bronchitis or dyspepsia.

I am led to these reflections from having employed, in this disease, an agent, viz., naphtha, I believe unknown as a therapeutical one; it certainly has never been previously used in phthisis. Its effects have been so encouraging that I hasten to lay before your readers some cases where naphtha was eminently beneficial, in order that it may be more extensively tested. Probably, few persons, on reading the cases, will have the same faith in its efficacy as myself, but I venture to hope they will be sufficiently striking to induce some to try its power.

The following cases are selected from forty-one others of tuberculous consumption, as presumed cures of this affection; they are not the only

raged on their removal by warm fomentations or warm water dressing. When these measures are pursued actively at the onset of the disease, the inflammation may be checked, and may terminate in resolution. But when, as most frequently happens, the inflammatory action continues, one or more incisions must be made through the inflamed part. The intention of these incisions is to give exit to any pus which may have formed beneath the integument or fascia; hence they must be sufficiently deep to divide the latter, and of sufficient extent, say two or three inches long, to afford a free passage to the exterior. The incisions are also valuable in relieving the congestion of the capillaries, and permitting these vessels to unload themselves of their blood; they are generally followed by considerable relief to the pain, and the swelling and tension subside. If the inflammation has existed sufficiently long to destroy the vitality of the areolar tissue and fascia, flakes of these tissues escape through the incisions mingled with pus and blood. After the incisions are made, and the deep parts freed by this means from all chance of collection and burrowing of matter, the parts are to be kept fomented until the inflammation declines and the tissues return to their healthy state. Any swelling or oedema which may remain after the healing of the incisions may be removed by the application of a bandage, and the movements of the part may be restored by cold affusion and gentle frictions on the surface.—London Lancet.