

A Case of Phlegmonoid Erysipelas, arising from the absorption of Sanies from an Ulcer, treated by Incisions. By J. DILL, M.D., London Fever Hospital.

To the Editor of THE LANCET.

SIR,—Believing that the following case merits some attention, perhaps you will be kind enough to give it an early insertion in your pages.

Elizabeth Ayres, aged 62, night nurse in one of the male wards of the London Fever Hospital, was seized with erysipelatous inflammation of the left hand, upon the 22d of last month. About two weeks previously, a patient was received into the London Fever Hospital, in the last stage of typhus. In consequence of severe illness and protracted confinement, extensive sloughing had taken place, and a very large and unhealthy ulcer now existed over the sacrum. To dress and attend this ulcer fell principally within the department of nurse Ayres, and the discharge from it, which was exceedingly foetid, acrid, and profuse, irritated, and gradually inflamed, some superficial fissures, which were situated upon and between the fingers of her left hand. The pain occasioned by this irritation was at first trifling, but the repeated application of the cause produced a daily aggravation of the symptoms, and the pain, swelling, and inflammation of the fissures were slowly communicated to the neighbouring parts. Several pimples had now appeared at some distance from the fissures; and, the threatening character of the affection warning the nurse to neglect and conceal it no longer, I was, for the first time, (23d) made acquainted with the accident.

The entire hand was much swollen, the skin covering it quite tense, the integuments upon the dorsum were very highly inflamed, and an erysipelatous blush was seen extending about half way up the ulnar edge of the forearm. She described the pain as excruciating, and, although constant in continuance, as variable in degree. At intervals, it was dull and obtuse; occasionally, it was sharp and lancinating. The lymphatics were easily traced, by their sensibility, along the interior of the arm, from the wrist to the shoulder joint, and the glands in the axilla were evidently enlarged and sensitively tender. Her pulse was 124, of good power; and a flushed face, white tongue, ardent thirst, anorexia, watchfulness, and headach, gave sufficient indication of the extent to which the general system had sympathised with the local malady.

Personal experience had taught me the malignancy of such affections, and that no time should be lost in trifling. Twelve

leeches were immediately applied to the back of the hand, an active purgative was ordered, complete rest and abstinence enjoined, and antifebrile medicines largely administered. The leeches bled well, but produced little or no relief; the bowels were freely opened, the pulse stood steadily at 120, and the general symptoms remained unchanged.

Having experienced the excellent effects of the treatment by incisions, in a similar affection occurring in my own person, I at once resolved on practising it here. Two longitudinal incisions were accordingly made into the swollen integument upon the back of the hand; one on either side, and about an inch distant from each other; they were fully three inches long, and extended through the skin and tumid cellular membrane, so as to expose one of the subjacent tendons. Some arterial branches bled freely, and, as was intended and expected, the hæmorrhage was profuse, and only arrested by syncope, when more than twenty ounces of blood had flowed; a slight convulsive fit succeeded fainting, and the pulse fell to 96. A manifest alleviation soon marked every symptom, and little, beyond pain from the incisions, was complained of until evening, when an exacerbation occurred. Upon removing the poultice the cuts appeared red and irritable; the surrounding tumefaction, which had been much reduced by the operation, had returned; the pain was now not confined to the wound, as during the day, but extended to the entire hand, and shot up the arm; the temperature of the part was very high, and the pulse was 110, strong and incompressible.

V. S. ad. 3xxv.

Repr. Haust. purg.

Acid. mixt. pro. potu.

Foment. c. catap.

24. Pulse 100, full and firm, but compressible; general surface less warm, and that of the hand much reduced in temperature; incisions look less irritable; tumefaction and pain greatly diminished; slept sound; four stools; face less flushed; slight headach; tongue white; considerable thirst; occasional vomiting; blood extremely buffy, and cupped.

V. S. ad. 3xxvj.

Repr. Haust. et catap.

24. Pulse 98, still of good strength, but easily compressed; blood much inflamed; flushing and headach gone; general surface cool; hand still less swollen, incisions look healthy, and are healing; glands in axilla are scarcely enlarged, but continue somewhat tender; lymphatics less sensible; erysipelatous blush up the interior of the forearm faded; slept little; no return of vomiting; thirst decreased; three stools.

Repr. Haust. foment. catap. et acidi.

26. Pulse 102, full and excited; face somewhat flushed; rested badly; pain and swelling of hand increased; more thirst; tongue continues white; edges of incisions inflamed and thickened; some uneasiness in axilla; skin warm; three stools.

V. S. ad. 3̄xvi.

Repr. Haust. foment. et catap.

27. Pulse 86, soft and quiet; skin cool, hand less swollen, and incisions have assumed their healthy aspect; three stools; thirst diminished, flushing gone, slept well, and on the whole she expresses herself quite easy.

The journal need not be continued further, as, from this period until the present, she has been uninterruptedly convalescing; the incisions are nearly closed, the tumefaction and redness have entirely disappeared, neither the axillary glands, nor subcutaneous lymphatics, are tender, and no more uneasiness is experienced in the hand than may be ascribed to the effect of the scalpel. Her tongue is quite clean, appetite returns, thirst has ceased, and to-day (June 2d) she has been, for the first time, liberated from confinement.

Before concluding, there are three observations which we wish to make, as inferences from the above history.

First: we think there can be no doubt, that the accident arose through the absorption of part of the discharge from the patient's ulcer. That the skin, when entire, can take up fluid in which it is immersed, especially if that fluid be of an acrid nature, we have many facts to show; but, although such an occurrence is denied by some, we apprehend that none will refuse functional power to the absorbents, when the cuticle has been ruffled or removed. In this instance, the skin being fissured, absorption was more speedily and easily effected, and the circumstances—of the fissures being first affected, of the inflammation extending from them, as so many centres, to the neighbouring texture; of the tenderness of the lymphatics, and enlargement of the glands—form a sufficient clue by which to arrive at the proper cause.

Secondly: when we consider the nature of the cause, the inveteracy of the symptoms, and the age of the patient, we have every reason to conclude, that death, or a very formidable and protracted illness, must have been the issue of a timorous and trifling treatment. We are not prepared, in this instance, to maintain, that specific fever would have been kindled up by the absorption of virus from a fever-patient; but we believe and know that such cases have occurred; and that, although the topical affection was at first predominant, and awoke the constitutional symptoms, the local malady gradually subsided, leaving the general dis-

ease in undivided possession of the system. It is, indeed, a point uncertain and unsettled, whether fever, like small-pox, can be imparted to the system through the medium of the external skin; and whether matter, thus absorbed, would communicate a fever of the same type and character with that under which the patient laboured from whom it was taken; but there are many facts in favour of such a doctrine, and, whether it be correct or otherwise, it cannot be disputed, that accidents, like the present, are accompanied by as malignant febrile symptoms, and attended with as much danger, as the most marked forms of putrid typhus.

Lastly: although the scalpel required the aid of the lancet to effect the cure, the relief obtained from the incisions was as great as it was sudden. The tumefaction and temperature were almost instantly reduced, the tenderness and tension were effectually relieved, and the abatement of all the symptoms for several hours encouraged the hope, that nothing more was necessary than to enforce with vigilance, abstemiousness, and quiet. Had not the scalpel been first employed, I doubt much, whether the advanced age and debilitated constitution of the woman would have sanctioned such a vigorous application of the lancet, as would have been required to subdue the local action; but, admitting that such treatment might have proved successful, I am certain that much time, strength, and suffering, were saved by the plan adopted. Nearly one hundred ounces of blood were abstracted before the inflammation was overcome; and, as one-third of this quantity was taken immediately from the seat of disease, it is natural to conclude, that a more immediate and permanent impression was thus made upon an old and weakened constitution, at a smaller expense, than if double the amount had been drawn from the general circulation. The disease was obviously arrested by the incisions; the strength of the inflammatory action was broken by the activity of the hæmorrhage, and the lancet was taken up, more with the view of completing than accomplishing a cure.

London Fever Hospital,
June 2, 1828.

ABUSES AT ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Allow me to beg a small space in your valuable columns for the insertion of a few remarks respecting the dressers of St. Bartholomew's Hospital, and the manner